

The Schaw Convalescent Home at Bearsden: Not Another Costly Pile?

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Since 1895, the building currently known as Schaw House has dominated the skyline of Bearsden. It is an elegant, three-storied structure approached by a sweeping driveway. Impressive stone steps lead to a castellated tower, flanked on either side by two vast wings. In the presence of such grandeur, onlookers might believe that the ‘well-to-do’ once inhabited this building. Nothing could be further from the truth. Schaw House was once a convalescent home built for patients, many very poor, discharged from the Glasgow Royal Infirmary. During the nineteenth century, the popularity of convalescent homes increased rapidly, especially with managers of voluntary hospitals, since they enabled an earlier discharge of patients. The facilities they offered, in pleasant seaside or country locations, made them equally popular with convalescing patients. Despite a typically congenial setting, the Schaw Convalescent Home was rarely full. This article explores the background to Scottish convalescent homes combined with records to explain the under-utilisation of the Schaw Home between 1896 and 1939.

From the 1860s onwards, in Scotland, philanthropists and charitable organisations established convalescent homes for the sick poor. They were set up to alleviate the ill health created by poverty and dangerous working environments in Scottish towns and cities that followed the rapid industrialisation of the nineteenth century. Survivors of rampant disease or brutal industrial accidents experienced further challenges to their recovery through polluted air, inadequate housing and malnutrition. Convalescent homes offered one solution by providing the sick with a period of recuperation, usually around two to three weeks, in comfortable surroundings at the sea or in the countryside. Residents received a wholesome diet and fresh air, combined with rest and recreation. Not surprisingly, the popularity of such homes increased rapidly. Unlike other institutions, such as poorhouses and orphanages, convalescents were keen to gain access and often reluctant to leave. A few social commentators alleged misuse by both patients and those responsible for their admission. They included Glasgow’s Medical Officer of Health, James Burn Russell (1837–1904)¹ and renowned hospital administrator, Henry Burdett (1847–1920),² both of whom complained that

¹ See E. Robertson, *Glasgow’s Doctor, James Burn Russell, 1837–1904* (East Lothian, 1998) for Russell’s biography.

² See https://theodora.com/encyclopedia/b2/sir_henry_burdett.html, for biographical detail of Burdett.

some patients sent to the homes were not strictly convalescent.³ In 1882, at a Charity Organisation Society (COS), Russell pronounced that:

the convalescent homes, in so far as they admit persons direct from one or other of the hospitals, can hardly be imposed upon but I fear that not infrequently, among those commended by the general public, may be found loafers who manage to spend a deal of their time in one home or another; persons who really subsist upon chronic ailments and are in a perpetual state of convalescence.⁴

Henry Burdett also remarked that ‘a certain class of the population find the convalescent home to offer them an inexpensive means of taking a holiday’.⁵

By contrast, medical officers attached to convalescent homes complained that some patients sent to them were not classifiable as ‘convalescent’ because they were too ill. For example, in 1874, Drs Stewart and Whitelaw, medical officers at the Glasgow Convalescent Home (GCH) remarked that ‘patients were sometimes beyond recovery when they came to the Home’. Commenting further they said:

we desire respectfully to impress on all concerned the propriety of sending to the Home only such persons as are truly convalescent. During the last year, not a few patients were so ill as to remain much in bed and require active medical treatment.⁶

In 1901, Dr MacArthur, Medical Officer at a Scottish Co-operative Society Convalescent Seaside Home (Seamill CH) also remarked that ‘a few cases of illness occurred among the inmates and due to their coming to the Home at too early a period of their convalescence’.⁷ Similarly, Dr John Perry, Medical Officer at the West of Scotland Seaside Convalescent Homes (Dunoon Homes), described efforts to deter admission by the chronically ill. In 1894, his report stated that:

A considerable number of rejected applicants were chronic invalids, who have already experienced the advantages of the Home – were again anxious to be

³ Russell and Burdett were generally supportive of convalescent homes, but critical of possible misuse. Russell’s position as a manager at the Lady Hozier Convalescent Home (Hozier Home) in 1885 implies his general support of convalescent homes. NHS Greater Glasgow and Clyde Archives (hereafter NHSGGCA), HB 7/1/1, Hozier Home, Annual Report (A/R), 1895.

⁴ J. B. Russell, ‘Overlapping of Charitable Funds’. A paper given at a COS conference in 1882.

⁵ H. C. Burdett, *Hospitals and Asylums of the World* (London, 1893), 850.

⁶ Mitchell Library (ML), G.362.160941435, Glasgow Convalescent Home (GCH), A/R, 1873, 6.

⁷ NHSGGCA, HB 6/4/55, Scottish Co-operative Society Convalescent Seaside Homes Association, A/R, 1901, 8.

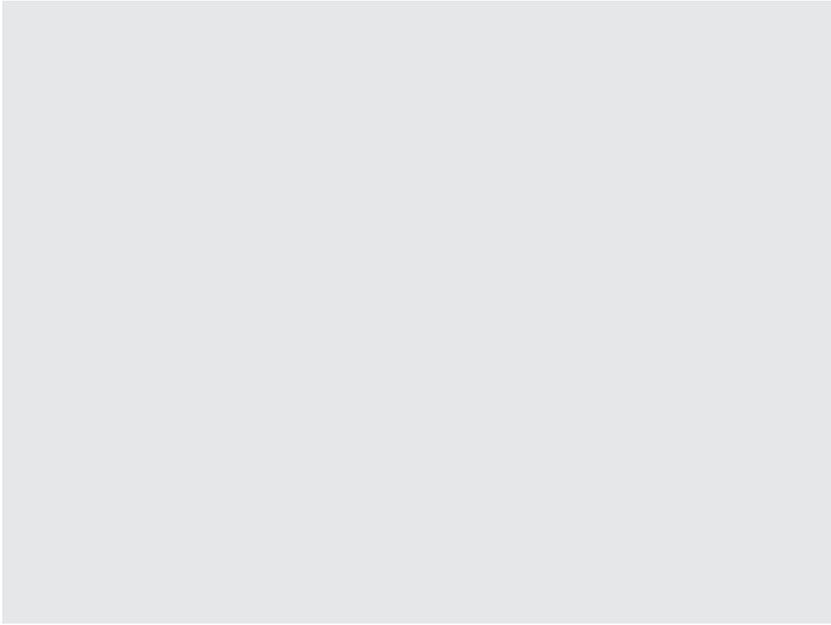


Plate 1 The Schaw Convalescent Home (now known as Schaw House), Bearsden.

