

Manica

NURSING

in

Swaziland

by

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PREFACE

The year was 1925. A young missionary doctor, his wife and two small children sailed away from their home in "bonny" Scotland to an "unknown" Swaziland. Their arrival was eagerly awaited by a small group of residents of Manzini (then Bremersdorp). Bremersdorp, once the administrative centre of Swaziland, had been burned to the ground during the Anglo-Boer War. The first and only hospital lay in ashes. The government had offered the Church of the Nazarene 35 acres of land in the centrally located area of Swaziland to continue its medical work. Word had been spread that the small village was to have its own hospital and its own doctor. Mr. S.B. Williams remembers well when a small committee from the Church of the Nazarene, the Rev. C.S. Jenkins, Dr. George Sharpe of Scotland and the Rev. Harmon Schmelzenbach selected the present site and government approval was given. In describing the occasion he said, "the coming of Dr. David Hynd expedited the fulfillment of the old saying 'from ashes shall arise the Phoenix'."

Dr. Hynd and his small family found only bare veldt covered with tall grass with a partially constructed dwelling. However, it was soon discovered that he was much more than a beloved Medical Doctor of Health. He proved to be an expert planner, architect, and builder. The bushveldt was transformed and the miracle happened.

In 1927 the Raleigh Fitkin Memorial Hospital was opened. During the two years while it was being constructed, Doctor Hynd was physician to a community of seventy miles square with no hospital, no operating room, no X-ray, no conveniences of any kind—AND THERE WERE NO SWAZI NURSES.

The year was 1975. Mrs. Hope Simelane S.R.N. S.C.M., Sister in charge of Siteki Clinic, had just returned to Swaziland after a post graduate course in the United States. Sister Hope Simelane is the 50th Swazi nurse to study abroad. Her practical work was done at Harbor General Hospital, Torrance, California. Before Harbor General, she took a ten week course in "The Theory of Family Planning" and "Women's Health Care" at Meharry Medical College, Nashville, Tennessee. During her four and one half months in the

United States she was instructed in all aspects of women's health care as well as child care.

What can we say of the fifty years between the arrival of the young doctor to primitive Swaziland and the return of the fully qualified Swazi nurse-midwife to an independent modern nation? Has the arrival of medical science and the Christian message affected in any way the life style of a stone age people as they have moved rapidly into the space age? Perhaps the answer can be found in the brief story of nursing in Swaziland.

The early Swazi fought against a constant belief that disaster, misfortune, illness and death could never be due to natural causes. He believed it was due to deliberate malice worked by a witch or sorcerer. For this reason, the witch doctor became the most popular practitioner.

There are two types of medicine men among the Swazi: the Herbalists and the Diviners. The practice of herbalism usually runs in families. They make their magic with the use of leaves, bark and plants gathered from the forests and hillsides. These materials are used for magical purposes, but many of the herbs have some curative properties. The chief danger of herbs is the lack of knowledge in their limited curative power and the method of administration. Many people have been poisoned while others who put their faith in the "medicines" eventually arrive at the hospital too late!

The Diviners are different. The Swazi believes the Diviner is chosen for the work by ancestral spirits. He is highly respected, almost revered. Supposedly the spirit takes possession of the Diviner and after a long wasting illness accompanied by horrible dreams, the cause of the illness is recognized. The sufferer is then sent for training in a special school. When he has finished the prescribed course, he presents himself publicly in fantastic costume of snake skins and plumes, carrying in his hand an antelope tail which has been doctored with such concoctions as the nose of a hyena, the fat of a hardbacked armadillo, the eye of a lion and the beak of a hawk. He performs frenzied dances and sings spirit songs, demonstrating his power to discover the real cause of any illness or disaster, and to "smell out" the witch or sorcerer responsible.

The work of the Diviner begins in consultation with the affected person or relatives. This consultation is accompanied by bone throwing which is supposed to point out which spirits have been angered, who has angered them, why they have been angered, and what medicines or actions must be taken to appease their wrath. Then follows the treatment. Besides the administration of weird concoctions orally and rectally, the treatment of the Diviner may include cutting the affected person with many incisions. Sometimes the entire body will be covered with small cuts. "Cures" are also accompanied by the beating of the heathen worship drums and demonic chanting. This is supposed to honour the demons within the witch doctor and as the drums continue to beat these spirits are stirred more and more until they impart their knowledge to the Diviner. He then decides what must be sacrificed to the demons in order to release the bewitched person from their curse. This sacrifice may be anything from a special type of cow to a human being.

