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# Renovating the Canadian Old Age Home: The Evolution of Residential Care Facilities in B.C., 1930-1960

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Article abstract

Canadian historians have largely ignored the old age home. Focussing on British Columbia, this paper covers a pivotal period of institutional transformation from the 1930s through to the 1950s, when health and social welfare professionals sought to reshape the old age home from a custodial poor law facility to a middle-class medical “home” inhabited by deserving senior citizens. New names, architectural styles, décor, and professional involvement within the institution were meant to reform residential accommodation for Canada's elderly. However, professionals' ageism, divisions created by class and gender, and an increasingly frail institutional population made this process problematic.

# Renovating the Canadian Old Age Home: The Evolution of Residential Care Facilities in B.C., 1930-1960

MEGAN J. DAVIES[1]

Canadian historians, like the rest of the populace, do not like the old age home.[2] We ignore it, and its residents, whenever possible, preferring to look instead at the asylum, the prison, and the hospital. Old age is not sexy. Nor can we retreat to a safe scholarly distance and "other" the inhabitants of the house of old as we can the mad woman or the jailed convict. For this may be our own reality. Next week we may be seeking such an establishment for our parents. One, two, or three decades hence, our children may be tracing the same painful path on our behalf. From this perspective, our scholarly silence comes as no great surprise.

Ageism is also strong outside the shelter of the academy, where there is a similar reluctance to acknowledge the old age home. Part of the problem is the low status of this facility in our society. Residential care facilities for the elderly rank low on the institutional hierarchy, far below ones that serve the acutely ill, the young, or those with specialised medical conditions like cancer. Another factor is the social and physical marginalization of the inhabitants of the old age home: elderly residents are likely to be the very old, the most disabled, people

1 This paper is based on doctoral research funded by the Hannah Institute for the History of Medicine. I would like to thank the Institute for its support of my work, and Colin Coates, Dr. D.C. Barker, and the anonymous reviewers of this journal for their comments on previous drafts of the paper.

2 Among the few Canadian studies that address the old age home are the following: Sharon Cook, "'A Quiet Place... to Die': Ottawa's First Protestant Old Age Homes for Women and Men," *Ontario History* LXXXI/1 (March, 1989): 25-40; Stormi Stewart, "The Elderly Poor in Rural Ontario: Inmates of the Wellington County House of Industry, 1877-1907," *Journal of the Canadian Historical Association* (1992): 217-33; James Snell, *The Citizen's Wage: The State and the Elderly in Canada, 1900-1951* (Toronto: University of Toronto Press, 1996); James Struthers, *The Limits of Affluence: Welfare in Ontario, 1920-1970* (Toronto: University of Toronto Press, 1994) and Edgar-André Montigny, *Foisted upon the Government?: State Responsibilities, Family Obligations, and the Care of the Dependent Aged in Late Nineteenth-Century Ontario* (Montreal: McGill-Queen's University Press, 1997); Bettina Bradbury, "Elderly Inmates and Caregiving Sisters: Catholic Institutions for the Elderly in Nineteenth-Century Montreal," in *On the Case: Explorations in Social History*, eds. Franca Iacovetta and Wendy Mitchinson (Toronto: University of Toronto Press, 1998), 129-155.

in poor mental health, men without families and women living alone. The current focus on community-based care, while important, turns our gaze away from the institution and those who dwell within its walls.[3]

Yet the old age home has not always been a second-rate institution. Public and political interest in residential accommodation for the elderly has waxed and waned over the course of the nineteenth and twentieth centuries. In this paper I look at one "positivist" period – that of the 1930s through to the 1950s, when there was a great growth of interest in old age.[4] Over these decades, pushed by public pressure and new professional concerns, efforts were made to sever the historical link between the old age home and the poorhouse and to reshape residential accommodation for the aged into middle-class medical institutions.[5] Canadian health and social welfare professionals scorned public institutions for the elderly for being too regimented, for having a "prison-like atmosphere," and for being irrelevant reminders of the antiquated Poor Law in the modern welfare state.[6] A 1946 statement by H.S. Farquhar, Nova Scotia's Director of Old Age Pensions, reflects the general opinion of professionals: "In many parts of our land, we find almost unchanged the old poor house where the aged are housed with the senile and sick. Endless idle days, dull monotony until death comes as a welcome release."[7] Framed in the ethos of post-World War II social regeneration, residential facilities for elderly public patients were no longer to be a punishment for a life of irresponsibility, but a respectable "home" for worthy Canadian citizens in their old age.

The ideal was an old age home where modernity meant medical professionalism and compassion, amidst middle-class comforts and surroundings. Health and social welfare professionals made the old age home part of their

3 The best discussion of these ideas that I have found is in Sheila Peace, Leonie Kellaher and Dianne Willcocks, *Re-evaluating Residential Care* (Buckingham, England: Open University Press, 1997).

4 For an analysis of American developments see W. Andrew Achenbaum, *Crossing Frontiers: gerontology emerges as a science* (Cambridge: Cambridge University Press, 1995). For an introduction to geriatric specialization with a British background see Pat Thane, "Geriatrics" in *Companion Encyclopedia of the History of Medicine*, vol. 2, eds. W.F. Bynum and Roy Porter, (London and New York: Routledge, 1993), 1092-1115.

5 Canada followed a similar pattern to the United States, Britain, and Australia. For the U.S. see Carole Haber, *Beyond Sixty-Five: The Dilemma of Old Age in America's Past* (Cambridge: Cambridge University Press, 1983), chapter 5. For Australia, see R.A. Parker, *The Elderly and Residential Care: Australian Lessons for Britain* (Aldershot, Hants.: Gower Publishing Ltd., 1987), chapter 2. For Britain, the best source is Robin Means and Randall Smith, *From Poor Law to Community Care: The development of welfare services for elderly people, 1939-1971* (Bristol: The Policy Press, 1998).

6 For example, Margaret Wagner, "New Patterns for Old Age," *Proceedings of the 11th Biennial Meeting of the Canadian Conference on Social Work* (1948): 63-71.

7 H.S. Farquhar, "Services for the Aged," *Proceedings of the 10th Biennial Meeting of the Canadian Conference on Social Work* (1946): 109-12.

professional terrain, redefining inmates as patients in need of their expert attention. The ideological force of the middle class as a measuring stick for normalcy also made its mark on the old age home: facilities were meant to be "homelike," modelled on something midway between the post-war suburban family home and the modern hospital. The post-World War II cultural focus on the nuclear family added an emphasis on presenting this institution as "a home."

