



Plumstead Sanitarium

From M.E. Olsen's book *A History of the Origin and Progress of Seventh-day Adventists*, Copyright 1925.

## Cape (Plumstead) Sanitarium (1904–1934)

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Cape Sanitarium (also known as Plumstead Sanitarium) was a medical institution of the South African Union Conference of Seventh-day Adventists that operated from 1904 to 1934.

## Developments That Led to the Establishment of the Sanitarium

The Cape Sanitarium was a medical institution operated by the Seventh-day Adventist Church in South Africa from 1904 to 1934. It was situated about nine miles (14 kilometers) from the city of Cape Town. This location was considered to be ideal for a sanitarium because it was less than a quarter of a mile (400 meters) from the Plumstead railway station and about a hundred meters off the main highway road.<sup>1</sup> By the time the Church lost its control of the Claremont Sanitarium to the Wessels family syndicate in 1901, its medical and health work had already made an impact on the community.<sup>2</sup> Thus, the Church desired to revive its sanitarium work as soon as conditions would permit in order to sustain the impact of its health ministry.

As the church began to search for a site at which to establish another sanitarium, William S. Hyatt, the president of the Cape Colony Conference led the executive committee to consider Mrs. A. E. Wessels' willingness to have her former orphanage building at Timor Hall Estate in Plumstead be used as a sanitarium.<sup>3</sup> The Wessels family had operated the Plumstead orphanage since 1895, caring for ten to twenty children for almost ten years.<sup>4</sup> After the orphanage closed, Mrs. Wessels donated the piece of property with its building to the Church.

That the church wanted to operate its institutions in a more cautious way, contrary to the way the Claremont Sanitarium had been run, was reflected in the warning Hyatt wrote in 1903 regarding the need for conscientious management of church institutions:

During the days of the Claremont Sanitarium [1897-1905] many testimonies were sent to us addressed to other sanitariums; but some refused to accept the instruction, saying, "it does not apply to us. It is for the other place"... God sent us instruction which if it had been heeded would have saved the Claremont Sanitarium to the cause of God, but it went and so will every other branch of our work that fails to walk in the light God has given.<sup>5</sup>

Meanwhile, by 1904, the population of Cape Town had reached 77,662 with most new residents being British immigrants.<sup>6</sup> In the same year, it was reported that "whites had a life expectancy of fifteen years more than blacks, while black infant mortality was double that of the whites. Towns had become graveyards for the black population and would remain that way for decades."<sup>7</sup> As such, in its preaching of the gospel, the Seventh-day Adventist Church sought to adhere to Ellen White's counsel in which she urged, "Sanitariums should be established, and with these institutions are to be connected workers who will carry forward genuine medical missionary work...These institutions are to be established outside the cities and in them educational work is to

be intelligently carried forward.”<sup>8</sup>

## Founding of the Plumstead Sanitarium

Using the orphanage building donated by Mrs. Wessels, initial sanitarium work began quietly and in a small way under the direction of I. R. Armer.<sup>9</sup> Meanwhile, church leaders in the Cape Colony Conference continued searching for a better location. After examining sites at Muizenberg, Worcester, Hex River and Stellenbosch, they decided to continue operating in the orphanage building. The Plumstead property consisted of about five acres of land, sufficient for possible future expansion.<sup>10</sup>

Additionally, as early as 1902, there were plans already under consideration for calling a doctor from America!<sup>11</sup> This became realized when Dr. George Thomason and his wife arrived in South Africa from the United States in April 1904 to operate the new sanitarium. Within a year of their arrival, there were no empty beds in the Cape Sanitarium. Ida Thomason, a sister to George Thomason and a graduate nurse with long and distinguished experience working at the Battle Creek Sanitarium in Michigan, United States, arrived in Cape Town on February 7, 1905, to serve as matron for the Cape Sanitarium.<sup>12</sup>

Immediately after the second business session of the Cape Colony Conference, the February 1905 issue of the *South African Missionary* magazine reported that resolutions on the sanitarium work were discussed. A sum of £120 was collected and pledges were made.<sup>13</sup> This cash and the pledges collected amounted to nearly half of the £300 needed for purchasing equipment for the sanitarium. The conference business session also appointed members of the medical missionary board: Ira J. Hankins, chairman; O. O. Fortner, secretary; George Thomason; W. C. Walston; J. V. Wilson; E. Ingle; and J. J. Wessels. In the same meeting, it was voted to issue Thomason a ministerial license.