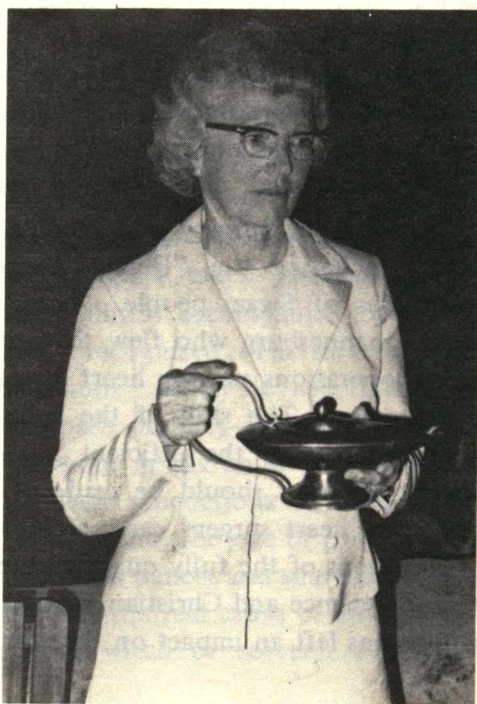
The traditional medicine men are still present, but the Swazi nation today boasts of nine modern hospitals and forty-two rural clinics. With the exception of the staff at teaching hospitals, Good Shepherd and Raleigh Fitkin Memorial Hospital, the Matrons, Sisters, and Staff nurses are all qualified national nurses. Even at the teaching hospitals, the majority is Swazi. The services performed at the hospitals and clinics are a source of pride to the nation.

The work of surgery and medical specialists from all over the world, including the "Flying Angels", has been life saving to multitudes of Swazi people. The "Flying Angels" were surgeons from Johannesburg who flew to various locations to perform such special operations as open heart surgery, vein transplants, and other emergencies. The skill of the surgeons and physicians has been supplemented by the efficient nursing care in all the hospitals. Special mention should be made of the nursing care given to the first open heart surgery cases at Mbabane Hospital.

The event of the fully qualified nurse in Swaziland, a product of medical science and Christian Missions has changed the Nation, and in turn has left an impact on the world.



Miss Evelyn Fox
First Sister Tutor
Served from 1932 – 1947



Miss Dorothy Davis
Second Principal Tutor
Served 1940 – 1971

BEGINNINGS

The history of nursing in Swaziland is interwoven into the history of a kingdom – the Kingdom of Swaziland.

The early history of Swaziland is fragmentary and can be discovered only from oral traditions. However, it is certain that the Swazi were relatively late comers to the area to which they have given their name. A number of widely distributed rock paintings, probably of Bushman origin, indicate that the Sutu and Ntungwa-Nguni clans were present when the Swazi arrived in the area now known as Swaziland.

The Swazi, a composite people of various clan origins, have existed as a distinct tribe only since the beginning of the nineteenth century. The Nkosi-Dlamini clan, which today is the ruling clan and centre of the Swazi nation, came from Central Africa. They were led by Ngwane III.

The genealogy of the Swazi king is traced back through twenty-one names to Munomutapa. Under his son Mswati I, the Swazis are said to have migrated eastward and south to Tongaland to the country now forming part of Southeastern Swaziland, their southern border being the Pongolo River. Towards the end of the eighteenth century, the Swazis were ruled by Ndungunya. At this time the three largest tribes between the Tugela River and Delagoa Bay (Lourenço Marques) were the Mtetwa, Ndwandwe and the Swazi.

Soon after the death of Ndungunya a dispute arose between the Ndwandwes and the Swazis over some lands, and Sobhuza I, who had succeeded Ndungunya, was forced by Zwide, the chief of the Ndwandwe Tribe to flee to the present area of Manzini. Sobhuza I, chief of the Swazis, then succeeded in conquering a number of tribes while the remainder voluntarily came under his protection and were incorporated into the tribe.

Sobhuza I died in 1839 and was succeeded by his son Mswazi II. On his accession, the Swazi nation was systematically organized and

regiments were formed for protection from the Zulus. They were a continual threat. Therefore, Mswazi decided to ask for the protection of Victoria, the Queen of England. The result was successful negotiations that ended all fighting.

