

Home-Workplace Separation in Kingston: The Legal and Medical Professions — Past, Present and Future

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Résumé de l'article

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Faisant suite à une étude antérieure consacrée aux changements dans la localisation des médecins à Kingston, le présent article compare le groupe des médecins à celui des hommes de loi et constitue un pas vers une meilleure compréhension du mécanisme de la séparation du lieu du domicile et du lieu de travail. L'auteur constate des différences marquées dans la répartition dans l'espace et dans le temps, mettant ainsi l'accent sur les dangers que présentent des hypothèses simplistes concernant la décentralisation résidentielle; il explique également les différences entre ces groupes professionnels et d'autres, contribuant ainsi à éclaircir les complexités de l'évolution sociale en milieu urbain. L'auteur étudie les modifications éventuelles de la décentralisation résidentielle à la lumière de la tendance actuelle à la revitalisation du coeur des villes.

Following an earlier discussion of the evolving location of doctors in Kingston, the present article compares the medical with the legal profession, as a further step towards understanding the mechanics of the home-workplace separation process. Markedly different timing and spatial patterns are identified, pointing to the dangers of simplistic assumptions concerning residential decentralization; and some reasons for differences among these and other occupational groups are advanced, as a contribution towards unravelling the complexities of urban social evolution. Possible future changes in the currently decentralized residential distributions are considered in the light of the contemporary trend towards inner city revitalization.

In an earlier paper the author examined the evolving distribution of doctors in Kingston as a step towards understanding the process of home-workplace separation in a small city.¹ It was found that this particular professional group had been gradually removing home from office locations over a period of fifty years, with a lull in the 1930s and growing momentum since 1945, so that by 1975 only a handful of unmarried doctors continued to reside at their place of work. In view of the small size, environmental attraction and generally rather European character of Kingston, separation was seen as surprisingly early and complete. The most obvious question posed, however, was how far this reflected a broader pattern, particularly among professional groups with comparable incomes and social aspirations, and how far it was a product of the structural evolution and changing space needs of one particular activity. The scope for a comparative study was evident, with respect both to the timing and degree of separation and to the resulting spatial patterns.

This paper compares the legal profession with the medical, within the limits of basic location data from commercial directories. Lawyers were the most obvious group to choose because their income levels and social status may be assumed to be broadly comparable over time, and they are sufficiently numerous for meaningful

comparison.² Yet their focal institutions (unlike dentist's) are distinct, and the evolution of the profession and its space requirements may differ sufficiently for home-workplace patterns to vary considerably. As before, *Might's Directory* and its predecessors were used, from the earliest directory available in the National Library – 1857 – to 1975; the years selected depended on availability but were approximately one generation apart – 1857, 1902, 1923, 1950 and 1975.³

Figures 1-4 indicate the changing patterns of office location over this span of time. It will be noted that both professions have a marked downtown focus throughout, perhaps not surprising in a small, slow-growth city. The main spatial niche of each differs sharply, however; Kingston's central business district has evidently been large enough to sustain a marked internal specialization within its office quarter, one which has substantially persisted throughout the study period. In both cases there is a traditional focus, but Clarence Street retains more dominance for law than King Street for medicine. In both cases the focus is markedly on the "right side of the tracks" (west of Princess Street⁴) and shows some tendency to grow towards the affluent western sector of the city, but in the medical profession this westward spread starts earlier and is far more marked.