In July 1905, some new electrical apparatus was installed to provide a variety of electrical baths!<sup>14</sup> Through the assistance of Brother Honey and John Wessels, the sanitarium hoped to acquire other electrical appliances for special office treatments. Medical practice of that time believed nature to be the healer.<sup>15</sup> Therefore, the treatments given to patients included hydrotherapy, electrotherapy, and massotherapy. It was believed that these methods were God-given agents by which nature could be assisted in its efforts to resist the encroachment of disease, to build up healthy organisms, and to establish the body in a renewed and normal condition of health.

On April 13, 1906, Thomason wrote, “the Sanitarium is entirely filled with patients, including four rooms afforded by the new wing just completed. We now have twenty-one patients (including two surgical cases) and guests, which is of course the largest number at any one time since our work began in Plumstead.”<sup>16</sup> Thomason also described the classes of patients the sanitarium attracted, saying:

A glance over our present list of patients illustrates to some extent the various classes to whom our work appeals and who come within the scope of its influence. Among others, we have within us an attorney, a bank president, a dentist, a military man and a merchant. A minister has engaged a room and will be with us shortly.<sup>17</sup>

By 1915, the Cape Sanitarium was one of two institutions controlled by the South African Union Conference, the other being Claremont Union College.<sup>18</sup> In his presidential address at the seventh biannual session, W. B. White applauded the work at the sanitarium to be “most excellent.” He further proclaimed the surgery performed to be exceptionally successful and the staff to be hard-working, self-sacrificing, and doing their utmost to make the institution’s work successful.<sup>19</sup> The nursing school was also said to have a very good class of young ladies in training.

## History of the Cape Sanitarium

At the turn of the century, most of the patients who made consultations at hospitals in the urban areas were white. Since very few blacks consulted white doctors, the poor often resorted to cheaper, unlicensed practitioners.<sup>20</sup> Unhappy with this situation, Thomason stated, “We are anxious that as soon as possible the benefit of these principles shall be extended to other classes in this country. The sphere of vision must be enlarged to see the need of suffering of humanity of whatever colour or station.”<sup>21</sup> He already envisioned that, in the near future, small scale care and treatment of the colored people could begin in a little building located on one corner of the sanitarium grounds. This was believed to be a valuable addition to the sanitarium as a training school for workers.

By December 1910, Thomason reported, “The building for coloured patients has been erected during the past year [1909] and a number of patients have been greatly blessed through its instrumentality.”<sup>22</sup> In addition to this development, Thomason expressed another vision he had, saying, “It might become apparent in time that a few carefully selected natives from the mission stations could be received, and given a careful training and return to their country as medical missionaries to their own people.”<sup>23</sup>

Then, an unnamed well-to-do patient, who was interested in missionary and philanthropic work voluntarily expressed interest in offering substantial assistance toward the construction of a building to be used for the purpose of training native workers as soon as the Cape Sanitarium administrators were ready to begin operations. Providentially, Dr. H. Hankins was already planning to give his life to medical work among some of the native people in Africa. The South African Union Conference executive committee was also supportive of the idea, and the General Conference of Seventh-day Adventists had already appropriated funds to start that kind of work.<sup>24</sup>

Meanwhile, the number of consulting patients at Cape Sanitarium rose steadily, from 1905 when more than 200 patients had consulted in person, many medical inquiries had been received by mail, and more than thirty

surgical operations of major and minor characteristics had been performed.<sup>25</sup> A few months later, in one of the reports presented at the twelfth session of the Cape Colony Conference, Ira J. Hankins said the Cape Sanitarium showed a good financial standing and an increase in patronage.<sup>26</sup> He further reported that the sanitarium was planning to invest about £1,000 for an addition to the main building in order to provide additional bathrooms and equipment.