admitted. These I am obliged to refuse, to retain room for suitable convalescents – the class of persons for whom the Institution is specially intended.⁸

These conflicting views on the suitability or otherwise of convalescent admissions illustrates the general popularity of the homes, ensuring that most had a full quota of patients. However, the A. S. Schaw Convalescent Home (Schaw Home) was a curious exception. It officially opened in 1896, specifically for patients discharged from the wards of the Glasgow Royal Infirmary (GRI). Records show that regardless of its palatial exterior (Plate 1) and pleasant countryside location, the Schaw Home rarely had a full complement of patients. This article seeks to explain the reasons behind its under-utilisation by exploring relevant literature and the general background to the development of Scottish convalescent homes. On this basis, the Schaw Home records are then explored to explain the patient shortfall.

Until recently, the history of convalescent homes has been a neglected area of research, reflected in the paucity of literature on the topic. Sally Sheard identified this lack of attention in ‘Getting Better Faster: Convalescence and

⁸ ML, G.362 160941435, West of Scotland Seaside Convalescent Homes (Dunoon Homes), A/R, 1894, 10.

Length of Stay in British and US Hospitals'.⁹ She cites several exceptions such as John Bryant's *Convalescence, Historical and Practical*, which in 1927 discussed both convalescence and convalescent institutions in Britain, Europe and the USA. John Bryant remarked that the prime purpose for writing his book was to 'lessen the medical neglect so often meted out to the convalescent patient, who, precisely because he grows less acutely ill, so often seems to grow progressively less interesting to the physician immersed in the subtleties of latter-day medical science'.¹⁰ Elizabeth Lomax also noted this lack of interest in convalescence in her study of the development of Victorian children's hospitals with the comment that, during the nineteenth century, infirmary doctors were reluctant to visit convalescent patients following discharge from a hospital even though they were encouraged to do so.¹¹

An exception to the lack of scholarly research specifically into Scottish convalescent homes is the refreshing half-chapter in Olive Checkland's renowned work, *Philanthropy in Victorian Scotland* that lists 30 Scottish convalescent homes established from 1865 to 1914.¹² A doctoral thesis titled 'The Origins and Development of Scottish Convalescent Homes, 1860–1939' has since built on Checkland's work and, as the title suggests, categorises their foundations and progress until the beginning of the Second World War.¹³ However, the overall nature of this study allowed only limited space for discussion on the Schaw Home.

There are a few contemporary accounts of individual Scottish convalescent homes that provide some context for understanding the Schaw Home. For example, Robert Hillhouse bases his history of the Dunoon Homes upon his reminiscences as their Secretary.¹⁴ Many Scottish voluntary hospitals have at least one written history where they mention, albeit briefly, their linked convalescent home.¹⁵ For example, John Patrick, in his history of the GRI,

⁹ S. Sheard, 'Getting Better Faster: Convalescence and Length of Stay in British and US Hospitals', in (ed.) L. Abreu and S. Sheard, *Hospital Life, Theory and Practice from the Medieval to the Modern* (Oxford, 2013), 299–329.

¹⁰ J. Bryant, *Convalescence, Historical and Practical* (New York, 1927).

¹¹ E. Lomax, 'Small and Special: The Development of Hospitals for Children in Victorian Britain', *Medical History*, Supplement 16 (1996), 85.

¹² O. Checkland, *Philanthropy in Victorian Scotland: Social Welfare and the Voluntary Principle* (Edinburgh, 1980), 214.

¹³ J. Cronin, 'The Origins and Development of Scottish Convalescent Homes, 1860–1939' (unpublished PhD thesis, University of Glasgow, 2003).

¹⁴ R. Hillhouse, *Bygone Years of the West of Scotland Convalescent Seaside Homes, Dunoon* (Glasgow, 1909).

¹⁵ Examples of hospital histories with references to their convalescent homes: S. Slater and D. Dow, *The Victoria Infirmary of Glasgow 1890–1990* (Glasgow, 1990), 245; L. MacQueen and A. Kerr, *The Western Infirmary, 1874–1974: A Century of Service to Glasgow* (Glasgow, 1974), 16–17; H. C. Gibson, *Dundee Royal Infirmary 1798 to 1948* (Dundee, 1948), 47; W. G. Harrington, *Stirling Royal Infirmary 1874–1974* (Stirling, 1974), 15–16; D. A. Dow,

only devotes one paragraph to Schaw Home. Nevertheless, the remainder of his work provides some useful information on the GRI medical staff and management.¹⁶ It is relevant because the Schaw Home Committee, who made regular inspections on behalf of the GRI, drew its members from GRI managers. The GRI and Schaw Home also shared their medical superintendent.¹⁷ In a more recent work on the GRI history, *The Royal*, Iain Russell allocates several pages to describing Schaw Home.¹⁸ He notes the comments made by the press at the opening ceremony of the Schaw Home in 1896, ‘without a trace of irony’ on the ‘smoking room for the men and in the basement a large workroom for the women’.¹⁹

A recent study on two Scottish convalescent homes, with indirect relevance to the Schaw Home, is a chapter in Rochester *et al.*, *Understanding the Roots of Voluntary Action*. It focused on case studies of the Dundee Convalescent House (Dundee CH) and the GCH.²⁰ The Dundee CH opened in 1860 through the philanthropy of Lady Jane Ogilvy (1809–61) and Bishop Alexander Penrose Forbes (1827–1875), and was Scotland’s first known permanent convalescent home. Due to the early death of Jane Ogilvy, Alexander Forbes became the sole manager of the Dundee CH until he also died in 1875. It initially achieved some expansion under Forbes’ enthusiastic management, but after his passing a small committee, with dwindling support from the Scottish Episcopal Church congregation, made no further development. In 1911, the committee decided to sell the premises and convert the proceeds into a convalescent fund.