Using British Columbia as a case study, I consider the old age home as a cultural institution that embodied broader societal ideas about ageing, professionalism, and the place of institutional care in post-war policy formation. This is a period during which, I argue, the old age home evolved from an essentially "poor law" institution into a middle-class medical facility.[8] The process of reforming the old age home began earlier in B.C. than elsewhere, in the 1930s era of Liberal provincial health and welfare administrative and policy innovation, but the broad strokes of my picture hold true for the national scene as well.[9] I develop my main points by focussing on naming institutions, institutional architecture, interior decoration, medicalization, and institutional professionalism.

The first public and charitable facilities for aged British Columbians were built at the close of the nineteenth century, as a focus of civic pride and a reflection of the belief that elderly pioneers had earned the right to die in some comfort. The City of Victoria opened an Old Men's Home in 1892. A new, unimposing two-storey brick structure was completed on the edge of the city in 1906, set amongst spacious grounds with fruit trees, flowers, and vegetable gardens, and frequently visited by citizens bringing small comforts to the inmates. The Provincial Home for Aged Men, which was intended "To care for the old and infirm without suitable homes, particularly the pioneer miners, trappers, lumbermen, and others," was built in the interior town of Kamloops two years after the Victoria home was first established.[10] Its sweeping drive and substantial façade presented a message of state charity as a grand philanthropic enterprise. A small Chinese Hospital, primarily used by aged indigent men, opened in Victoria in 1884, later expanding to a two-story brick building on Herald

8 There is excellent literature dealing with this topic by British and American historians. See Anne Crowther, *The Workhouse System, 1834-1929: The history of an English social institution* (London, Batsford Academic and Educational Ltd., 1981); David Thomson, "Workhouse to Nursing Home: Residential Care of Elderly people in England since 1840," *Ageing and Society* 3/2 (1983): 43-69 and Michael B. Katz, "Poorhouses and the Origins of the Public Old Age Home," *Milbank Memorial Fund Quarterly* 62/1 (1984): 110-40.

9 I deal with this topic more fully in Megan J. Davies, "Competent Professionals and Modern Methods: State Medicine in British Columbia during the 1930s," *Bulletin of the History of Medicine* (forthcoming, spring, 2002) and *Into the House of Old: A history of residential care in British Columbia* (Montreal: McGill-Queen's University Press, forthcoming).

10 Quoted in H.M. Cassidy, *Public Health and Welfare Reorganization: The Post-War Problem in the Canadian Provinces* (Toronto: Ryerson Press, 1945), 45.

Street.[11] The Home for Aged and Infirm Ladies (Rose Manor), a middle-class philanthropic institution managed and run entirely by women, commenced operation in 1897. The gracious front façade of the building, with curved arches and a rooftop cupola, speaks to the genteel public image of what became a beloved Victoria institution.

The shifting status of the old age home and its residents is evident in early twentieth century institutional development. Vancouver did not establish its municipal Old People's Home until 1915; elderly people hated and feared this place and the facility was so poorly regarded that I was unable to find a single photographic image for analysis. In 1923, the Provincial Home for Incurables was acquired by the province. The intention was to relocate this Vancouver institution, a former hotel located in the Marpole district of the city, but lack of funds and public interest halted this plan.

The Home for Incurables and the Chinese Hospital were the only state or charitable facilities specifically set up for the aged infirm in B.C. at the outset of the period. All the other buildings were constructed for a clientele that was relatively able-bodied and some institutions, like the Victoria Old Men's Home, did not permit ailing residents to enter in the early years of operation. Although my research indicates that public facilities for the aged poor in B.C. were more humane than those studied by Stormi Stewart, James Snell and James Struthers in central and eastern Canada, these old age homes also followed poor law practices.[12] Residents were expected to work for their keep, follow institutional codes of behaviour, and turn over any income or property to the state when they entered.[13]

While few institutions had the facilities necessary to adequately accommodate the frail elderly, the re-crafted old age home envisioned by health and social welfare professionals was in fact based on the reality of an evolving institutional clientele.[14] B.C.'s particular population of elderly working-class bachelors, whose presence had sparked the founding of a number of homes for old

11 David Chueyan Lai, "From Self-segregation to Integration: The Vicissitudes of Victoria's Chinese Hospital" *BC Studies* 80 (Winter 1988-89): 52-68.

12 See Stewart, "The Elderly Poor"; Snell, *The Citizen's Wage*; and Struthers, *The Limits of Affluence*.

13 The Poor Law is both theory and praxis, and is essentially based on the principle of "less eligibility" which demands that state aid be as unattractive as possible, thereby forcing people to seek employment of any sort or help from elsewhere *before* they turn to the state. In this construct, state aid is intended to be demeaning and depersonalizing, whether given in the community or the institution. See Gertrude Himmelfarb, *The Idea of Poverty: England in the Early Industrial Age* (London: Faber and Faber, 1984); Geoffrey Finlayson, *Citizen, State and Social Welfare in Britain, 1830-1990* (Oxford: Clarendon Press, 1994); Michael B. Katz, *Poverty and Policy in American History* (New York: Academic Press, 1983); and James Struthers, *The Limits of Affluence*.

14 See Davies, *Into the House of Old*, chapters 1 and 4.

men, still remained an especially vulnerable group.[15] It is clear by the 1940s, however, that the old age pension had added a valuable card in their bid to remain outside the institution; residents of west coast facilities for the elderly were now noticeably more frail and less able to shift between the old age home and the community in seasonal or daily movements. In spite of this change, the statistics available indicate a rapid growth in B.C.'s residential populations of elderly people during the period covered by this article. In the early 1930s there were some three hundred men and women over the age of sixty-five in charitable and benevolent institutions in the province, and another three hundred beds in private hospitals that cared for adults.[16] By 1957, there were 1,750 beds in the latter category alone.[17]

**New Names, New Buildings, and New Décor**

Institutional names were intended to make a strong public statement and thus are a useful way of "placing" residential facilities within a broader social and cultural milieu.[18] From the late 1930s there was a distinct shift in the names bestowed on B.C.'s old age homes, and many older institutions were renamed. Institutional titles discarded throughout the 1940s included the Provincial Home for Incurables, the Home for Aged and Infirm Ladies, the Old Peoples' Home (Vancouver), and the Old Men's Home (Victoria). The only public old age home in the province that retained its original title, and the word "old," was the Provincial Home for Old Men in Kamloops. Typically, the names left behind in historical memory were those that made direct reference to the age or ill health of the institution's residents. New names shift the focus from the resident to the curative purpose of the institution, to the gardens that surround it, or to the politician who founded it.