During March 1905, Thomason reported that a number of patients from the suburbs were coming to the sanitarium for treatment only.<sup>27</sup> Several other patients were receiving treatment in their own homes. He reported that the additional building under construction was progressing satisfactorily under the direction of Brother Carr. The second story had been completed and furnished, as well as the operating room that was already in use. The new bathroom, which it was hoped would considerably increase the patronage, was also almost completed. The plumbing work continued while they anticipated the arrival of the water heater and the storage tank. A platform, thirty-five feet (10.67m) high and holding three 400-gallon (1,514 litres) tanks had been erected to give the sanitarium splendid water pressure and constant supply. Concurrently, the municipality was laying a six-inch water main line a short distance from the sanitarium to provide abundant water supply and far greater pressure than before.<sup>28</sup>

Transfer of the health food business headquarters from Cape Town to Plumstead was also in progress. This move required the addition of several workers to the sanitarium. It was also hoped that combining the two enterprises would help market the sanitarium more directly by increasing the line of correspondence, the sphere of usefulness, and the number of people coming to the sanitarium. The successful operation of the sanitarium under Thomason's administration did not take long to be noted, as reported by Virgil E. Robinson:

The Sanitarium grew steadily in influence during the ministry of Dr. Thomason. In 1907 assets were listed at £4,600 with the capacity for 20 patients and there were 14 employees. The next year [1908] assets had risen to £6,270 and capacity had increased to 24. The Sanitarium could not accommodate all those wishing to come. In 1910, ten more beds were added. The American Consul to South Africa went to the Plumstead Sanitarium for a successful operation, and shortly afterwards, General Louis Botha, the Prime Minister of the newly created Union of South Africa came to the Sanitarium as one of Dr. Thomason's patients.<sup>29</sup>

The year 1909 was considered to be "the best and the most successful year since the reorganisation of this [health] department of the work in South Africa seven year ago [in 1902]."<sup>30</sup> The capacity of the sanitarium was overtaxed nearly all the time, even during the winter months, as many patients were kept on the waiting list, or were compelled to secure room in the neighborhood and go to the sanitarium for their treatment. Even Thomason confessed:

In all our experience there has never been a time when the results of treatment were more gratifying, nor more people sent away rejoicing in renewed health and strength. Never in its history has there been a better spirit

prevailing amongst the workers, nor a higher standard of work maintained, than at the present time. Harmony, peace, quietness and assurance is in the heart of every worker.

The work of the Cape Sanitarium is appealing more and more to all classes of people. Members of parliament, doctors, ministers, lawyers, and business men, as well as those from the humbler walks of life, have come in touch with the gospel for soul and body, and with most gratifying results.<sup>31</sup>

In 1910, Thomason's typical work per day consisted of thirty-four calls, in addition to the work in the sanitarium.<sup>32</sup> For this reason, he was anxious for his new assistant, Dr. Harry J. Williams to arrive by the end of October 1910. Thomason's work at the Cape Sanitarium is said to have been very effective in that he managed to run the institution within its means, exercising the wisdom to expand only as fast as the Church's constituency was able to provide the required capital funding. He also ensured that the distinctive health principles of the church, especially in the matter of diet, were consistently maintained. He was ably assisted by his sister, Ida Thomason, a well-qualified nurse, who served as a matron from 1905 onward.<sup>33</sup>

During what probably became the last nursing school graduation exercise that Thomason attended on November 14, 1910, two student nurses, Teresha Page and Bessie Gibson, who had completed their course graduated.<sup>34</sup> One month later, in December 1910, he reported that a new class with seven student nurses had been organized.<sup>35</sup> In the same report, he pointed out that the influence of the medical missionary branch of God's work was extending throughout South Africa. It was represented in the Cape, at Kimberley, Port Elizabeth, Bloemfontein, Maritzburg (now Pietermaritzburg), and Durban. In his view, the remaining most important goal was to have it represented in Johannesburg. Meanwhile, Dr. and Mrs. Thomason left South Africa for America on furlough and there he gave a report of his work at Cape Sanitarium.

In 1911, R. C. Porter, president of the Cape Colony Conference, in his opening address of the conference's seventeenth annual session, reported that Dr. H. J. Williams had connected with the Cape Sanitarium to assist Thomason and to extend the work into Cape Town.<sup>36</sup> He reiterated that the providence of God had given the sanitarium a patronage among the best class of patients. In that same year, Thomason was called back to America to serve as medical secretary of the General Conference. Thereafter, Dr. W. C. Dunscombe arrived in South Africa in 1912 to replace Thomason. Thus, Dunscombe and Williams continued to run the sanitarium, essentially along the course set by Thomason.