By contrast, the GCH opened in 1865 at Bothwell, south of Glasgow, following a widely publicised campaign from the sponsor, philanthropist Beatrice Clugston (1827–88).²¹ She recruited a prestigious, sixteen-member management team that initially included Professor Joseph Lister (1827–1912), representing the Senatus of Glasgow University and Dr George MacLeod (1828–92) the Faculty of Physicians and Surgeons of Glasgow, together with representatives from the town council and from the Glasgow Merchant and Trade houses. Unlike the Dundee CH, the GCH also had paid collectors that

Paisley Hospitals, The Royal Alexandra Infirmary and Allied Institutions 1786–1986 (Glasgow, 1988), 25.

¹⁶ J. Patrick, *A Short History of Glasgow Royal Infirmary* (Glasgow, 1940), 37.

¹⁷ Superintendents were: Drs Moses Thomas, 1897–1902; Maxtone Thom, 1902–25; Ian Grant, 1925–39.

¹⁸ J. Jenkinson, M. Moss and I. Russell, *The Royal: The History of Glasgow Royal Infirmary 1794–1994* (Glasgow, 1994), 91, 148–9, 165–6, 189–90, 197.

¹⁹ *Ibid.*, 148.

²⁰ J. Cronin, ‘Success and Failure in Scottish Convalescent Homes, 1860–1939’, in (ed.) C. Rochester, G. Campbell Gosling, A. Penn and M. Zimmeck, *Understanding the Roots of Voluntary Action* (Brighton, 2011), 137–54.

²¹ Before establishing the GCH, Beatrice Clugston was a founder member of the GRI Dorcas Society that gave practical help to discharged GRI inpatients and was therefore well aware of the problems they encountered.

Year	Annual admissions to Dunoon Homes	Annual admissions to convalescent homes attached to voluntary hospitals
1871	964	1,099
1892	3,327	2,204
1900	4,110	5,054
1912	4,981	5,872
1924	5,410	6,188
1934	5,200	7,102

Table 1 Comparison of patients admitted to the Dunoon Homes and homes run by voluntary hospitals.

Sources: Dunoon Homes Annual Reports, 1871–1934 and data collected from *Burdett's Hospitals and Charities*, 1890–1930, annual reports of convalescent homes.

usually ensured a high level of public subscriptions.²² The GCH also retained 30 beds, without charge, for GRI patients. In 1871, the GCH expanded into larger premises and continued to flourish until well into the twentieth century, remaining open as a convalescent home until after its integration into the NHS in 1948. The case studies emphasised the importance of proactive management combined with ample financial support for survival.

In 1869, Beatrice Clugston raised further funds to open her second and even larger home, the Dunoon Homes, admitting patients who were recovering from illness at home, or in hospital. Remarkably, the number of patients admitted annually to the Dunoon Homes almost equalled or even exceeded admissions to the convalescent homes attached to Scottish voluntary hospitals (see Table 1).

During the nineteenth century, philanthropists, independent charities, religious/temperance societies and the Co-operative Society established over 30 convalescent homes. In the twentieth century, friendly societies and occupational groups also founded convalescent homes for the benefit of their members. Overall, between 1860 and 1939, providers established over 60 convalescent homes in Scotland. The number of patients admitted annually rose from 4,000 in 1871 to over 33,000 in 1939.²³ The provision of beds in individual convalescent homes varied between ten and 300. Figure 1 illustrates the growth in the number of patients in sponsorship groups between 1871 and 1934. It shows that the patients sent to non-hospital convalescent homes

²² M. Moody and B. Breeze, *The Philanthropy Reader* (Abingdon and New York, 2016), 114.

²³ Cronin, 'The Origins and Development of Scottish Convalescent Homes, 1860–1939', 364.

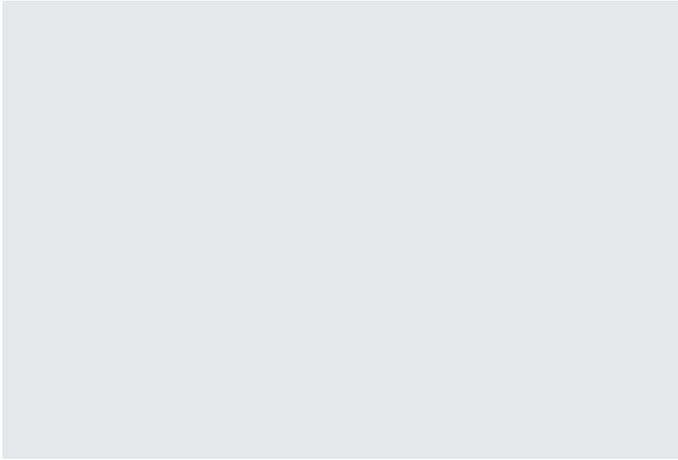


Figure 1 Growth in patients sent to convalescent homes by sponsorship group.

outnumbered those sent to homes attached to infirmaries. Independent charities were the most significant providers.

By the late 1880s, doctors and patients regarded convalescent homes as an integral part of the Scottish health system. Despite this, the Glasgow voluntary hospitals – the GRI, Western Infirmary of Glasgow (WI Glasgow) and Victoria Infirmary (the Victoria) – had not established convalescent homes of their own. The most likely explanation was the abundance of charitable homes in the west of Scotland (nine) available to patients discharged from the Glasgow infirmaries. The GCH was particularly significant because of the 30 beds it reserved for discharged GRI inpatients, without charge. The Dunoon Homes also admitted patients directly from the Glasgow infirmaries.²⁴ In the rest of Scotland, there were far fewer convalescent homes organised by independent charities. Consequently, by 1873, the Edinburgh Royal Infirmary, Dundee Infirmary and Aberdeen Infirmary had all established their own homes.

At the opening of their Lady Hozier Convalescent Home (Hozier Home) in 1893, Leonard Gow, a director of WI Glasgow, explained the benefits of an infirmary convalescent home, saying ‘it was only when an infirmary had a convalescent home as an organic part of its curative system that its benefits could be seen and appreciated’.²⁵ One of the ‘benefits’ was that infirmary doctors could send their patients to their own convalescent home at short notice, when necessary. During the early years of its history, the GRI annual

²⁴ Typically, in 1894, Dunoon Homes admitted 303 patients from the GRI. ML, G.362.160941435, Dunoon Homes, A/R, 1894, 10.