Some institutions were given titles that evoked a curative, healing image – a direct allusion to the commonalities shared by the old age home and the hospital. The Provincial Home for Incurables became the Provincial Infirmary in

15 Megan J. Davies, "Old Age in B.C.: the case of the 'Lonesome Prospector.'" *BC Studies* 118 (summer, 1998): 41-66.

16 The 1931 federal census found 308 people over 65 years of age in charitable and benevolent institutions in B.C. See *Canada Census*, 1931, vol. 9, table 9, 281. There were 290 beds in private hospitals (excluding maternity hospitals) in the province in 1934. See Province of British Columbia, Department of Provincial Secretary, *Hospital Services and Costs*, 1934 (Victoria: King's Printer, 1935), 11.

17 Province of British Columbia, Department of Health and Welfare, *Report on Hospital Statistics and Administration of the "Hospital Act,"* 1957 (Victoria: Queen's Printer, 1958), 44-45.

18 Peter Townsend notes the same range of types of names for post-war old age homes in England and Wales that I found in B.C., but does not speculate as to their meaning. Peter Townsend, *The Last Refuge: A Survey of Residential Institutions for the Aged in England and Wales* (London: Routledge and Kegan Paul, 1964), 112.

1937, the first public institution in the province to undergo this public transformation. Similarly, the names of new facilities such as the Victoria Nursing Home, renamed the Gorge Road Hospital in 1954, reflected the hope that homes for the aged could serve to rehabilitate or actually cure elderly men and women.

A second trend was to name an institution after a worthy public figure: a fact which was both an indication of the growing respectability of old age homes and of an aspiration for higher status in the public community. Thus, Vancouver's residence for aged men and women was renamed Taylor Manor in 1947, honouring a former mayor of the city. At Taylor Manor, the new title was part of a broader set of institutional reforms designed to make the facility more appealing to Vancouver's elderly.[19] In Kelowna, the new municipal home was also named after a popular local politician.

A third pattern was the adoption of names that presented the old age home as a place for recreation or as a quiet place for the last stage of life. In 1950 the Home for Aged and Infirm Ladies in Victoria was transformed into Rose Manor, a reference to the beautiful gardens surrounding the building rather than its elderly occupants. The new name might also have been a nod to the English country home, a not uncommon custom in Victoria, one of B.C.'s most "English" communities. When the Oliver and District Senior Citizens Society opened an old age home in 1957, the new facility was called "Sunnybank" after a favoured English location. At the same time, names with what British scholar Peter Townsend calls "a faint echo of gloomy foreboding" were also used, such as "Eventide" for the municipal home in Prince Rupert.[20]

Emerging architectural forms for the old age home echoed the messages of new institutional titles. Victoria's Mount Saint Mary's Hospital, built in partnership between the Sisters of Saint Ann and the provincial government in the early 1940s, was the first B.C. institution specifically designed and built for the infirm elderly. It was also the first old age home to be constructed in the province since the Vancouver Old People's Home was completed in 1916. The functional evolution of residential accommodation for the aged from welfare institution to health care facility was clearly evident in the new building. Located in a quiet semi-residential street across from the Anglican Cathedral, the Roman Catholic institution resembled a modern hospital, office block, or apartment building. The style of the building, coupled with its location away from Victoria's commercial and social clusters, discouraged interaction between elderly patients and the larger community. Residents of the new building were meant to be ill, not integrated members of the local neighbourhood.

19 Dennis Guest, "Taylor Manor - A Survey of the Facilities of Vancouver's Home for the Aged" (Masters of Social Work Thesis, University of British Columbia, 1952), 25.

20 Townsend, *The Last Refuge*, 112.

Architecturally, Mount Saint Mary's was a clear departure from the familial style of the municipal Old Men's Home and the esteemed social purpose of the Home for Aged and Infirm Ladies or the Provincial Home. Three stories high and built of light stone, its striking resemblance to the 1935 tuberculosis wing of the Vancouver General Hospital reflected a new desire to link institutional care for the elderly to the twentieth century hospital and its ambience of efficiency, sanitation, and bureaucratic functionalism.[21] Experts in hospital administration praised the clean, modern appearance of the building, noting with appreciation the smaller wards that came closer to meeting the ideal of patient privacy. The construction of private rooms for paying patients, in addition to shared public facilities, was another nod to the modern hospital.

The dominant model for the new old age home was not, however, Mount Saint Mary's, but the new purpose-built municipal homes for aged British Columbians that had begun to open by the late 1940s. "Pioneer Home" was established in Prince Rupert in 1946. Five years later Kelowna's new David Lloyd-Jones Home opened with space for twenty-eight old city residents. In 1954 the Dunsmuir residence was demolished to make way for a new, modern structure and Victoria Nursing Home was renamed "The Gorge Road Hospital." The cost of the nursing home was paid for in part by a grant from the provincial government.[22] Architecturally, these new facilities were somewhat different from Mount Saint Mary's, mixing features reminiscent of both "hospital" and "home," and attempting to convey a dualistic image of competent, scientific professionalism and home-like, family care. New, purpose-built old age homes, like the David Lloyd-Jones Home, were low-rise structures, created with nursing stations and other medical facilities. The design of these homes, with rooms facing toward an inner courtyard, emphasised the fact that the old age home was now regarded as separate from the larger community.

Victoria's Salvation Army Matson Lodge, opened in 1955, provides an excellent illustration of the new emphasis on the familial and middle-class comfort in institutional architecture for old age homes. The west coast firm of Wade, Stockdill and Armour provided plans for a new building with a view across Victoria Harbour to the Olympic Mountains beyond. The "guest rooms," as they were called in a 1962 *Royal Architectural Institute of Canada Journal* article, radiated out in two directions from a central "hub" corridor that contained the dining room, the lounge, a shop, a library, a television room, and a

21 Sleek and sparsely decorated, the tuberculosis wing was also a visual embodiment of the principals of modern science. John Thompson and Grace Goldin, *The Hospital: A Social and Architectural History* (New Haven: Yale University Press, 1973), 190, and 207; Adrian Forty, "The modern hospital in England and France: the social and medical uses of architecture," in *Buildings and society: Essays on the social development of the built environment*, ed. Anthony D. King (London: Routledge and Kegan Paul, 1980), 61-93.