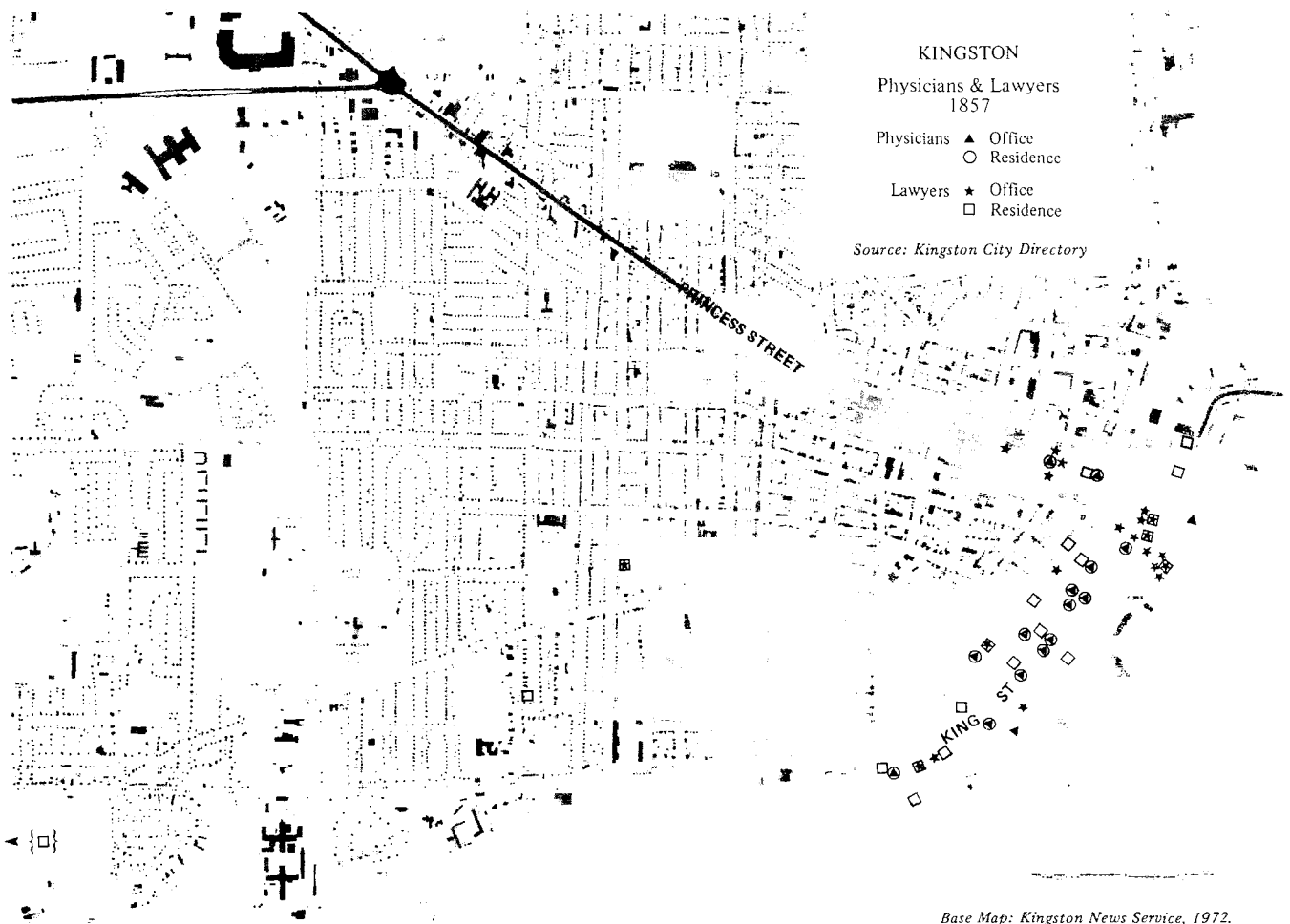
It is in residential location that the more impressive differences appear, however. The residential decentralization of doctors might be considered to have occurred early, but at no time during the study period have lawyers typically lived at their workplaces, as Figures 1-4 indicate. Those few identified as doing so in the earlier years include some suspected of omitting data. The most striking divergence between the two patterns appears in 1923. By this date the area containing legal offices was unchanged from 1857, but nearly all residences had substantially shifted towards the west of the city; doctors at this time were moving combined home-offices generally westward. Doctors later adopted residential separation, so that by 1975 differences between the two distributions are relatively modest and give little clue to the earlier divergent paths of evolution.⁵

Why should these differences occur? Given that we are discussing socially comparable groups, there is reason to suppose that the organization, physical space requirements and functional linkages of the respective professions have much to do with the differences. Multiple practices are prominent at an early date in the legal profession (John

A. Macdonald headed a team of four in 1857), and this factor must have stimulated home-workplace separation, as it clearly has in recent decades in the medical profession. Further, it is likely that lawyers always required rather less space and more strictly office space at that; in 1857 many were located in large, named, multi-storey buildings, a number being specified as "above X's store," or some similar designation. At the present time the legal office area is characterized by these same buildings and by small, two-storey, nineteenth-century structures in their vicinity. Functional linkage is typically strong within the profession and has long encouraged the clustering of purely office quarters;⁶ in Kingston the legal area is adjacent to the main public buildings, which provided a focus of attraction at least initially, and lawyers' offices are juxtaposed with realtors, insurance agents, etc., as well as with each other.