However, after that departure of Thomason, many things changed at the Cape Sanitarium. Virgil Robinson gives a summary of some of those changes that took place:

The story of the Cape Sanitarium between the time when Dr. Thomason left and Dr. John Reigh arrived in 1920 can be quickly told. The relationship between the doctors and the sanitarium was changed as Drs. [W. C.] Dunscombe and H. J. Williams built private practices while supervising the work at the Sanitarium. In 1914 the Cape Sanitarium was listed as being privately owned but under conference supervision. It listed Drs.

Dunscombe and Williams as making up the medical faculty. Training of nurses continued more or less regularly throughout the years largely under the supervision of Miss Thomason.<sup>37</sup>

From that time forward, the medical work in South Africa was said to have been only moderately successful, and it generally showed a downward trend. The Cape Sanitarium operated under severe financial limitations. It was difficult to find doctors who would adequately cope with all the demands of the situation during those times. Swanepoel explained the situation in the following way, "The actions of Dr. Thomason's immediate successors at the Cape Sanitarium in building private practices rather than continuing his positive programme, were certainly detrimental to that institution."<sup>38</sup>

Furthermore, a number of staff arrivals and departures took place in 1912. On April 8, 1912, Miss Boardman, a graduate nurse from Katerham Sanitarium in India, joined the staff at the sanitarium.<sup>39</sup> Also during the early part of 1912, I. J. Hankins and his wife bade farewell to the sanitarium family, after serving in South Africa for twenty-four years (1888-1912).<sup>40</sup> W. S. Hyatt the South African Union Conference president, in his address to the first meeting of the Cape and Free State Conference, expressed appreciation for Hankins's service as chaplain of the Cape Sanitarium in addition to his other responsibilities involving his church and editorial work.<sup>41</sup> Meanwhile, a letter was received from William C. White that reported that Thomason was now the physician for the St. Helena Sanitarium and was very popular with patients and helpers.<sup>42</sup>

Contrary to Swanepoel's observation of the situation at the Cape Sanitarium mentioned above, in January 1913 R. C. Porter, the South African Union Conference president, reported that the plans for the doctors to work on a self-supporting basis (acting as attending physicians at the sanitarium) proved very satisfactory.<sup>43</sup> The doctors were commended for contributing £100 toward the general development of the work, they offered to pay the salary of a European worker in some needy mission field, and that they aided in the building extension at the sanitarium. The South African Union Conference also operated treatment rooms in Cape Town as an annex to the sanitarium. Porter reported that the spiritual influence of the union institution was very good. "Many patients have been impressed with the Message during their stay in the institution. Our medical department workers are seeking a closer walk with God that they may be better fitted for His work."<sup>44</sup>

Nevertheless, in a presidential address delivered during the seventh biannual session of the South African Union Conference, held in May 1915, W. B. White identified a peculiar way of operating church institutions in South Africa, saying:

While in its organisation the institution is hardly in line with our organized medical work, we must take into consideration that in this country our laws governing medical matters are peculiar, and it is difficult to really do as we would.<sup>45</sup>

White also reported that the sanitarium was carrying a bond of £700 and warned that the liability should not be allowed to increase.

By the time of the 1918 annual session of the South African Union Conference, the business manager of the Cape Sanitarium “reported that 1917 had been a good year for the institution. Many patients had been brought in contact with the truth for the first time, and a number are much interested in it...The [nurse] training school...[was] doing well...The net profit for the past year was £828 and the Sanitarium had now paid all its financial obligations, and was entirely free from debt.”<sup>46</sup>

In the meantime, the nursing school under the Cape Sanitarium had from its early days endeavored to always make prominent the spiritual side of its work.<sup>47</sup> This emphasis on missionary work bore fruit from time to time, evidenced by the number of baptismal candidates it produced.<sup>48</sup> Sanitarium workers embraced many opportunities for Bible reading and prayer with the patients for their mutual strength and encouragement. However, the level of enrollment was always low, as evidenced in 1905 when the class consisted of six students.<sup>49</sup>

The first graduation class with four students completed their studies in 1907. Among the young men and women trained in the school were some who entered mission service in the countries lying north of the Limpopo River. The courses taught in the school included hydrotherapy, electrotherapy, and massotherapy.<sup>50</sup> In later years, instructors were H. J. Williams, W. C. Dunscombe, and H. Hankins, while Ira J. Hankins served as the chaplain.