Mswazi died in 1865 at the age of 45 years. He was succeeded by Ludonga who did not reach maturity. Mbandzeni, another son of Mswati, was proclaimed king in 1875. King Mbandzeni died in October 1889. His son Ngwane, then only 14 years of age, was elected to succeed. Ngwane died in 1899 and his mother, Queen Labotsibeni, acted as Chief Regent until 1921. She then handed the rule over to her grandson Sobhuza II and he was installed as King at the age of 22.

Our earliest record of medical work in Swaziland coincides with these early beginnings of the Kingdom of Swaziland.

A certain Mr. Joseph Raucher arrived in Bremersdorp, Swaziland in 1885. He had previously come to Southern Africa with the Geneva Red Cross during the Zulu War in 1879. In 1892 he established a studio and a small clinic. There is no record of the type or extent of medical care given here.

When the South African war broke out in October 1899, Mr. Raucher joined the Commando while Mrs. Raucher went to a concentration camp at Volksrust where she died. In 1902, after the war, he returned to Swaziland to establish a provisional administration with its headquarters at Mbabane. It appears that this was not very satisfactory. In 1906 British rule was established. There was a complete reconstruction of administration, introducing the post of Resident Commissioner, Government Secretary and Assistant Commissioner. The Swaziland Police Force with police camps throughout Swaziland was established at this time.

Until 1928 no attempt was made to identify the traditional Swazi Administration with British Administration. However, in that year regular meetings between the Resident Commissioner and the Ngwenyama, Sobhuza II, together with district officers and local chiefs was started. During succeeding years this contact became more regular, but there was no modification of the traditional administrative structure. It has been described as a dual rather than indirect rule of the country.

Prior to the British Administration of Swaziland, the medical needs of the Nationals and other inhabitants of Swaziland were provided by the South African Constabulary Field Hospital. This hospital was located in the area between the present Raleigh Fitkin Memorial Hospital and the old jail in what was then known as Bremersdorp (Manzini). There are no available records of either the staff or patients cared for in this hospital. It was burned to the ground in the great fire that destroyed Bremersdorp in 1902. In 1904 a medical officer by the name of R. Clark Perkins arrived with his wife and family.

Our first record of any medical care provided for the peoples of Swaziland is found in the 1908 Colonial Report. According to this report there was a small hospital in Mbabane. The record shows that 35 patients were admitted during the year: 1,275 outpatients attended for the first time. There were 610 second attendances. There were two deaths in the hospital.

Dr. R. Clark Perkins, the government medical officer, included some very interesting observations in this early report. The following are some quotes from the report:

"The National does not, as a rule, avail himself of the medical treatment provided for him, preferring to be attended by his medicine man."

"The Nationals mainly attended hospital for the extraction of teeth and the dressing of wounds. The majority of wounds are from knobsticks and spears."

It appears that this type of wound was the result of drink, for Dr. Perkins adds, "The natives (Nationals) are a peaceable and law abiding race until the season for beer arrives." The report also included the following information:

Malarial fever was prevalent among all races.

Only two cases of tuberculosis were treated.

Whole kraals were found to suffer from contagious conjunctivitis.

Skin diseases were mainly ulcers and scabies.

Large numbers of people were vaccinated for smallpox previous to this report and no cases were reported in 1908. Those

vaccinated included the young king and the whole Royal Family.

Syphilis was wide spread and many cases were reported. There was a severe epidemic of whooping cough.

No maternity cases were cared for in the hospital, or by the doctor.

Dr. Perkins writes, "They have their own practitioners (midwives) whose methods are of the rough and ready description."

There were few cases of leprosy and Dr. Perkins did not feel that there was any danger of the disease spreading.

(N.B. It was later discovered that many diagnosed as syphilis were in fact suffering from leprosy).

Mbabane boasted of the only sanitary system in the country. It included the use of dry earth closets by the gaol (jail) and police camp. The other inhabitants were supplied with sanitary buckets which were removed by the government prisoners.

In 1909 a new hospital was built on a "good site" with a constant supply of pure water. There were three wards, one for European patients and two for the National patients. The building also included the necessary offices. This was described as "a very substantial building, having an eight-foot verandah all around, double roofed and properly ventilated."