The medics, on the other hand, long ago started moving combined homes/offices away from the central business district and towards the affluent western market. In the less decentralized environment of the inter-war years this shift would have suited the needs of general

FIGURE 1



practice quite well; space for home and surgery could be reconciled with market access at the expense of the functional linkage that would in fact be a lesser pull for general practitioners (if not for specialists) than for lawyers. Note that general practitioners were frequently tied at this time by a demand for on-call supplies of drugs, which inhibited residential separation until it was resisted in post-war years.⁷ Recently the escape from on-call demands and from house calls, plus the great expansion of multiple practices, doubtless encouraged a work-residential separation more akin to that of lawyers, and the growth of medical specialisms has strengthened this trend by fostering office clusters, most notably in the vicinity of Kingston General Hospital.

A comparative statistic that may tell us something about the entrenchment of different groups' attitudes to residential decentralization is the mean distance between home and office. As Table 1 indicates, lawyers have tended to have a longer journey to work throughout the study period until the present time (discounting the non-travelling individuals at each date); their residential separation may thus be characterized as early, complete

and distant. By 1975, however, both groups were so greatly decentralized, over distances ranging from a mile or two to perhaps twenty, that this statistic would reveal little difference even if it could be readily computed.

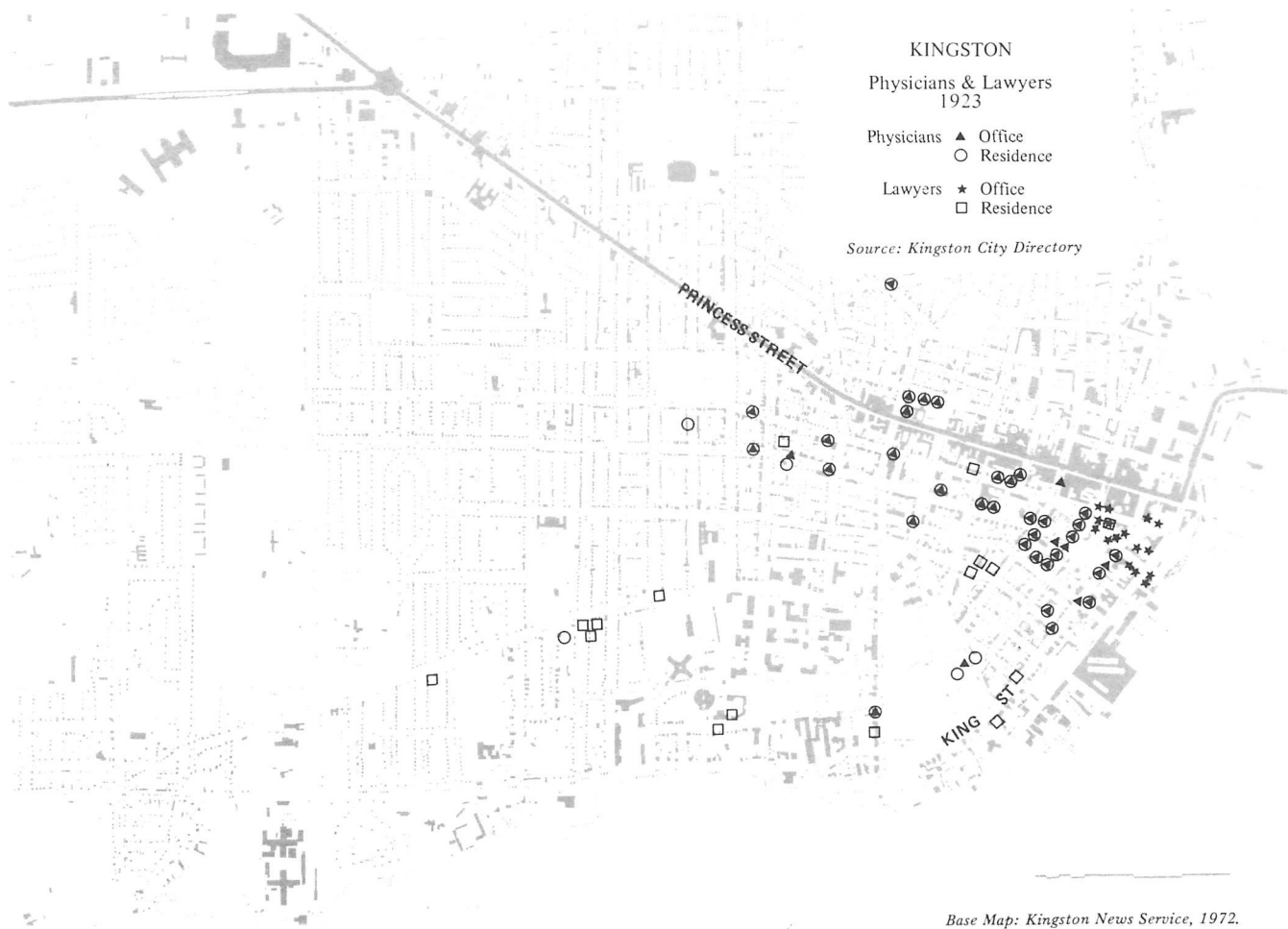
TABLE 1
Mean Residence-Office Distance *