²⁵ ‘Opening of the Lady Hozier Convalescent Home, Lanark’, *Glasgow Herald*, 11 July 1893.

reports emphasised the valuable contribution made by the Schaw Home in 'permitting the beds previously occupied by them to be used for new cases'.²⁶

The annual GRI report of 1891 contained the first public notice of Marjory Shanks Schaw's offer to fund a convalescent home. It noted:

A magnificent donation has been initiated by Miss Schaw of Park Circus, Glasgow of £47,000, which she has placed in the hands of the trustees to be applied to the erection and endowment of a home for the Glasgow Royal Infirmary in memory of her brother the late Mr Archibald Shanks Schaw, Merchant. The building is to be erected at Bearsden and is to be conveyed to the Infirmary when completed.²⁷

As a memorial to her brother, Archibald Shanks Schaw, a wealthy Glasgow merchant, Marjory Shanks Schaw expected an impressive building. The *Glasgow Herald* later commented that 'Miss Schaw bethought herself of some means of marking his memory and at the same time achieving some public good'.²⁸ Marjory Shanks Schaw provided £47,000 to finance the whole venture and agreed with the GRI managers to engage the Glasgow architects, Baird & Thomson, to design the opulently styled building. Although Miss Schaw allocated £15,000 of this sum as an endowment, it still left £32,000 for construction, an amount that was far greater than the cost of any other Scottish convalescent home.²⁹ More typically, the Hozier Home, attached to WI Glasgow, cost a modest £8,000. The plain construction of the purpose-built GCH at Lenzie in 1873 with 60 beds cost even less at only £6,000 and included a farm, laying out grounds and furnishing. Kilmun Home for the Convalescent Poor (hereafter Kilmun CH) near Dunoon, sponsored by the Glasgow Abstainers Union, was even more economical costing a mere £3,000 to build, yet it contained 100 beds.³⁰

The NHS Greater Glasgow and Clyde Archives (NHSGGCA) hold the majority of the records for the Schaw Home. They include admission/discharge registers, annual reports, minute books, correspondence and visitors' books, that fluctuate in usefulness. For example, the GRI annual reports incorporated the Schaw Home annual report into their contents and only allocated a few pages. By contrast, non-infirmery convalescent homes, such as Kilmun CH, GCH and Dunoon Homes, produced independent annual reports, containing as many as 30 or more insightful pages that related to issues such as health and geographical origins of patients. The general minutes of the GRI also incorporated matters relating to Schaw Home whereas those for Seamill CH, run by the Scottish Co-operative Society,³¹ and those for Corstorphine House,

²⁶ NHSGGCA, HB 14/2/10 GRI, A/R, 1896, 9.

²⁷ NHSGGCA, HB 14/2/9 GRI, A/R, 1891.

²⁸ *Glasgow Herald*, 23 March 1896.

²⁹ *Nursing Record and Hospital World*, 28 March 1896.

³⁰ Cronin, 'The Origins and Development of Scottish Convalescent Homes, 1860–1939', 70.

³¹ ML, CWS.33/3/1–8, Minute Books of the Scottish Co-operative Society Convalescent Seaside Homes Association House Committee, 1896–1936.

attached to the Edinburgh Royal Infirmary,³² related to their own institution and were, therefore, more informative. However, two sets of visitors' books, devoted entirely to the Schaw Home, compensated for the shortcomings of records integrated into GRI records.

The first Visitors Report Book for the Schaw Home contains reports of weekly visits made mostly, although not exclusively, by the Superintendent, 1895–1928. Although the Matron was responsible for the day-to-day running of the home, the Superintendent was in overall charge. He looked after the fabric of the building and also signed the admission forms for patients sent from the GRI. His comments were therefore crucial to understanding the workings of the Schaw Home.³³

The second visitors' book (recorded as the Special Visitors Report Book) spanned a broader period, 1897–1948, and contains reports of monthly visits made by the Schaw Convalescent Home Committee.³⁴ Their observations were often more personal, adding insight to issues relating to the patients. Additional records for the Schaw Home included the Scottish population census, newspaper and journal reports.

Schaw Home began admitting patients in August 1895 and was formally handed over to the GRI at a grand opening ceremony on 21 March 1896. Newspapers gave glowing descriptions of the building and remarked on the attendance of prominent people such as Sir James Bell, the Lord Provost of Glasgow.³⁵ Schaw Home could accommodate 74 patients, equally divided between male and female.³⁶ Within the building, *The Hospital* described the strict segregation of male and female facilities with separate recreational rooms, staircases and even entrances to the dining room.³⁷

By May 1896, visitors to Schaw Home began commenting on its lack of female admissions. One visitor noted that 'a larger proportion of female patients should be given the advantage of the home in future'.³⁸ In February 1897, another visitor observed, 'fifty-four patients, the larger proportion being male'.³⁹ The population census of 1901 confirmed the gender disproportions with 29 male and twelve females on census night.⁴⁰ In 1911, the census recorded

³² Lothian Health Board Archives (LHB) 1/2/9, Minute Books of the Convalescent House Committee, Corstorphine House, 1880–1908.

³³ NHSGGCA, HB 52/1/8, Visitors Report Book, 1895–1928.

³⁴ NHSGGCA, HB 52/1/9, Special Visitors Report Book, 1897–1948.

³⁵ *Glasgow Herald*, 23 March 1896; *Dundee Advertiser*, 23 March 1896.

³⁶ NHSGGCA, HB 14/6/98, Report from Ian Grant, Superintendent to GRI managers in 1931, recording 74 beds at the Schaw Home.

³⁷ 'The Institutional Workshop, Schaw Convalescent Home, Hospital Construction', *The Hospital*, 19 June 1897, 202.

³⁸ NHSGGCA, HB 52/1/8, Visitors Report Book, 21 May 1896.