In his 1917 graduation address, N. G. White highlighted the two aspects of the medical missionary work as “a ministry to the souls as well as to the bodies of men, as exemplified in the life of our great Example, Jesus Christ, during His life on earth.”<sup>51</sup> At the same event, W. H. Hurlow, a graduating student who presented the class paper, went on to say, “The missionary aspect of our work has called for primary consideration.”<sup>52</sup> In affirmation of the missionary aspect of the nursing program, the sanitarium family ensured full participation of the students and staff in week of prayer programs,<sup>53</sup> sometimes holding separate meetings from other groups of the Claremont Church.<sup>54</sup> In what probably became the last graduation program for the training school, on March 23, 1920, seven ladies and one gentleman graduated.<sup>55</sup>

Attempts were always made to keep the Cape Sanitarium in the best condition. Midway through August 1916, it underwent a few improvements by receiving “fresh paper, paint, new carpets, curtains, etc., to increase the pleasure and comfort of both patients and helpers.”<sup>56</sup> By the time of E. E. Andross’s visit from the United States in 1919, the work of the sanitarium was still described as “excellent work.”<sup>57</sup> To maintain a high standard of service delivery, on September 13, 1920, a new chef, Brother Cole and his wife, arrived from Loma Linda, California, to connect with the sanitarium.<sup>58</sup>

Unfortunately, the operations of the Cape Sanitarium began to decline. W. H. Branson, president of the African Division, later explained to the General Conference that the “medical institution for Europeans, situated at Plumstead” did not enjoy the same degree of success as the medical work among the native people. For several years, the patronage had been low and it operated with a heavy annual deficit. This led the South African Union



Conference in 1922 to request the African Division either to take over the institution, or permit it to close. The division committee decided to manage the institution hoping that one more effort could save the sanitarium.<sup>59</sup>

In August 15, 1923, an African Division update indicated that the Cape Sanitarium needed more improvements, such as giving it an entire new coat of paint and changes to the flooring. Additional improvements were required in the surgery, the pharmacy, and the electric room. A small lift connecting the kitchen with the second floor was also planned, as well as the conversion of some patients' rooms into a lobby and the planting of palm trees and flowering bushes on different parts of the grounds.<sup>60</sup> It was hoped that these improvements would give the church constituency a reason for being proud of its sanitarium.

Every possible effort was made by the board and the sanitarium management to improve the situation at the sanitarium by cutting down the operating expense, increasing the patronage, spending money in advertising, and renovating the building to make it more attractive. Nevertheless, it seemed impossible to increase the patronage and place the institution on a fiscally sound footing. Analysis of the problems facing the sanitarium came to the conclusion that the problems were caused by frequent and unavoidable changes in physicians, stiffer competition brought about by the rapid increase in doctors and medical institutions in South Africa, and the city's exorbitant tax charges for water and light.<sup>61</sup>

Therefore, during the third biennial council of the African Division, held in Bulawayo from June 14-22, 1925, Branson reported the poor financial performance of Spion Kop College and the Cape Sanitarium, and presented the need to make significant changes. Regarding the sanitarium, he stated, "The Cape Sanitarium for many years has been sustaining heavy losses and has had, on the whole, a very low patronage."<sup>62</sup> Branson reported further that the various South African European conferences served by the Cape Sanitarium were consulted and approved the sale of the sanitarium and the construction of a new small sanitarium to be operated in connection with the new college at a site to be secured. Before the end of the division council meetings, Branson informed the delegates that the sanitarium had been sold and would be handed over to the new owner on September 1, 1925.<sup>63</sup> The amount realized from the sale was £5,700 all of which went to pay its liabilities.<sup>64</sup>

In August 1925, a report in *The South African Division Outlook* revealed that the Cape Sanitarium had just been sold to Lady Michaelis.<sup>65</sup> She intended to establish a hospital for crippled children. At the time of its disposal, the sanitarium was a commodious two-story building with forty-three rooms, and a wide verandah running the length of its front side.<sup>66</sup> Lady Michaelis planned to increase the number of rooms to fifty or sixty under her personal management and supervision.