Year	Doctors	Lawyers
1857	0**	2,500
1923	2,170	3,660
1950	4,100	6,640

* Distance in feet; non-separated individuals disregarded.
* No cases of separation except military surgeons.

SOURCE: Map measurement, straight line.

FIGURE 2



We may now turn to the residential patterns of 1975 with a closer eye to their probable cause. As throughout the study period, there is in both cases a clear sectoral affinity between offices and residences, both being strongly entrenched westward from Princess Street, the city's principal axis, to the virtual exclusion of the northeastern sector. This represents a predictable general association of both professions with the main sector of affluence and influence within the city, but in detail there is no close residential association apparent between medics and lawyers. The householders at Alwington Place, a high-status location by the lakeshore, included seven medics in 1975 but only one lawyer. The seven were chiefly connected with the Kingston General Hospital, however, suggesting professional association as a potent factor behind their residential clustering. For the lawyers, the hospital quarter marks a large hiatus in their residential distribution. The pattern of lawyers suggests some clustering with their own kind, and more detailed examination shows immediate business partners tending to residential proximity (not necessarily visible clustering), though the significance of this *vis-à-vis* the general distribution of lawyers has yet to be objectively tested.

In relating two generally comparable residential patterns in 1975 one must keep in mind what has gone before; the fact that doctors were relatively conservative in decentralizing home from office locations appears to emphasize occupational considerations in the choice of residence and to play down general social pressure to seek out status peers in the home environment. This is of course a relative observation; a residential location survey across the socio-economic spectrum would doubtless emphasize the general similarity of the distributions considered here. Similarity in detail does not appear, however, and neither the present pattern nor its evolution suggest any special influence among fellow professionals with respect to residential patterns. An important qualification must be added: it has been shown that communities of propinquity have largely given way to aspatial communities of interest,⁸ and residential proximity in a small city tells us nothing definite about social interaction among highly mobile people of generally similar status. Membership lists of golf and yacht clubs would probably tell us more on that issue; the present data concern only residential location. Needless to say the workings of the real estate industry and the housing market, not to speak of random influ-

FIGURE 3



ences, will have much to do with the observed patterns in general and possibly in detail.⁹

A final comment on 1975 is that both groups include a comparable minority commuting from the surrounding communities. Although the dominant commuting direction is westward along the lakeshore, some live east of the Cataraqui River, or along the rural routes to the north at a distance at which the marked sectoral contrasts of Kingston itself have evaporated. There is a notable tendency for such individuals to occupy offices on the corresponding side of the central business district.