The year 1909 also marked the beginning of malaria control. Under the direction of the Malaria Officer, Dr. L.C. Thompson, the Assistant Commissioners of all Districts were given the assignment of seeing that all rubbish, old tins and standing water were properly disposed of. In some districts National Constables were given a course of quinine treatment during the "unhealthy" season. Calomel and quinine were sent to all Assistant Commissioners for distribution. (It was reported that very few availed themselves of these drugs. they preferred their "native doctors and native remedies.") Pamphlets on the subject of malaria fever and its cause and prevention were distributed in fever districts. The people were offered mosquito-proof wire netting at cost. However, few applied for it!

There were no medical reports for 1911 and 1912, but the Government Secretary, Mr. D. Honey, reported that there were no

outbreaks of contagious diseases and that free medicines were distributed.

In 1913 the government began the treatment of syphilis with injections of Salvarsan with successful results.

In 1914 the government again held a campaign for smallpox vaccination.

By 1917 it was observed that more were taking advantage of the free quinine offered by the government.

The great epidemic of influenza which ravaged Southern Africa in the late 1918's affected every part of Swaziland. Extra doctors and nurses and orderlies were obtained through the Health Department of the Union Government, now the Republic of South Africa. Everything possible was done by them, including the distribution of free medicines. In reporting of this time it was said, "The Nationals who had not hitherto taken advantage of medical services in the territory submitted freely to inoculation and to the administration of medicines prescribed."

EARLY MISSIONARIES AND MEDICAL WORK

A History of Nursing in Swaziland would be incomplete without an account of the contribution made by early missionaries.

The first missionaries to enter Swaziland came on the personal invitation of Mswati in 1844. They were the Rev. James Allison and the Rev. Richard Giddy of the Methodist Church. However, Rev. Allison was forced by civil war to leave the country. He took 800 Swazi with him and moved to Pietermaritzburg where he founded a mission. A few Sutu evangelists and some Swazi returned to Mahamba in 1881 to restart missionary work. Since then hundreds of missionaries from many different countries and different churches have made an invaluable contribution to the development of Swaziland. This is especially true in the medical field.

Early lay missionaries and European farmers rendered first aid, delivered babies and made a great contribution to the health of the nation which knew only the medical treatment given by the witch doctors of the area.

In 1920 the first mission doctor, Dr. C. West, arrived from America. For three years he worked with a pioneer nurse, Mrs. Lillian Cole Short, who, like himself, was sent out by the Church of the Nazarene. Together they succeeded in opening a small two room hospital at Pigg's Peak. In 1922 Dr. West returned to America leaving only two Government doctors in the whole of Swaziland, Dr. R. Jamison in Mbabane and Dr. B. Waddington in Hlatikulu.

The Government was therefore anxious that the Church of the Nazarene continue its medical work and offered them 35 acres of land in the centrally located area of Manzini. In this same year, 1925, Dr. David Hynd, with his wife and two small children, arrived to undertake this work. There was no hospital, but the young doctor visited and treated the patients in their homes and later in his own home. In 1927 the Raleigh Fitkin Memorial Hospital was built; it opened on July 16.

Also during this year the Methodist Church built a hospital at Mahamba; it was staffed by Dr. A. Till and Miss A. Bannister. Since 1931, government grants have made possible great advances in medical work in mission as well as government institutions.

In 1949 the Catholic Church officially opened the Good Shepherd Hospital at Siteki, in the Lubombo area. The hospital consisted of two rondavels, staffed by Dr. Thaedum Wilchiewicz and two Mantellate Sisters, Sisters Terarda and Adelgesa. In order to meet the needs of the community, the hospital has continued to expand until the present day hospital accommodates 100 beds. In June of 1970 the Medical Mission Sisters were given the nursing service responsibilities. Good Shepherd Hospital and their staff have strived to meet the need of preventing and promoting health through their Public Health Unit which was started in 1971. Health education talks, demonstrations, immunisations, child welfare clinics, and antenatal clinics are held in fourteen clinics in surrounding areas of the hospital. In 1973 a training programme for nurse aides was developed. The course takes one full year, during which the candidates are taught general hygiene, elementary bed-side nursing procedures and the principles of preventive and promotive-health care. The standards, regulations, and examinations for the nurse aide programme are under the direction of the Swaziland Nursing Council. The qualified nurse-aids work in hospitals and clinics under the supervision of a qualified staff nurse.