By November 1925, Branson reported that a farm of about 400 acres in the vicinity of Somerset West had been secured.<sup>67</sup> The farm had "an abundance of fruit, good water, good grazing land, some sowing land, and almost perfect isolation. The climate is good."<sup>68</sup> The owner, Mr. Burger, willingly sold it for the sum of £10,000. With the proceeds from the sale of a portion of the Spion Kop College farm, Branson thanked God "for placing in [their] hands sufficient funds to enable [them] to take the first step toward establishing the new school."<sup>69</sup> He later, in

January 1926, reminded the constituency that the real struggle had begun—that of raising funds for building and equipping the new African Missionary College plant and sanitarium.<sup>70</sup>

Meanwhile, a temporary rented facility was secured for the sanitarium, where, with its greatly reduced medical services, it continued operation under a new name, Plumstead Nursing Home, with Ida Thomason in charge.<sup>71</sup> It was intended that Plumstead Nursing Home would be replaced by a small rural sanitarium to be established on the new college farm. However, this was never realized. The Church's focus shifted to the mission field to the north. When Ida Thomason retired and returned to the United States in 1934, the Plumstead Nursing Home finally closed as it was unable to survive the economic depression of the 1930s.

## Historical Role of the Cape Sanitarium

During the first decade of its existence, the Cape Sanitarium operated as a successful venture. Its services under the administration of George Thomason touched every level of society in Cape Town. The sanitarium also served as a haven of peace for the missionaries who arrived both from the north seeking to rebuild their health after arduous years of service in the tropics, as well as those arriving in Cape Town from overseas.<sup>72</sup> For example, F. B. Jewell spent some time at the Cape Sanitarium after arriving from America on October 1, 1913, to receive treatment for sciatic rheumatism. Upon arrival in Cape Town on January 15, 1914, R. P. Robinson was treated for appendicitis. Norah Anderson of Barotseland (Rusangu) Mission contracted blackwater fever on November 25, 1907, and was sent to the Cape Sanitarium to receive treatment. She later died while still at the sanitarium in January 1908.<sup>73</sup>

Among the many testimonials about the sanitarium, the following is a representative example:

The atmosphere around the place is very homelike, for it is the purpose of the management and helpers to make our brethren and sisters from up-country feel perfectly at home during their stay at the Cape...The change of altitude, the change of air, the change of diet, the change of climate, all combine to make it almost impossible not to get well. We give medicine where indicated, but there is not much call for it under the above-mentioned conditions...We want our brethren and sisters all over the field to feel that the Sanitarium is their institution. We want them to feel is that they have a headquarters when they come to the Cape—a place where they can come and feel, as indeed they are, at home.<sup>74</sup>

Another significant contribution made by the Cape Sanitarium was the training of nurses who later went on to serve as medical missionaries in different countries south of the Sahara Desert. Many of those nursing graduates became missionaries and church administrators in South Africa and other African countries. The hospitals they helped establish continue to serve as beacons of light in the communities where they are located. These medical missionaries were truly the “right arm of the third angel's message.”

## South African Medical Work Outlook

After the sale of the Cape Sanitarium in 1925, and the closure of the Plumstead Nursing Home in 1934, plans and attempts at establishing another hospital for European church members in South Africa failed to materialize although the South African church membership had reached 2,386 in the South African Union Conference by 1925, with 58% attending thirty-five white churches and 42% attending twenty-nine native churches. At that same time, the African Division church membership stood at 5,437 in 1925, with 27% attending thirty-eight white churches and 73% attending forty-seven native churches. Thus, almost two-thirds (3,051) of the African Division membership was located in territories outside South Africa, which seemed to justify the African Division's decision to focus its resources for medical work in territories to the north in the years that followed the demise of South Africa's European medical institutions.

Official Names: Cape Sanitarium (1903-1925); Plumstead Nursing Home (1926-1933).

Administrators: A. I. Armer (1903); F. Reed (1904-1905); George Thomason (1906-1911); H. J. Williams (1912-1917); I. J. Hankins (1918-1919); J. J. Bell (1920-1921); John Reith (1922-1925); Ida Thomson (1926-1933).

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