22 Gorge Road Hospital Collection, J.L. Gayton, "A Short History of Gorge Road Hospital," 2.

radio room. The centrality of these communal rooms in the overall design indicates a new emphasis on sociability in the old age home. As architectural theorist Thomas Markus notes, what is placed at the centre of a building is a critical indication of its central purpose.[23] In very direct contrast to old age homes established earlier, comfort and sociability, rather than institutional efficiency, was the organising principle here. Again, as with Mount St. Mary and the David Lloyd Home, the emphasis within the building's design is away from the external community, toward either the magnificent view or the internal world of the old age home. The sweeping Y-shaped driveway up to the building, with large central flowerbeds, appears to have been designed with vehicle rather than pedestrian traffic in mind.[24]

The notion of "home" was of course an extremely powerful theme in the years following the disruption of the Second World War, when people were anxious to resume "normal" family life and Canadian families had to work so hard to find places to live.[25] As Elaine Tyler May makes clear in her work on American family during the Cold War era, the organisation and appearance of external and internal family dwellings provide an important insight into post-war society.[26] The same held true for old age homes. The goal was to extinguish the image of the old age home as a punitive place of last resort: the tall, gloomy workhouse of Dickensian mythology. The reformed old age home would be fit for the newly minted "senior citizen."[27] It would be a modern, single story complex, decorated inside with light paint rather than dark stained wood. Communal areas would bring together residents for social events rather than merely for meals. All of this suggests a middle-class family home.

The theme of "home" occurs frequently in the literature calling for institutional rebirth. Social work student Dennis Guest detailed the reshaping of an unpopular institution into a respectable home for the aged in his 1952 study of Vancouver's Taylor Manor. In 1945, city officials sought to make the facility more attractive to elderly applicants by redefining it as a "home" rather than a public poorhouse. Guest described the process, placing particular emphasis on the word "home:" "The most difficult task was trying to remove the stigma of an institution that had, during the depression, filled the role of that most odious

23 Thomas A. Markus, *Buildings and Power: Freedom and Control in the Origin of Modern Building Types* (London: Routledge, 1993), 129.

24 "The Salvation Army Matson Lodge," *Royal Architectural Institute of Canada Journal*, Series 444, 39/8 (August, 1962): 35-37.

25 Veronica Strong-Boag, "Home Dreams: Women and the Suburban Experiment in Canada, 1945-60," *Canadian Historical Review* 72/4 (December 1991): 471-504.

26 Elaine Tyler May, *Homeward Bound: American Families in the Cold War Era* (New York: Basic Books, 1988), 172.

27 Snell discusses the development of the "senior citizen" in Canada. Snell, *The Citizen's Wage*, introduction.

of all institutions, the workhouse. Related to this was the job of converting the Old People's Home from an institution into a place that could really be called a *home* for the aged."[28]

The author of a 1944 report detailing the need for a new old age home in Victoria stressed the importance of a "cheerful and homelike" environment, arguing that this kind of atmosphere was in itself therapeutic.[29] The concept of creating a "home" out of an institution was in fact most clearly expressed in interior decoration, recreating the interior of such facilities to resemble respectable "homes" rather than harsh institutions. In long-established facilities, interior décor became even more critical in the drive to banish the image of the poor house. Redecorating schemes, it was felt, served to "modernise" old buildings, putting further distance between the poor law purpose for which the institution had been intended and the re-visioned nursing home. Like Dennis Guest, provincial policy analyst Isobel Harvey stressed the importance of turning the institution into a "home" when she surveyed the Provincial Home in 1945. Harvey suggested that a "beautifully constructed room," presently unused, could be made into "the centre of the Home." All that was needed, she argued, was the addition of comfortable chairs, reading lamps, drapes and games-tables, furniture typical of the middle-class family home. In Harvey's vision, these decorative changes would in turn draw inmates out from their individual bedrooms and make the institution a happier place.[30] At Matson Lodge in Victoria, the circular lounge, with its sweeping panoramic views and tasteful modern furniture and houseplants, was a particular feature of the design, and one apparently appreciated by the residents. The accoutrements are of a middle-class home, although the scale is clearly institutional.

Other well-established facilities followed this same pattern. In 1939, the curtains on the cubicles and the tiny individual rooms at the Provincial Home, were replaced with doors to give more privacy and each man was assigned a new bedside table, a freshly painted bed, and a chair.[31] Redecoration schemes were also underway at the Marpole branch of the Provincial Infirmary System (the former Home for Incurables) in the early 1940s. The auditorium, evidently meant to be the social nexus for the institution's patients, was transformed with

28 Guest, "Taylor Manor," 25.

29 Local Council of Women, Victoria, Temporary Committee to the Mayor of Victoria and the Board of Aldermen, 26 June 1944 British Columbia Archives (hereafter BCA), Add. Mss. 2818, File 27. Norma Rudy sees this notion of "home" as the philosophical basis for Ontario's 1949 Homes for Aged Act. Norma Rudy, *For Such A Time As This: L. Earl Ludlow and a History of Homes for the Aged in Ontario, 1837-1961* (Toronto: Ontario Association of Homes for the Aged, 1987), 116, 153-54.

30 Isobel Harvey, "Study of Chronic Diseases in British Columbia," 1945, 21, British Columbia Legislative Library (hereafter BCLL).

31 Noble to Walker, 16 July 1941, BCA, GR 496, Box 54, File 1.

new curtains, standard lamps, easy chairs, and sofas. "New red tops with monometal trimmings" were fixed onto the first floor tables. The fact that the institution's enthusiastic Women's Auxiliary had been responsible for donating all the new furnishings except for the drapes suggests that women, particularly middle-class volunteers, were key agents of this process.[32] The minute books of the Home for Aged and Infirm Ladies (Rose Manor) indicate that a similar process was underway at charitable homes for the elderly. In 1949, Miss Boulton, the matron, brought samples of china to show the committee and a rose pattern was selected.[33] Although the home committee had always taken a considerable interest in new linen, furnishings and wall coverings, the 1952 annual report noted that, "Many improvements have been made throughout the Home during the year – rooms and corridors painted, new linoleum laid, new drapes and covers added where necessary, all adding to the comforts of home surroundings."[34]

In descriptive passages relating to this transformation, images of colour and light are juxtaposed against the drabness and darkness of the past. There is an obvious parallel to what was taking place at the same time in Ontario and to Olive Matthew's British campaign to "bring more colour into the lives of old people in institutions," although there is no indication that Isobel Harvey and her colleagues were drawing directly on ideas from these places.[35] At the Vancouver Old People's Home woodwork and walls were painted in lighter colours.[36] At the Kamloops institution dark woodwork and drab colours were covered by plywood panelling and white paint and more lighting was added.[37] Grey blankets were replaced by rose coloured throws on Marpole's women's wards. The installation of personal bedside lights was a feature of the period. Small bed lamps were donated by the Marpole Women's Auxiliary in 1941 and three years later extra electrical outlets were put in all the sleeping quarters to bring more light into the rooms.[38] Floor to ceiling windows and large modern

32 "Annual Report of the Provincial Infirmary for the year ending March 31, 1942" and "Annual Report of the Provincial Infirmary for the year ending March 31, 1943," BCA, GR 496, Box 23, File 12.