³⁹ NHSGGCA, HB 52/1/8, Visitors Report Book, 16 February 1897.

⁴⁰ Census, 1901, Scotland, New Kilpatrick, Dunbartonshire, 500/2/21–23. <http://www.scotlandspopulation.gov.uk>.

THE SCHAW CONVALESCENT HOME AT BEARSDEN

Date	Male patients	Female patients	Total
1927	28	13	41
1928	36	6	42
1929	41	10	51
1930	25	14	39
1931	41	16	57
1932	38	19	57
1933	34	17	51
1934	34	20	54
1935	31	21	52
1936	35	24	59
1937	31	19	50
1938	26	17	43
1939	36	15	51

Table 2 Average daily number of patients in Schaw Home, 1927–39.
Source: Special Visitors Report Books, 1927–39.

slightly fewer patients, with 37 male and only ten female patients.⁴¹ Concern over the absence of female patients subsided during the First World War when the managers placed 30 beds at Schaw Home for the use of wounded sailors and soldiers.⁴²

When Schaw Home returned to civilian status after the war, the official visitors on their monthly visits began recording the daily number of patients resident in the home. However, they did not differentiate between gender until 1927 when unrest over the low admissions of female patients surfaced again. Between 1927 and 1939, the official visitors regularly recorded their findings of the daily number of male and female patients in Schaw Home (see Table 2). These figures identified occasional under-utilisation by male patients in some years but consistently far lower admissions of female patients.⁴³

In 1928, in a memorandum to the GRI managers, the Schaw Home committee expressed its disquiet over the gender imbalance and proposed that ‘the top floor be allocated to men and an iron gate erected at the top of the

⁴¹ Census, 1911, Scotland, New Kilpatrick, Dunbartonshire, 500/3/13–15. <http://www.scotlandspcople.gov.uk>.

⁴² NHSGGCA, HB 14/2/11, GRI, A/R, 1914, 15.

⁴³ NHSGGCA, HB 52/1/9, Special Visitors Report Book, 1927–1939. Figures averaged to counteract inconsistency in recording.

stairs'.⁴⁴ Although there is no evidence that this ever happened, the proposal illustrates difficulties of adapting a building designed to segregate the sexes.

The following year, Alice Muirhead, a Schaw Home official visitor, commented that 'the very limited use that has late been made of the Schaw Home by women convalescents is surely most regrettable'. She commented that the committee believed that this was 'due to the anxiety of the female patients to return to their homes and domestic duties'.⁴⁵ However, the gender imbalance did not occur to the same extent in most other convalescent homes. For example, at Seamill CH in 1900 and 1902, male patients exceeded female patients by only 6 per cent.⁴⁶ At Corstorphine House there was a marginally higher proportion of male patients, but only until the 1930s.⁴⁷ However, at Kilmun CH there was an even match of gender proportions from its opening in 1867 until 1928, when the management opened an annex for mothers and children, and female admissions rose substantially.⁴⁸

There are several possible explanations for the general under-utilisation and particularly low level of female admissions at Schaw Home. Schaw Home rules restricted admission to patients discharged from the GRI. The rules also excluded many categories of illnesses including 'those suffering from epileptic or other fits, contagious, incurable diseases' or 'anything that would be injurious or offensive to other inmates' and, in addition, 'those required to be confined to bed during the day or require constant nursing'. The latter was necessary because, until the outbreak of the Second World War, Schaw Home only employed one trained nurse in addition to the Matron.⁴⁹ The three-storied structure of the building, with no lift, may also have confined admission to ambulatory patients, even if they qualified in other respects.⁵⁰ Although similar rules applied in many other convalescent homes, non-hospital convalescent homes could select patients from those recovering from illness at home or hospital and with a broader range of ailments, less likely to having undergone hospitalisation, such as debility. For example in 1933, one in six patients

⁴⁴ NHSGGCA, HB 52/1/9, Memorandum to GRI Managers from Schaw Home Committee, written into Special Visitors Report Book, 24 May 1928.

⁴⁵ NHSGGCA, HB 14/6/98, Correspondence from Miss A. M. Muirhead, Schaw Home official visitor, 12 February 1929.

⁴⁶ Cronin, 'The Origins and Development of Scottish Convalescent Homes, 1860–1939', 45.

⁴⁷ After this time, the number of female patients increased, in line with a similar increase at the Edinburgh Infirmary.

⁴⁸ 'Kilmun Homes', *Sunday Post*, 27 May 1928. Kilmun CH, Annual Reports, 1902–1915.

⁴⁹ *Burdett's Hospitals and Charities* (London, 1930), 793.

⁵⁰ The difficulties of the structure of the building became apparent during the Second World War when the Emergency Medical Services (EMS) used the Schaw Home as an auxiliary hospital. Managers had to increase medical equipment and nursing staff to cope with reception of patients in earlier stages of convalescence.

Year	1899	1903	1912	1932
Male	335	324	330	419
Female	217	220	307	384

Table 3 Male and female patients admitted to medical and surgical wards of the Glasgow Royal Infirmary.

Source: Annual reports of the Glasgow Royal Infirmary, 1899, 1903, 1912 and 1932.

admitted to the Dunoon Homes were recovering from ‘debility’.⁵¹ Although there are no comparative figures for the Schaw Home, at Corstorphine House, the home attached to the Edinburgh Royal Infirmary, only 1.3 per cent of its patients in 1938 were recovering from ‘debility’.⁵²

Although the rules and building structure partly explain under-use of the Schaw Home, the significantly lower level of female admissions requires further clarification. One possible factor was the lower admission of female patients to the GRI wards (see Table 3). However, by 1932, GRI female admissions to medical and surgical wards had risen without any corresponding increase at the Schaw Home. The lower admissions of female patients to GRI wards may have contributed to a correspondingly low level of female admissions to Schaw Home but still does not explain it entirely.