NURSING EDUCATION

When the new hospitals were opened at Manzini and Mahamba in 1927, the need for nurses became apparent. There were only three nurses on the staff of the Raleigh Fitkin Memorial Hospital in Manzini. They were Miss Dora Carpenter and Miss Minnie Martin from America and Miss Sarah Munro from Scotland. At Mahamba there was only one European nurse, Miss Bannister. There were no Swazi nurses.

Most people, both Swazi and European, were of the opinion that it would be impossible to train the Swazi girl. There were two main reasons - - first, because the custom of the people could not accept the services of a young girl, and second because of the ineptitude of the Swazi girl herself. They were mistaken. From the beginning the training of these girls met with success. The first nurse was recruited from Mrs. Hynd's garden in 1928 when an emergency operation required another pair of hands. Two others soon joined her and the first three nurses to complete training were given local hospital certificates in 1931. They were Kellinah Shongwe, Keziah Maphanga and Mina Dlamini Masika.

Mina Masika nursed until 1965 when she retired from active nursing. In June 1966 she was mentioned in the Queen's Birthday Honours and has been awarded the certificate for Meritorious Service.

The standard of education available to Swazi girls in those days was very low, but a start was made with girls who had reached Standards 3 and 4 (5th and 6th grades). Then as the standard of education in schools gradually rose, the entrance requirement to enter Nurse's Training was increased.

Several events stand out in the history of nurses' training in Swaziland.

1. Dr. David Hynd in his annual report of 1930 reported: "We have five girls in our Nurses Training School. Lectures and

FIRST HOSPITALS



Red Cross Ambulance outspanned, Bremersdorp, 1897.



Captain R.C. Perkins, Medical Officer, Swaziland, 1903.
(He wrote the first published report, 1908.)

OPENING OF RALEIGH FITKIN MEMORIAL HOSPITAL



Opening of Raleigh Fitkin Memorial Hospital, 1927.



At opening of the Hospital, 1927, seated (left) Mrs. Susan N. Fitkin, whose family donated money toward the construction of original unit. Dr. and Mrs. David Hynd who pioneered hospital standing (center) with nursing staff.

demonstrations are given by Dr. Hynd and the nurses (Miss Myrtle Pelley, Miss Sarah Munro and Miss Dora Carpenter). We have vacancies for another five girls. The entrance regulations demand Standard 6 as the entrance qualifications."

2. In 1935 Standard 6 was made the entrance qualification, and it was arranged that the Medical Department of Swaziland Government would set the papers and conduct the examinations.

3. In 1938 Dr. David Hynd approached the Director of Medical Services requesting that steps be taken by the Government to provide for the full registration of nurses and midwives who would have completed periods of training at Raleigh Fitkin Memorial Hospital equivalent to the requirements for such registration in other British Commonwealth countries.

4. In 1945, owing to the steady increase in entrance requirements, the High Commission Territories Nursing Council was formed.

5. In 1948 the Nurses' Training School at Raleigh Fitkin Memorial Hospital was the first in the three High Commission Territories to be recognized and registered under the Nursing Council.

The background work for these events began on April 21, 1934, when His Excellency the High Commissioner, Sir Herbert Stanley, convened a conference of the Principal Medical Officers of Basutoland (Lesotho), Swaziland, and Bechuanaland (Botswana) to discuss the training of "National males and females for medical and nursing services" in the High Commission Territories. The conference was held in Cape Town, and was attended by:

Sir Herbert Stanley G.C.M.G. (High Commissioner)

Mr. Shirley Eales C.B.E. (Administration Secretary)

Dr. H.R.F. Nattle P.M.O. Basutoland

Dr. R. Jamison P.M.O. Swaziland

Dr. H.W. Dyke P.M.O. Bechuanaland

The minutes of this meeting reveal the following interesting facts:

1. The first suggestion to have one training school for all territories was rejected.

2. Possibilities for training in the Territories were as follows:

Swaziland Mbabane – 20 bedded hospital with staff of:

2 European Staff Nurses

2 Coloured Nurses

1 Swazi probationer (Student)

Bremersdorp (Manzini) -- 40 bedded hospital with staff of:

3 European Sisters

8 Female Swazi probationers

A footnote read, "The educational standard of these probationers is such that lectures cannot be given entirely in English, but have to be interpreted into the vernacular."

Basutoland (Lesotho) -- was able to train only 4 males and 4 females:

6 at Maseru and 1 each at Leribe and Mafteng.