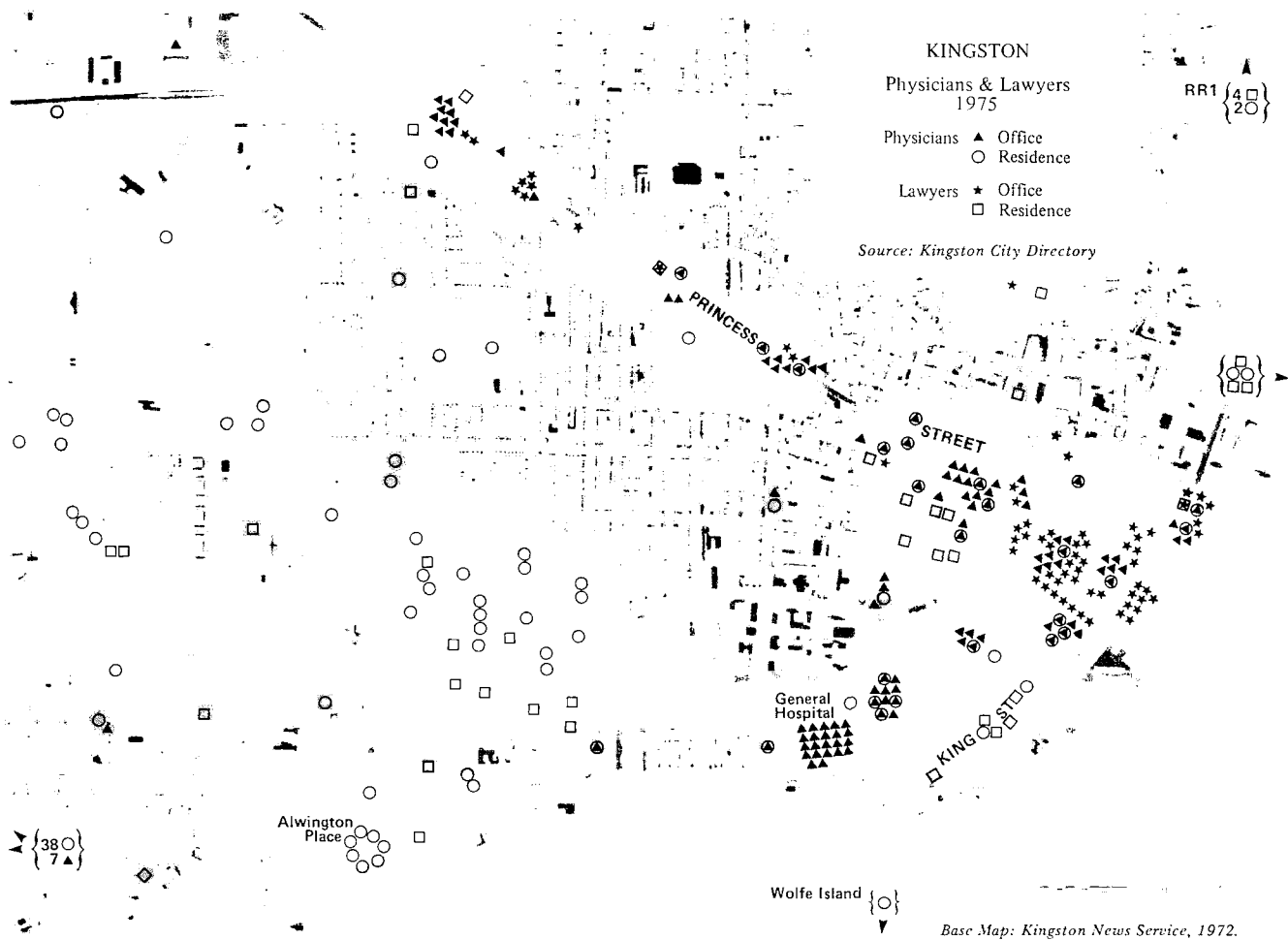
It is concluded that occupational groups of similar status may be subject to distinct and at times divergent influences in their home-workplace relationships and that reference to evolution through directory data can help to elucidate the matter. The study of these relationships cannot be divorced from the organization of the activity concerned and its changing requirements for space and location. That there may be further variables involved, to which raw location data gives no clue, is not denied; it is hoped that this paper may provoke some discussion of sources that can improve our comprehension of the rele-

vant processes. Further research is needed to probe the functional and social linkages within and between activities, to discover how far they have motivated locational changes in home and/or workplace, and to examine to what extent a spectrum may exist across the range of urban activities with regard to the timing and character of home-workplace separation. The present geographic contribution is intended to suggest fruitful lines of research which historians and others may care to pursue; it is not claimed to be a conclusive statement in its own right.