Another explanation for the under-utilisation was that the managers provided fewer recreational facilities at Schaw Home, particularly for women. Recreation was crucial for the Schaw Home because patients were confined to the grounds, the managers having made this rule following a series of allegations from Bearsden residents about patients’ behaviour.⁵³ The Directors at Seamill CH also received several complaints about patients’ behaviour from neighbours, but they declined to impose restrictions on patient movement.⁵⁴ Nevertheless, most convalescent homes placed some restrictions on patients visiting the locality. Corstorphine House required patients to obtain a pass before leaving the premises whereas the Mission Coast Home merely asked patients not to leave the locality of Saltcoats. There was no evidence of confinement at the Dunoon Homes and, according to Robert Hillhouse, the Secretary, for a while they even allowed convalescents to use a donated rowboat, moored at Hunters

⁵¹ Dunoon Homes, A/R, 1933, 10. Debility was a general term for bodily weakness, <http://www.thornber.net/medicine/html/medgloss.html>.

⁵² Cronin, ‘The Origins and Development of Scottish Convalescent Homes, 1860–1939’, 160.

⁵³ Jenkinson *et al.*, *The Royal*, 148–9; NHSGGCA, HB 14/1/18, GRI minute books, 8 June 1899.

⁵⁴ Glasgow City Archives (GCA), CWS 33/3/1–8, Scottish Co-operative Society Convalescent Seaside Homes Association, House Committee Minute Books, 16 May 1900.

Quay.⁵⁵ Similarly in 1913, when an official visitor made a surprise visit to Bona, the convalescent home attached to the Royal Northern Infirmary at Inverness, she reported patients were ‘enjoying a sail on Loch Ness and in good spirits’.⁵⁶

Whatever their restrictions, most convalescent home authorities encouraged patients to take a daily walk. For example, Beatrice Clugston described the morning routine at the Dunoon Homes: ‘Descending to the sitting room flat one finds the hall filled with men who from the cloakroom are getting mufflers and coats to prepare for their morning walk.’⁵⁷ The late actress Molly Weir (1910–2004), who spent four weeks convalescing at Kilmun CH in 1923, recalled that patients took organised walks twice daily.⁵⁸ The Mission Coast Home at Saltcoats⁵⁹ and Newhills Convalescent Home (Newhills CH), near Aberdeen, both included taking a daily organised walk in their rules.⁶⁰ In 1933, at Ashgrove Children’s Convalescent Home, it was recorded that ‘on every day on which the weather permits, the children are taken for walks in the surrounding countryside and [in] summer special excursions are made to the shore’.⁶¹ Despite the normality of regular walks in most convalescent homes there is no record of any such activity at the Schaw Home.

Many convalescent homes also provided glass verandas such that patients could enjoy light and air during inclement weather. For example, as early as 1884, the annual report for Dunoon Homes described the new glass-covered promenade as ‘for the use of patients when the weather outside makes open-air exercise impossible’.⁶² Kilmun CH had a glass veranda stretching over the front of the building, providing some spectacular views, as did the Mission Coast Home and Corstorphine House. At Muirfield Children’s Convalescent Home, at Gullane, the wards connected with a large glass room, with sliding doors allowing easy access to the garden.⁶³ Although there was no suggestion of building a veranda or conservatory at the Schaw Home, in 1908 an official visitor did propose that ‘some kind of shelter should be provided so as to permit the inmates sitting outside in windy or showery weather’. The managers were slow to take action and sixteen years later, in 1924, the Schaw Home visitor, R. Morrison Smith, GRI Secretary, again suggested that ‘patients could be seduced outside by the erection of open shelters and a few easy seats placed with a view of the grounds

⁵⁵ Hillhouse, *Bygone Years*, 11.

⁵⁶ Northern Health Services Archives (NHSa), HHB 2/1/1, Visiting Book of Managers of Convalescent Home of Royal Northern Infirmary [Bona], 3 June 1913.

⁵⁷ B. Clugston, *West of Scotland Convalescent Seaside Homes, Dunoon. A Short Account of their Present Position and Capabilities of Extension and Use* (Glasgow, 1871), 9.

⁵⁸ M. Weir, *Shoes Were for Sunday* (London, 1970), 162–3.

⁵⁹ GCA, T.Par 1.7, ‘Rules for Inmates’, Mission Coast Home, Saltcoats.

⁶⁰ NHSa, GRHB 9/3/8, ‘Rules, Newhills CH’.

⁶¹ ML, G.362.7809411435, *Glasgow Poor Children’s Fresh-Air Fortnight*, A/R, 1932.

⁶² Quoted in ‘Dunoon Convalescent Homes’, *British Medical Journal*, 31 May 1884, 1060.

⁶³ ‘The Convalescent Home, Gullane’, *British Journal of Nursing*, 11 December 1909, 485.

and scenery'. He also proposed that 'a strong set of croquet, a putting course and some china bowls would enable the patients to get exercise and fresh air'.⁶⁴

Bowls, croquet and putting courses had been standard in most convalescent homes since the nineteenth century; their absence at Schaw Home is therefore surprising. For example, at Corstorphine House in Edinburgh, the grounds were 'laid out with trees and shrubs, and bowling and croquet greens provided in the upper part for the use of patients'.⁶⁵ At Kilmun CH there was croquet, bowling, putting greens and billiards for the patients. The managers also provided competitive games such as cricket and football so that, 'in this way, patients enjoy congenial exercise in health-giving surroundings'.⁶⁶ In 1933, the Schaw Home official visitor, Ethel Hedderwick, finally reported that the bowling green was open.⁶⁷

Although there are few references to indoor recreation at Schaw Home, the previous mention of a 'workroom' for women in the basement suggests that leisure activity focused on useful working-class pursuits such as knitting and sewing.⁶⁸ Wendy Gan refers to a growing concept of leisure for working-class women between 1900 and 1939, but one that was still limited and homebound.⁶⁹ 'Donations in kind' and other records of donations provide some suggestion of provision of indoor recreation although they do not always indicate whether the beneficiaries were male or female. Exceptions were a wireless with loudspeakers, placed in both male and female recreation rooms,⁷⁰ and the donation of a billiard table for the male recreation room.⁷¹ Other 'donations in kind' include endless magazines, a cabinet organ⁷² and a piano.⁷³

However, aside from recreation, one facility offered by many convalescent homes, particularly appealing to women, was the opportunity for convalescent mothers to have their young children stay with them. During the 1920s, Dunoon Homes, the Mission Coast Home and Kilmun CH each built additional wings to accommodate mothers and children.⁷⁴ Referring to the new extension at the Dunoon Homes, opened in 1924, the *Glasgow Medical Journal* noted 'one of the chief objects of this addition is to enable mothers recovering from illness

⁶⁴ NHSGGCA, HB 14/6/98, Letter from visitor R. Morrison Smith to the Schaw Home Committee, 8 April 1924.