33 Minute Book of the Aged Women's Home started 5 May 1936; Minutes of meeting, 1 December 1936, 2 February 1937 and 6 February 1937; Minute Book of the Aged Women's Home started May 1944; Minutes of meeting, 1 November 1949 Rose Manor Collection (hereafter RMC).

34 Minute Book of the Aged Women's Home started May 1944, 44th Annual Report, 6 May 1952, RMC.

35 Means and Smith, *From Poor Law to Community Care*, 18; Rudy, *For Such a Time*, 153.

36 Guest, "Taylor Manor," 20.

37 Annual Report, Provincial Home, 1 April 1950 to 31 March 1951, BCA, GR 131, Box 2, File 12.

38 Details from the provincial institutions were taken from: Annual Report, Provincial Home, 1 April 1950 to 31 March 1951, BCA, GR 131, Box 2, File 12; "Annual Report of the Provincial

table lamps dominated the circular lounge at the Salvation Army's Matson Lodge in Victoria.[39]

New names, new buildings, and new paint all comprised different ways in which the old age home was remodelled from the 1930s through to the 1950s. Although the messages encoded in these various changes were somewhat complex and even contradictory, overall the bed-side lamps, the pastel paint, and reconditioned names spoke of a familial, middle-class institution, and a compassionate place.

### The Old Age Home as a Medical Institution

Administrative reforms and a reconceptualization of elderly inmates as patients were other elements of the transformation of the old age home, through which the older custodial institutions evolved into medical facilities. Here, the changes to residential care facilities for the elderly show some similarity to the earlier evolution of the hospital from poor law institution to a centre of medical technology. The provincial state played a key role in this process, with innovation centred on the Provincial Infirmary at Marpole. The reform of the old age home in B.C. was tightly linked to the growth of the provincial health and welfare state after the Liberal government came to power in 1933; new medical and administrative standards were adopted at the same time as closer regulation of residential facilities for the aged was enacted and a Hospital Clearances Program began to shift elderly people from acute care hospital beds to other facilities.[40]

Visiting the provincial Home for the Incurables in 1938, Assistant Provincial Health Officer Gregoire Amyot and Provincial Inspector of Hospitals Percy Ward made a number of recommendations designed to bring conditions in line with broader health and welfare reforms in the province.[41] Harry Cassidy, Provincial Director of Social Welfare, wrote a report on their findings that called for a new focus on the study and treatment of Marpole residents and the creation of hierarchical models of responsibility and authority

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Infirmary for the year ending March 31, 1944," "Annual Report of the Provincial Infirmary for the year ending March 31, 1941," and "Annual Report of the Provincial Infirmary for the year ending March 31, 1943," BCA, GR 496, Box 23, File 12.

39 "The Salvation Army Matson Lodge," *Royal Architectural Institute of Canada Journal*, Series 444, 39/8 (August, 1962): 35-37.

40 See Davies, *Into the House of Old*, chapter 5, for a full discussion of the Hospital Clearances Program and the Welfare Institutions Licensing Board.

41 Dr. Harry Cassidy submitted a report on the Home for Incurables to Weir, the Provincial Secretary in October 1937. Based in part on observations of Amyot and Ward, this document advocated sweeping changes to the facility. The complete text of this report appears to have been lost. H. Cassidy, "Report on the Home for Incurables," 25 January 1938, BCA, GR 496, Box 47, File 8.

and professionalism. This approach was characteristic of many of the health and social welfare initiatives of T.D. Pattullo's Liberal government. Professional input into the institution increased in a number of ways. An Infirmary Advisory Board of Departmental officials and "experts" was appointed in February 1938, meeting on a regular basis to discuss administrative problems and policy directions. Institutional administrators were encouraged to make use of the range of specialist services including the divisions of mental health, tuberculosis, and venereal disease, as well as the laboratory and the welfare field service.[42]

The dual positions of Matron and Medical Superintendent, which had caused conflict in leadership within the Marpole branch of the Provincial Infirmary, were replaced by a single Superintendent directly responsible to the Deputy Provincial Secretary.[43] Doctors and social workers took over the role of provincial police, government agents, and relief officers as the "gatekeepers" of public facilities for the elderly in the province. By doing work that had previously been done by poor law officers and administrators, they transformed the task of "gatekeeping" from a purely administrative function to a pyscho-medical exercise.[44]

Under the guidance of "expert" staff, the Marpole facility was to be run on a medical model, with new regularised procedures that would chart the physical and mental health of each patient. Dr. West was appointed visiting physician to the Provincial Infirmary and a medical survey of all patients was undertaken. A system of detailed medical and social patient records was created and physical examinations of residents became routine. A range of practices now underscored the medical function of the institution. New residents were given a through physical examination by a physician. The 1943 annual report of the institution noted that all residents were being given a blood test upon admission. A decade later, it had become routine practice for all incoming patients to be given a medical screening at either the Vancouver General Hospital or Saint Joseph's Hospital in Victoria: "The organized medical staff of these two institutions diagnose each case; advise on treatments; set out prognosis and generally assist the attending physician at each branch."[45]

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42 C.M. Motherwell, "Annual Report of the Provincial Infirmary for the year 1938-39," BCA, GR 496, Box 23, File 12; H. Cassidy, "Report on the Home for Incurables," 25 January 1938, Box 47, File 8.

43 C.M. Motherwell, "Annual Report of the Provincial Infirmary for the year 1938-39," BCA, GR 496, Box 23, File 12.

44 I draw here on the ideas of Andrew Abbott concerning the cultural malleability of professional work. Abbott, *The System of Professionals: an essay on the division of expert labor* (Chicago: University of Chicago Press, 1988), especially chapter 2.

45 C.M. Motherwell, "Annual Report of the Provincial Infirmary for the year 1938-39," BCA, GR 496, Box 23, File 12; M. Law, "Annual Report of the Provincial Infirmary for the year ending March 31, 1943" File 12; M. Law, "Annual Report on Provincial Infirmaries, 1950," GR 277, Box 5, File 1.