Bechuanaland (Botswana) – was able to train only 3 females at Lobatsi and 2 females at Serowe. The medical mission at Kanye had just started training.

3. Dr. Jamison considered "that circumstances in Swaziland would favour employing largely females while Basutoland and Bechuanaland preferred the services of male nurses in the dispensaries in outlying areas."

4. Estimated Staff needs were recommended as follows:

Swaziland – 12 nurse aids

Basutoland – 12 nurse aids

12 nurse dispensers

Bechuanaland – 20 nurse aids

20 nurse dispensers

Recommendations made by the Committee

Entrance Requirements:

Age . . . 18 years

Physical Fitness (Must pass a physical examination)

Educational Requirements: Standard 6 or Standard 5 if applicant had sufficient knowledge of English and Domestic Science.

Length of Course:

3½ years for nurse aids

4 years for male dispensers (2 years in hospital and 2 years in out-patient department)

Syllabus:

Hygiene

Nursing – Elementary and Advanced

Communicable diseases

Anatomy and Physiology

First Aid

Diets

Midwifery

Care of Baby

Village work

“They would be taught to recognize the more ordinary ailments and disease and how to treat them by stock mixtures or simple remedies.”

Title:

“The Committee recommended that the females who qualified under this scheme for the High Commission Territories should be termed ‘Nurse Aids’ and that males qualified under the scheme be termed ‘Nurse Dispensers’. Such designations will prevent any confusion between them and such nurses as have qualified for State Registration as trained nurses in Great Britain or in the Union of South Africa.”

Examinations:

Examinations would be by papers set by a committee appointed by the High Commissioner and by practical examinations which would be conducted by the local Medical Department in each Territory. Examinations should be held yearly on those subjects indicated in the syllabus for each respective year.

Representatives of St. John’s Ambulance Association were present at this meeting. They described the main objects and results of their Association and expressed their desire to cooperate in an endeavour to give elementary First Aid instruction to nationals in the High Commission Territories. Sir Herbert Stanley assured support in exploring groups likely to benefit such as Police forces, schools and teachers.

Nurses' Training Started in Swaziland:

Locally at the Raleigh Fitkin Memorial Hospital the training of nurses continued under the medical superintendent, Dr. David Hynd, C.B.E., and Sister Myrtle Pelley. Lectures were given by both and interpreted into Zulu by Mr. Peter Dlamini who also acted as Hospital Orderly. Miss Pelley and the other hospital Sisters gave demonstrations in the wards.

In 1933 Miss Evelyn Fox was sent to Swaziland by the Church of the Nazarene to organize the training of nurses at Raleigh Fitkin Memorial Hospital. A four year course, including midwifery, was started. At the same time a midwifery sister, Miss Ruby Sipple was provided through the British Red Cross Society. Miss Sipple undertook the direct supervision of the maternity and child welfare work. She gave classroom lectures in midwifery, taught the midwives in the ward and delivery room. She took her students to the kraals for ante-natal visits and instruction. The students were taught to give lectures in clinics on the care and nutrition of the newborn. Her work also included the organization of a two year midwifery course for young women with no previous training. One of her first students, Mrs. Irene Fraser, is still working as a staff midwife in the Child Welfare and Ante-natal Clinics (1975) at the hospital.

The curricula under Miss Fox were gradually increased to meet the standard of nursing education in other countries. The clinical experience of the nurses increased, thus preparing them for responsible posts in government and mission hospitals and clinics.

The work of Miss Fox and Miss Sipple was continued by Miss Lydia Wilke who was in charge of the school for one year. Then in February 1942 Miss Dorothy Fay Davis was requested by the Medical Superintendent to take charge until the return of Miss Fox who was on furlough at the time. On Miss Fox's return Miss Davis took leave for midwifery training and the sister tutor's course. After the decease of Miss Fox in 1947 Mrs. Agnes Clark Graham added the sister tutor's duties to that of matron. On her return Miss Davis was again asked to assume responsibilities as principal tutor of the nursing college. She continued in this post until her retirement in 1972.

In 1940 with the aid of a grant from the government, the present nurses' home was built as a memorial to the late Mr. T. Ainsworth-Dickson, M.C., C.M.G., who was Resident Commissioner from 1929 to 1935 and who took a great interest in the initiation of the programme for the training of Swazi nurses.