With reference to the timing of residential decentralization, the present data are sufficient to remind us that it is not simply a product of post-1945 forces. It is no great surprise that a high-income group such as doctors should have been decentralizing over a fifty-year span, but it is perhaps noteworthy that at least one professional group has lived well away from its workplace as far back as the directories extend.

What of the future? Paradoxically, forces at work in recent years, particularly since 1975, are beginning to modify the above patterns in a direction reflective of the

FIGURE 4



city's history. The forces in question are those of conservation. White painting and associated phenomena are revitalizing inner city districts as a result of the growing sensitivity of social élites to architectural heritage and the growing costs of commuting. The groups considered in this paper are highly susceptible, particularly in view of the heightened prestige which now attaches to heritage buildings as professional office locations.¹⁰ Since both residential and office location could be affected, the intriguing possibility exists that some professionals may recombine residence and workplace in inner-city heritage buildings, thus returning to a quasi-preindustrial pattern (which is not uncommon in Europe).

Visual inspection confirmed the existence of such revitalization in Kingston by 1980; the innermost area was extensively affected, although at this date the change was occurring predominantly in the better quality areas west of Princess Street. Given the existence of lower-cost old buildings to the east, could an unprecedented spread of offices "across the tracks" occur, and could there be an immigration of professional residences here also? Between 1975 and 1979 (the most recent directory available), no medics moved to the eastern area, but three more legal offices (not residences) appeared on Queen Street and adjacent.¹¹ The spread of professional offices into such upgraded poorer areas and some possible reunification of offices and residences in the inner city in general are potential trends which geographers and historians alike may wish to watch for in the 1980s.¹²

NOTES

1. J.E. Tunbridge, "Separation of Residence from Workplace: A Kingston Example," *Urban History Review*, No. 3-78 (February 1979): pp.23-32.
2. The business and political prominence of lawyers in nineteenth-century Kingston is discussed in J.K. Johnson, "John A.

- Macdonald and the Kingston Business Community," in G. Tulchinsky, ed., *To Preserve and Defend: Essays on Kingston in the Nineteenth Century* (Montreal: McGill-Queen's University Press, 1976), pp. 141-56.
3. The year 1902 was subsequently disregarded as it shows minimal change from 1857 patterns.
4. "East" and "west" are used to describe the areas approximately northeast and southwest of the main divide, Princess Street. Note that the isolated legal office in the northeast in 1975 was in fact a legal aid facility.
5. Note that both professions had developed an outlying office concentration near the junction of Princess Street and Bath Road by 1975.
6. See, for example, M.F. Fox, "An Analysis of the Distribution Patterns of Offices in the Central Area of Ottawa, 1940-1970" (M.A. thesis, Carleton University, 1973), pp.80-82.
7. Dr. T. Gelfand (medical historian, University of Ottawa) and J. Weldon (graduate student, Carleton University, Geography Department), seminar discussion, November 1978.
8. See, for example, R. Palm, "Factorial Ecology and the Community of Outlook," *Association of American Geographers, Annals*, Vol. 63 (1973), pp.341-46.
9. R. Palm, "Real Estate Agents and Geographical Information," paper presented at Institute of British Geographers, Annual Conference, January 1978.
10. The recent influence of Heritage Canada has been significant in this respect, particularly in view of its cogent arguments regarding the economic advantages of rehabilitation (in terms of return on investment and energy savings, as against new development). See G. Galt, "There's Money in Old Buildings," *Heritage Canada*, Vol. 2, No. 1 (Winter 1976), pp. 32-33, and "Eight Bricks to the Gallon," *Canadian Heritage* (June 1980), pp. 19-20.
11. The area within three blocks northeast of Princess Street was checked between Division Street and the waterfront. Two legal offices had appeared on Queen Street, the first street parallel to Princess, in addition to the one in 1975 (Figure 4). The third addition was nearby on Sydenham Street (intersecting, half-way).
12. To date, rehabilitation east of Princess Street is primarily associated with recent immigrants, who have upgraded homes on a self-help basis with support from federal Neighbourhood Improvement Programme grants. A major high income/professional invasion, involving white painting in the usual sense, would appear to await a further growth boom in Kingston and the saturation of the already-favoured areas.