Routine medical supervision of the institutionalised elderly now became the accepted standard, and its absence was commented upon. The 1949 annual report of the welfare institutions licensing board noted that the majority of state-licensed boarding homes now had a regular attending physician.[46] In a 1944 article for *Canadian Welfare*, Laura Holland, then advisor on social policy for the provincial government, held up the Soroptimist House in Vancouver as a model because it had a resident matron to provide medical supervision for the older women who lived there.[47]

A parallel process took place at the Marpole Infirmary in the field of social work. Following the 1938 survey, Zella M. Collins, a senior social worker and administrator with the provincial Welfare Field Service, was assigned to create a system of numerical files and patient case histories. Collins placed her own professional stamp on admission procedures at the provincial infirmary: henceforth, every application was to be accompanied by a social history of the individual. Workers from the provincial Welfare Field Service became adjunct workers and gatekeepers for the infirmary system, funnelling appropriate patients into the institution accompanied by well-documented case files.[48]

The use of social casework techniques and routine medical examinations as appropriate care for the institutionalised elderly now meant knowing them in a more systematic and intimate fashion. A 1943 memorandum written by Percy Ward, Provincial Inspector of Hospitals, stressed the importance of social work in dealing with infirmary residents: "To make satisfactory placements we must bring all relatives and interested parties into consideration and we must know all about these people, if we are to use good judgement in caring for the clients."[49] Individual cases and situations were now defined by medical and social work ideas about appropriate behaviour, care, and treatment of the aged. This professional perception of older people as "aged" is new, and is a clear illustration of the emergence of a patient/client group whose care and treatment becomes the remit of a range of socio-medical professionals.

With a new focus on the elderly as a unique category of clients, a notion of specialised care for older women and men in residential facilities took shape. This new way of ordering institutional care was evident in the hierarchy of care institutions for the aged that had evolved in B.C. by the late 1940s: boarding homes for the physically able and private hospitals and public chronic hospitals

46 "Annual Report of the Welfare Institutions Licensing Board, 1949," *Sessional Papers* (hereafter SP) B.C., vol. 2, (1951), R 105.

47 Laura Holland, "Our Senior Citizens," *Canadian Welfare*, xx/6 (1 December 1944): 26-27.

48 File 8, H. Cassidy, "Report on the Home for Incurables," 25 January 1938, BCA, GR 496, Box 47.

49 P. Ward to P. Walker, 25 May 1943, BCA, GR 496, Box 48, File 2.

for those who required nursing care.[50] Professionals and administrators argued that the elderly should now be assessed by professionals to gauge their physical and mental health, and placed in an appropriate institution. A 1957 document, sent by F. Heaton, an administrator for the municipality of Saanich, to Donald Cox, Deputy Minister of Hospital Insurance, shows how systems of classification evolved. Heaton divided the elderly into four categories: the healthy, the infirm, the sick, and the psychiatric. With ongoing evaluation and therapeutic help, old people might move from one category to another. Appropriate residential accommodation was, of course, to be chosen in accordance with classification. Heaton recommended the establishment of geriatric assessment and research departments in general hospitals to stream elderly people into the correct institution.[51]

Professional interest grew in cataloguing the intimacies of the bodies, minds and personal histories of institutionalised old people. By the early 1960s, Dr. Doris Mackay, a specialist in rehabilitative medicine, was able to subdivide patients in private hospitals into six categories, based on the level of care that they required. Reviewing patient populations at thirteen facilities in Greater Vancouver and Victoria, Mackay gathered information on a set of criteria that ranged from financial solvency to bowel and bladder continence. The mental state of patients was also evaluated. Although Mackay's data provided strong evidence of patient improvement through wider use of physio- and occupational therapy, she cautioned against placing patients from different classifications alongside one another in old age homes.[52]

The creation of administrative hierarchies within the old age home was matched by new socio-medical categorization of old people. In both instances, the model was medical – the hospital and the patient – and the catalyst was the state and the professionals. Administratively, this gave impetus to the creation of detailed patient information systems and a set of coded entry procedures. Elderly people were not just recreated as patients, but as people whose place in the life cycle now indicated a specific medical agenda.

### Health Professionals in the Old Age Home

Positing themselves as the new "experts" in the emerging speciality of geriatric medicine, health and social welfare professionals were pivotal players in the transformation of the poor house to the old age home. Doctors, nurses, social

50 Memo by James Mainguy details the administrative criteria of these different levels of care, July 19, 1956, BCA, GR 678, Box 1, File 6. The evolution of this system was closely linked to the Hospital Clearances Program and the work of the Welfare Institutions Licensing Board.

51 F. Heaton to D. Cox, January 1957, BCA, GR 678, Box 1, File 14.

52 Doris E. Mackay, "Survey of the Population of Private Hospitals in B.C.," completed in 1965, BCA, GR 678, Box 43, File 20.

workers, and physio- and occupational therapists came to regard the elderly and old age homes as part of their professional jurisdiction. In an institutional setting, they maintained, aged men and women required the special skills of a variety of health and social welfare professionals to solve their problems.[53] Because professionalization in B.C.'s old age homes predated broader provincial academic and professional interest in the elderly, staff at residential care facilities and government bureaucracies that worked with institutions played an important role in the development of the field of geriatric specialization. Overall, social workers and nurses, rather than physicians, dominated professional discussion about old age and homes for the elderly in the western province.

In the reformed old age home, these professionals now had the power to make judgements concerning the diagnosis and treatment of elderly residents, a kind of cultural control that superintendents and staff of older poor law institutions had never had. In the professional mind, residents in these facilities were transformed from inmates into social work clients and medical patients. Professional authority became built into the both the culture and the administrative structure of the old age home.[54] Thus, this growth of professional power was both structural and ideological, with the Marpole branch of B.C.'s Provincial Infirmary again acting as a flagship institution for change in the province.[55] Inside Marpole and other facilities, the work of core staff was now supplemented by a number of extra-institutional "experts" who included social workers, physio- and occupational and therapists, and nutritionists.

Occupational therapy was the first new professional enterprise to enter the old age home. Work had always been standard poor law practice at the Provincial Home for Old Men and the Old Peoples' Home in Vancouver. But occupational therapists working in old age homes transformed poor law labour into a therapeutic experience, creating an entirely new field of expertise.

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53 "Annual Report of the Social Welfare Branch of the Department of Health and Welfare, 1950," SP, 1951, R-63-64. For a reference to training for work with aged in Britain see, Means and Smith, *From Poor Law to Community Care*, 195-196. Rehabilitative medicine, a medical speciality that expanded during the Second World War, emphasised a broad approach to healing and well-being. Psychiatry, physiotherapy, occupational and speech therapy, social service, guidance and testing, vocational and employment training, recreation, financial assistance, selective placement, and "careful follow-up" were all included under the rubric of rehabilitative medicine. Bruce McKenzie MacQuarrie, "The Care of an Ageing and Disabled Group in a Veterans Hospital: An Appraisal of the Domiciliary Care Programme Provided by the Department of Veterans' Affairs in Vancouver" (Master of Social Work thesis, University of British Columbia, 1950), 3.

54 I draw on the ideas of Paul Starr here, from *The Social Transformation of American Medicine* (New York: Basic Books, 1982), 13-21.

55 For an extended discussion of professionalism see Harold Perkin, *The Rise of Professional Society: England since 1880* (London: Routledge, 1989).