⁶⁵ LHB 1/194/25, *Description and Plans of the Convalescent House* (Edinburgh, 1894), 7.

⁶⁶ GCA, TD.432/13, Kilmun CH, A/R, 1934–5, 4.

⁶⁷ NHSGGCA, HB 52/1/9, Special Visitors Report Book, 29 June 1933.

⁶⁸ Russell, *The Royal*, 148.

⁶⁹ W. Gan, *Women, Privacy and Modernity in Early Twentieth-Century British Writing* (Basingstoke, 2009), 112.

⁷⁰ NHSGGCA, HB 14/2/13, GRI, A/R, 1926, 21.

⁷¹ *Ibid.*, 22.

⁷² NHSGGCA, HB 14/2/10, GRI, A/R, 1897, 59.

⁷³ NHSGGCA, HB 14/1/18, GRI Minutes, 10 December 1904.

⁷⁴ National Library of Scotland (NLS), GMC 11, Miners' Welfare Fund, A/R, 1927, 45.

to have young children with them whom they cannot well leave at home'.⁷⁵ Women may have preferred to seek admission to homes with these benefits.

During the early and mid-twentieth century, judgement on the benefits offered by convalescent homes circulated easily among patients, plus their friends and family, through picture postcards, publication of their annual reports, newspapers, journals, correspondence, word of mouth and visits. Also, the resort location of convalescent homes made visiting friends and relations a popular activity. Day-tripping visitors were often so numerous, particularly on Sundays, that some convalescent homes, including Corstorphine House and Newhills, eventually banned Sunday visiting.⁷⁶ Although there is no archival evidence of similar restrictions at the Schaw Home, it is inevitable that the lack of amenities such as outdoor seating, shelters and recreational opportunities compared unfavourably with many other convalescent homes.

Finally, financial decisions may also have influenced admissions to the Schaw Home. Table 4 compares the financial fortunes of fifteen convalescent homes (eight funded by hospitals and seven charitable) in two comparative years 1897 and 1928, with data sourced mainly from *Burdett's Hospitals and Charities*.⁷⁷ The table shows that convalescent homes attached to hospitals rarely managed to achieve a surplus of funds whereas financial struggles were experienced far less in non-hospital homes. Furthermore, by 1928, all the convalescent homes run by private charities, apart from the Mission Coast Home, had a surplus income whereas deficits within hospital convalescent homes had increased. Nevertheless, the Schaw Home had the second lowest deficit amongst convalescent homes attached to infirmaries, at -£17.

In common with other hospital convalescent homes, the GRI topped up the income Schaw Home received from its £15,000 endowment fund between 1897 and 1917. The amounts were substantial, varying from sums such as £1,243 in 1904 to £1,653 in 1916.⁷⁸ In 1917, this changed drastically when Schaw Home received a donation of £40,000 from the trustees of Marjory Shanks Schaw's estate. It was followed by a further £7,500 in 1922⁷⁹ and £10,000 in 1924,⁸⁰ bringing the total endowment to a healthy £72,500. Yet in 1927, the additional income did not prevent managerial concern over some 'extraordinary finance' at the Schaw Home when its elaborately turreted roof began leaking, requiring a major overhaul. It 'converted the credit balance of £196 18s. 4d. into a shortage of £406 3s. 11d.'. To make matters worse, defects in the water supply at Schaw Home required the installation of a costly new system. The management was

⁷⁵ *Glasgow Medical Journal*, 1 July 1924, 55.

⁷⁶ LHB 1/2/9, Minutes of Corstorphine Convalescent House Committee, 26 January 1898.

⁷⁷ When *The Hospitals' Year Book* succeeded *Burdett's*, it did not include all Scottish convalescent homes. Information from *Burdett's* took two years to filter through the system. Comparable figures are therefore only available until 1928.

⁷⁸ NHSGGCA, HB 14/2/10, GRI, A/R, 1904, 14; HB 14/2/12, GRI, A/R, 1916, 20.

⁷⁹ NHSGGCA, HB 14/2/17, GRI, A/R, 1922, 20.

⁸⁰ NHSGGCA, HB 14/2/17, GRI, A/R, 1924, 23.

Convalescent Home	Income 1897		Expenditure 1897		Deficit or Surplus 1897		Income 1928		Expenditure 1928		Deficit or Surplus 1928	
	£	£	£	£	£	£	£	£	£	£	£	£
Aberdeen Convalescent Hospital (H)	423	472	472	-49	1,193	1,243	-50					
Arbroath CH (H)	145	198	198	-53	426	413	-13					
Brooksby CH (H)	23	723	723	-700	920	2,541	-1,621					
Dundee CH (H)	1,436	1,559	1,559	-123	2,352	4,512	-2,160					
Corstorphine House (H)	2,003	2,229	2,229	-226	1,294	4,111	-2,817					
Edzell CH (H)	188	188	188	0	372	482	-110					
Hozier Home (H)	753	1,383	1,383	-630	1,730	2,282	-552					
Schaw Home (H)	455	1,458	1,458	-1003	3,852	3,835	-17					
Dunoon Homes (C)	6,390	5,186	5,186	+1,204	12,935	12,740	+195					
GCH (C)	2,418	2,540	2,540	-122	4,412	3,949	+463					
Nairn CH (C)	125	129	129	-3	248	220	+28					
Newport CH (C)	186	179	179	+7	608	608	0					
Paisley CH (C)	1,256	1,383	1,383	-127	3,924	3,755	+169					
Kilmun CH (C)	1,136	1,151	1,151	-15	4,715	4,610	+105					
Mission Coast Home (C)	1,172	1,194	1,194	-22	3258	3,416	-158					

Table 4 Comparative table of annual income and expenditure of convalescent homes in 1897 and 1928 between the hospital (H) and charitable convalescent homes (C).