In 1944 a wing was added to the nurses' home with the aid of a donation from Miss Elizabeth Choate of the United States.

In 1949 the second wing was added with the help of overseas donations from the Church of the Nazarene and a grant from the Colonial Development and Welfare Fund. This wing was built as a memorial to the late Miss Evelyn Fox who was matron of the hospital and played a great part in the pioneering of the training in Swaziland.

In 1952 the "block system" of education was established. In this system the student was sent to the nursing school for a specific period during which time she was not assigned to the hospital wards. During the time spent in the wards, the nurses kept in touch with the school through case study assignments and set questions. Doctors' lectures and demonstrations were also given during this time.

In 1956 a separate nursing college was erected with money provided by the Governor-General's National War Fund. This building provided a lecture room, a demonstration room, a dietetic laboratory, a science laboratory, a library, and an office. All lectures are given in the college and this provides the nurse with many opportunities for study and practice.

In 1962 the fourth block of the nurses' home was erected from funds contributed by the Swaziland government and from friends overseas. This enlarged the home to accommodate one hundred nurses.

The Raleigh Fitkin Memorial Hospital offers the student a place to pursue studies in an atmosphere conducive to the cultivation of Christian character. The daily inpatient average is approximately three hundred, and valuable experience is gained in nursing medical and surgical cases, including gynaecological, children's diseases and tuberculosis. A 35-bed midwifery ward with associated ante-natal and child welfare clinics provides experience for midwifery students. There are also valuable opportunities for study and practice offered in the outpatient department, theatre, and diet kitchen.

Affiliated with the hospital are sixteen outstation health centres with nurses in charge. Students have the opportunity to visit these centres. Another department is the leprosy hospital at a distance of thirty-six miles from Manzini.

THE FORMATION OF A HIGH COMMISSION TERRITORIES NURSING COUNCIL

Following the system of the Republic of South Africa, the registration of nurses in Swaziland was controlled by the Medical and Dental Council of Swaziland.

Training schools were divided into Class I and Class II according to the number of beds and periods of training. Class I trained for three and one-half years and were required to have at least 100 beds; Class II trained for four and one-half years and were required to have at least 50 occupied beds.

In the early forties Dr. David Hynd approached the High Commissioner, Sir Evelyn Baring, and the representatives from Basutoland (Lesotho) and Bechuanaland (Botswana) about the possibility of establishing a nursing council that would include the three territories. Progress was slow but in 1945, under the proclamation by His Excellency the High Commissioner, the Nursing Council for the High Commission Territories was established. The three territories concerned were Swaziland, Basutoland and Bechuanaland.

The Constitution of the Council

The Council consisted of nine members as follows:

Director of Medical Services from one of the territories appointed by the High Commissioner.

Non-medical person appointed by the High Commissioner.

One medical officer in one of the territories appointed by the Director of Medical Services.

One missionary medical practitioner appointed by the Director of Medical Services.

One matron or senior nursing sister appointed by the Director of Medical Services.

One sister-tutor from a training centre for nurses and midwives in one of the High Commission Territories appointed by the Director of Medical Services.

One senior nurse appointed by the Director of Medical Services

One director or superintendent of education appointed by the High Commissioner.

One nursing member of the South African Nursing Council appointed by that council.

Dr. David Hynd served as the Missionary Medical practitioner appointee until he retired in 1961.

These appointments were for five years and eligible for re-appointment.

The Council, with the approval of the High Commissioner, also had power to co-opt for service any person or persons having experience in the various forms of nursing.

The powers of the Council were as follows:

1. To keep the registers.
2. To prescribe the qualifications and conditions for admission or re-admission to the registers, including the nature and period of the training required.
3. To prescribe curricula, appoint examiners, conduct examinations and grant certificates.
4. To approve schools of nursing or other places of training.
5. To prescribe the fees for registration, examinations and to issue certificates.
6. To prescribe uniforms, badges or other distinguishing devices.
7. To reprimand or suspend any person registered under the proclamation who has been found guilty of improper or disgraceful conduct.
8. To regulate the holding and procedure of meetings.
9. Generally to do all things necessary or expedient for the performance of the objects of the proclamation.