The Provincial Infirmary at Marpole was certainly the most dynamic institution in terms of physio- and occupational therapy. Somewhat ironically, the initial involvement of this group of extra-institutional practitioners owed their professional place inside the old age home to the crusading efforts of the voluntary women's auxiliary. Faced with bureaucratic intransigence, the powerful auxiliary went over the heads of provincial administrators to hire the first part-time occupational therapist in the late 1930s. By 1944, an occupational therapy program had been formally established at the Allco and Marpole branches of the Provincial Infirmary.[56] The women's auxiliary, highly organised and willing to use its power to push professionals into place at Marpole, was a very different kind of extra-institutional group than the charity workers who took Christmas fare to the Old Men's Home in Victoria. The Marpole Women's Auxiliary was clearly a pressure group, whose members, although not professionals themselves, were connected to the world of professionals by marriage and class alliances.

The story of physiotherapy is similar. Geriatric physiotherapy had begun in England during the 1930s with the development of exercise programs to increase the activity of stroke patients.[57] Interest in this field soon spread to Canada. Two years after the occupational therapy program had set down roots at Marpole, a part-time physiotherapist was added to the staff. Although there was less enthusiasm for such therapeutics among the Sisters of Saint Ann who ran Mount Saint Mary's in Victoria, the 1946 Report of the Provincial Infirmary noted that a part-time physiotherapist had joined the staff there as well.[58]

Nutritionists also became involved in old age homes during the 1940s. By 1942 Superintendent Motherwell at the Provincial Infirmary was lobbying for a separate "diet kitchen" at Marpole.[59] M. Baldwin, Nutritional Consultant with the Provincial Board of Health, visited the Provincial Home for Aged Men in 1945. Her report shows how Canada's Food Rules were applied to a clientele of institutionalised elderly people. Arguing that well-balanced meals were essential to the quality of life in old age, Baldwin recommended the use of tasty appetisers and seasoning to encourage reluctant elderly eaters, and advised against heavy meals at noon and full-fat milk, which would encourage consti-

56 "Annual Report of the Provincial Infirmary for the Year, 1938-39," BCA, GR 496, Box 23, File 12; Office of the Inspector of Hospitals to P. Walker, 30 May 1944, Box 5, File 5. In 1948 McFarland noted the Marpole was the only institution in the province that could be classified as a chronic care hospital. William Donald McFarland, "The Care of the Chronically Ill: A Survey of the Existing Facilities and Needs of Vancouver" (Master of Social Work thesis, University of British Columbia, 1948), 15.

57 Thane, "Geriatrics."

58 "Report of the Provincial Infirmary for the year ending March 31, 1946," BCA, GR 496, Box 23, File 12.

59 "Annual Report of the Provincial Infirmary for the year ending March 31, 1942," in ibid.

pation among the old men at the institution. "Our aim in the care of the aged," Baldwin concluded, "is to 'Add life to years rather than years to life.'"[60]

Women dominated the ranks of the new professionals now finding employment within the walls of the old age home, as social workers, nutritionists, physiotherapists, and occupational therapists.[61] Outside of social work, I found no men hired as professionals for these positions during the period. With their special nurturing qualities and their cultural connection with "the home," women were seen as essential in a modern compassionate institution for the aged. Professionals and government bureaucrats looked for maternal qualities in caregivers, implicitly suggesting that women were most suitable for aged patients.[62] Professional writing repeatedly stressed the "female" or "maternal" qualities of professionals in the old age home.

This maternalism had all the heavy-handed properties of traditional paternalism. An equation of the elderly with children is evident. The best kind of social worker or nurse, these authors maintained, was someone who would be sympathetic and understanding, make sure that their elderly patients or clients were dressed in appropriate clothing, and encourage interests and hobbies. A 1947 article in *Canadian Nurse* told its readers that old people "are forgetful, tend to reminisce and to fabricate. Therefore, the nurse caring for these people should be kind, understanding, and willing to take time to listen sympathetically to their stories."[63] Social workers were to act as intermediaries, taking on

60 M. Baldwin, "Report on Food Served and Feeding Facilities, Provincial Home, Kamloops," April 1945, in ibid., Box 12, File 2.

61 Women, who had a strong position within the field of social work, benefited from the fact that the new Pattullo administration was anxious to base their welfare programs on social work principles and that there was a shortage of trained social workers during the Depression years. The extreme reluctance of the B.C. government to bring in trained personnel from outside the province may also have worked to the advantage of women. Megan Davies, "Handmaidens of the State: Welfare Field Workers in Rural B.C. in the Interwar Years," unpublished research paper.

62 Looking at the British situation, Means and Smith tell us that, "Residential work with elderly people was seen as women's work in which the appropriate qualities of warmth, gentleness and good housekeeping would flow naturally from the right type of applicant with the minimum of instruction." Means and Smith, *From Poor Law to Community Care*, 195.

63 Edith Rowe, Jane LeWare, Jessie Wilson, "The Care of the Chronically Ill," *Canadian Nurse* 43/8 (August, 1947): 596-8. Also Dr. Lewellys Barker, "On the Care of the Aged," *Canadian Hospital* 18/4 (April, 1941): 31, 38. Government officials also favoured these qualities in those who worked with the elderly. For example, "Report of the Social Assistance Branch, 1944-45," in *SP*, vol. II, (1946), R-44. Harvey's report also stressed the importance of a "pleasant personality" and "understanding and kindness" in caregivers, assuming this person would be female. BCLL, Harvey, "Study of Chronic Disease," 9, 22.

the female role as peace-maker to smooth over differences between patients, families, administrators, staff, and doctors.[64]

Under the earlier poor law model, a good inmate was one who conformed to the rules and regulations of the institution, worked hard and co-existed peacefully with other residents. Now, an "ideal" patient was required to be social, to be part of the institutional "family," and to be willing and able to participate in therapeutic and recreational activities. Such programs fostered new expectations of how aged men and women would perform in residential facilities, pathologising behaviours viewed as antisocial. Professional journals urged caregivers to encourage the elderly to keep up old hobbies or develop new interests.[65] Social work thinking of the period held that group work was both healthy and "normal." In the larger community, this meant regular church attendance and, a close relationship with kin.[66] Inside the old age home, a "well adjusted" elderly man or woman, social workers argued, should show an active interest in the home by participating in social and recreational events. Recent studies of old age homes have found that residents labelled "well-adjusted" by professionals are those who demonstrate the right combination of normative "group" behaviour and independence: knitting a tea-cosy for an exhibition and making their own way to the supper table, for example.[67]

We can see the historical roots of this professional belief system in B.C.'s old age homes of the 1940s and 1950s. Studying Taylor Manor in 1952, social work student Dennis Guest chastised residents who chose to remain in their own rooms, reading or listening to the radio.[68] The 1942 Annual Report of the Welfare Institutions Board stressed the importance of encouraging residents of such facilities to remain "self helpful" through recreational activities.[69] In

64 Reporting a serious lack of communication between field staff, doctors and infirmary administrators, Harvey argues that a medical social worker (always referred to as "she") would be able to act as an interpreter between the various parties involved. BCLL, Harvey, "Study of Chronic Diseases," 12. A 1952 report also sees the social worker as intermediary. A. Mann, "Report concerning a social worker for the Provincial Infirmary," 25 November 1952, BCA, GR 277, Box 7, File 4.