Source: *Burdett's Hospitals and Charities* (1899 and 1930); NHSGGCA, HB 14/2/13, GRI, A/R, 1929,11 (for Schaw Home).

also committed to installing electric lighting.⁸¹ In 1928, there was still a deficit of £17 8s. 11d. Iain Russell noted that 1927/8 was a particularly difficult financial period at the GRI when 'the infirmary's liquid assets were left depleted, to such an extent that the free funds sank to £14,176 in 1927 and the following year (1928) to just £4,071'.⁸² The additional financial strain from the Schaw Home may have added to a general concern over GRI finance and explain the contents of the indignant letter from the Schaw Home committee member, Alice Muirhead addressed to the managers, alleging a deliberate policy of diverting Schaw Home convalescent patients elsewhere to bring down expenses. Miss Muirhead wrote:

The policy recently followed in diverting patients away from the Schaw Home is to bring down expenses is a very short-sighted and unfortunate departure. Carrying that idea a step further, the Home might be razed to the ground and all title deeds and other documents destroyed.⁸³

These sharply worded remarks from Miss Muirhead are somewhat ambiguous because the overall patient admissions to the Schaw Home do not appear to be any lower than in previous years (Table 2), although there was a reduction in the number of female admissions. Nevertheless, her allegations carried weight because she was a GRI manager and therefore likely to have acquired some insight into the GRI financial affairs. Miss Muirhead's accusations may have therefore halted further diversions of admissions from the Schaw Home.

By 1929, Schaw Home accounts were, once again, in the black with a surplus of £535 8s. 9d.⁸⁴ In 1930 the Schaw Home surplus funds rose to £642 8s. 9d. and in 1931 fell back to £548 19s. 5d.⁸⁵ The surplus funds continued and placed into a 'Surplus Account', until by 1938 it had reached £4,632.⁸⁶ By 1939, although finances were in good shape, the Schaw Home still failed to acquire a full complement of female admissions. Neither had the management made any further improvements to amenities at the Schaw Home, such as introducing new occupational or physical therapies developed at the Astley Ainslie Hospital in Edinburgh during the interwar period.⁸⁷ This may have led to Patrick's remark about the Schaw Home in his GRI history, dated 1940, that 'it is a castellated building but not in accord with the modern idea of a convalescent home'.⁸⁸

In summary, a review of the origins and growth of Scottish convalescent homes from 1860 to 1939 provided a context for exploring the under-utilisation of the Schaw Home, particularly by female patients. Organisations that sponsored

⁸¹ NHSGGCA, HB 14/2/17, GRI, A/R, 1927, 21.

⁸² I. Russell, 'Progress and Change', *The Royal* (Glasgow, 1994), 177.

⁸³ NHSGGCA, HB 14/6/98, Correspondence, Miss A. M. Muirhead, 12 February 1929.

⁸⁴ NHSGGCA, HB 14/2/13, GRI, A/R, 1929, 11.

⁸⁵ NHSGGCA, HB 14/2/17, GRI, A/R, 1930, 15.

⁸⁶ NHSGGCA, HB 14/2/18, GRI, A/R, 1938, 18.

⁸⁷ C. Smith, *Between the Streamlet and the Town* (Edinburgh, 1989).

⁸⁸ Patrick, *A Short History of Glasgow Royal Infirmary*, 37.

convalescent homes included voluntary hospitals, private charities, the co-operative society, religious and temperance organisations, occupational groups and friendly societies. In Glasgow, voluntary hospitals were slow to establish their own convalescent homes because of the high level of convalescent provision provided by non-hospital charitable organisations in the west of Scotland. Nevertheless in 1892, the GRI managers accepted Marjory Shanks Schaw's offer to donate a convalescent home specifically for its patients, in memory of her late brother, Archibald Shanks Schaw, a wealthy Glasgow merchant. As a memorial, the architecture was elaborate, with construction costs far higher than any other Scottish convalescent home. Despite its glamorous appearance, the Schaw Home rarely had a full quota of patients. The low intake of female patients mostly explains the under-utilisation. Although the Schaw Home Committee believed that women were not using the Schaw Home because they wished to return to their families, other convalescent homes did not experience such a low level of female admissions. Further explanations were the shortcomings of facilities at the Schaw Home that may have encouraged women to go elsewhere, particularly to convalescent homes that allowed young children to stay with convalescent mothers. Despite several substantial additions to the Schaw Home endowment fund, there was unforeseen expenditure to Schaw Home during the interwar period. This may explain alleged attempts by managers to cut costs by reducing admissions to the Schaw Home. During the 1930s, the Schaw Home made no further financial demands upon the GRI and admissions of female patients remained low but constant. By 1939, the Schaw Home had funds in a Special Account amounting to £4,832 16s. 2d.⁸⁹ Although Schaw House may therefore have initially been another 'costly pile' for the GRI, by 1939 it was clearly an economic asset. Nevertheless, it supports the observations of Bryant that in the period before the Second World War, 'physicians were less interested in the convalescence phase of illness'.⁹⁰ It may therefore not have been in the interests of the Schaw Home to have a partnership with a hospital that largely focused on acute medicine.

As a postscript, the Special Visitors Report Book continued to describe visits made to the Schaw Home, recording the EMS takeover of the Schaw Home during the Second World War and its use as an auxiliary hospital, but the entries ended abruptly when the NHS took over the property in May 1948. The GRI then admitted patients at varying stages of convalescence and subsequently converted it for use as a home for the elderly. During the 1970s and 1980s, as part of a nationwide trend, most of the convalescent homes in Scotland closed down. Bulldozers flattened some buildings, but others survived in another form, often as residential apartments. Reappropriation was the fate of the lavishly constructed Schaw Home, where developers have now transformed the property into luxurious apartments, which has therefore enabled the building to survive.⁹¹

⁸⁹ NMSGCA, HB 14/2/18, GRI, A/R, 1939, 16.

⁹⁰ Bryant, *Convalescence*, ix.

⁹¹ http://www.theburrellcompany.co.uk/developments/schaw_house/.