65 Rowe, LeWare, Wilson, "The Care of the Chronically Ill," and Barker, "On the Care of the Aged." For a description of the ideal components of community recreation for seniors from a B.C. perspective see Elizabeth Talker, "Services for Married Couples on Assistance and Pension: A Type Study of a Selected Group of Cases in Vancouver" (Masters of Social Work Thesis, University of British Columbia, 1956), 58-61.

66 William Graebner has a good analysis of group work theory and old age in "The Golden Age Clubs" *Social Service Review* 57/3 (September, 1983): 416-428. Talker, in her thesis on married couples on social assistance, characterizes good adjustment as sociability, church attendance, and family connections. Talker, "Services for Married Couples," 26.

67 Roger Clough, *Old Age Homes* (London: George Allen, 1981), 158-159.

68 Guest, "Taylor Manor," 24.

69 "Annual Report, Welfare Institutions Board, 1941," BCA, GR 496, Box 49, File 6.

1948, Mary Law, superintendent of the Provincial Infirmaries, stated that, "Arousing the patients' interest in something creative brings many benefits, including a more cheerful outlook on life on the part of the patient." As Law's statement demonstrates, professional observers believed that the chance to fashion bird houses or change purses helped to counter the mood of illness and physical decline that permeated institutions like the Provincial Infirmary.[70]

The new professional focus on treating chronic illness in old age also narrowed the medical definition of "ideal" patient. Aged men and women whose illnesses were not treatable, or whose health failed to improve following physio- or occupational therapy, did not fit the new professional paradigm. The interest of health care professionals, particularly medical personnel, became fixed on old people who would benefit from therapeutic intervention. As for the rest, they could be maintained in a custodial institution where they would receive compassionate care. In this fashion the issue of chronic illness in old age divided the elderly into two categories: the treatable, and those who could not be healed.

In her 1942 annual report, Marpole superintendent Motherwell proudly stated that, "The treatment of the aged is now being recognised as a special branch of Medicine."[71] This was a profound, if well-intentioned, overstatement. Mainstream medicine remained uninterested in the old and their illnesses. Without advanced analgesics, innovative surgical techniques and medical technologies could not yet be used for this group of patients. The continued absence of men from professional ranks within the old age home was another indication of the secondary status of these facilities and the ageist equation of the elderly with children. For the "female" professions of social work, nutrition, physio- and occupational therapy, however, the old age home was a fruitful site for professional colonization.

## Conclusion

The changes I have outlined point to a re-visioned old age home, a compassionate place staffed by trained professionals, where the promise of post-war Canadian society could unfold. In fact, this was an imperfect process, with untenable contradictions at work within the new vision of residential care for Canada's senior citizens.

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70 M. Law, "Report on the Provincial Infirmary, December 1948," BCA, GR 277, Box 5, File 1. These items were made by Allco residents in 1945. "Statement - February to November - Occupational Therapy," 12 December 1945, BCA, GR 496, Box 15, File 9. Harvey found that patients at Marpole were more content than those at Mount St. Mary, and used that information to critique the Sisters of Saint Ann for not providing occupational therapy for patients. Harvey, "Study of Chronic Diseases," 15, BCLL.

71 "Annual Report of the Provincial Infirmary for the year ending March 31, 1942," BCA, GR 496, Box 23, File 12.

First, the old age home did not really become a *bona fide* medical institution. The enhanced role for a broader range of health and social welfare professionals within the old age home did indeed facilitate a shift from poor law to medical institution, yet this transformation was never really complete. Drawn into a new medico-socio paradigm where they were no longer inmates, residents of institutions for the elderly were re-conceptualised as patients in need of medical and social work attention. But beyond a hugely expanded role for pharmacology, which was only beginning to emerge in the 1950s and 1960s, the place of the "pure" medical professionals and innovative medical technologies in residential care facilities for the aged remained minimal. The professionals who did become involved with the old age home were non-elite professionals – nutritionists, social workers, physio- and occupational therapists – from fields dominated by women. Thus, even within the hierarchy of medical facilities, the old age home remained second-rank, staffed by women, the second sex.

Second, there is a strong statement about class and care here that should also be noted. Residential facilities for the elderly were no longer to be places of last resort for B.C.'s "surplus" population of impoverished old men on society's margins. Instead, it was anticipated that people drawn from across a broad social spectrum would receive professional care in a homelike setting. These were meant to be kinder places where residents would be treated in a more egalitarian fashion, living integrated lives in well-decorated surroundings. But this new "ideal" facility was not a classless institution. The notion of institutions as "homes" drew upon the culture of the middle-class family, a place where many of the professionals working in the old age home had begun their lives, but the majority of their patients had not. Thus, class and professionalism intersected as the old age home evolved into a medical institution. This was a parallel process to what American medical historian Paul Starr calls the "moral assimilation" of the hospital, where a social organisation constructed for the poor was transformed into a respectable, middle-class institution.[72]

Third, the theme of "home" never really attached itself to these institutions in any real cultural sense, for "home" is supposedly the place where one choses to live with people one loves, not a place apart from one's family, friends, and former life. New names, new paint, and soft sofas might add the ambiance of the middle-class family home, but they do not alter the institutional reality. Indeed, I believe that these cosmetic changes served to facilitate a public and professional denial about the real purpose of institutions for the elderly.

The notion of "home" should also be set in a wider context of the local community so we can appreciate the shifting place of the old age home in its

72 Starr, *The Social Transformation*, 145.

immediate neighbourhood. New architectural models for residential care facilities of the 1940s and 1950s, with their emphasis on the hospital, the inner courtyard, or the view, were concrete manifestations of a profound change. When the inmate population was healthy and a visible presence on nearby streets, in neighbourhood shops, and the local library, the division between the residential institution and the community was not as sharp as it is today. Health and social welfare professionals of the post-war years worked hard to put a positive spin on the changing nature of residential accommodation for the elderly, but they were dealing with an institution that was essentially turning inward. In sum, the old age home came out the other side of the reforms of this period as an uneasy institution, resting uncomfortably between home and hospital: a place quite separate from the community, rather than a community institution.