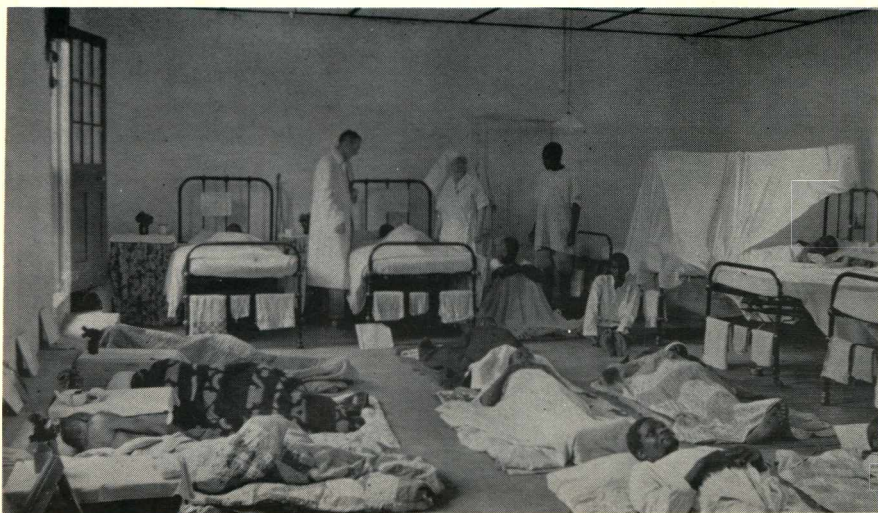
The Director of Medical Services was ex-officio Chairman of the Council.

The Vice Chairman was elected yearly.

RALEIGH FITKIN MEMORIAL HOSPITAL



Dr. and Mrs. David Hynd pioneered Nurses Training in Swaziland

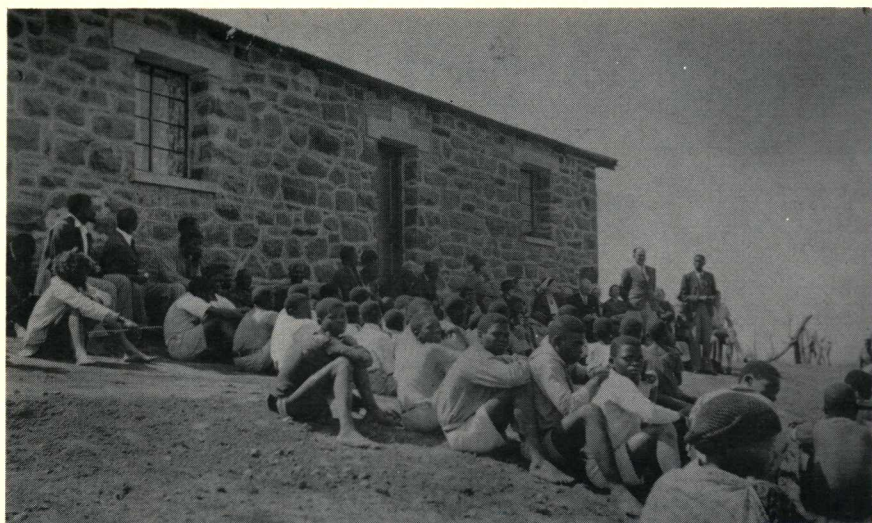


Men's Ward, 1928, Dr. David Hynd and Miss Myrtle Pelley.

RALEIGH FITKIN MEMORIAL HOSPITAL



Sister Dorothy Davis with Nursing School class of 1943.



First Nazarene outstation clinic at Mliba, opened in 1943.

The formation of the Swaziland Executive Nursing Committee

The High Commission Territories Nursing Council was given power to appoint an Executive Nursing Committee for Swaziland in consultation with and subject to the approval of the Resident Commissioner.

This committee consisted of:

Deputy Director of Medical Services as chairman ex-officio.
One medical practitioner who may be an officer in public service.

One matron or sister-tutor.

One senior nurse.

One superintendent of education or an administrative officer.

One nurse elected by nurses.

One pupil nurse or pupil midwife elected by pupil nurses and midwives.

The duties of the Executive Nursing Committee were as follows:

1. To appoint examiners and to conduct examinations of pupil nurses and midwives (eligible for local hospital certificates)
2. To report the results of such examinations and make recommendations for granting certificates to successful candidates.
3. To grant local hospital certificates which shall be clearly differentiated from the certificates granted by the Council. These certificates were to be granted for local practice in Swaziland to nurses who were not entitled to registration under section twelve.
4. To report the names of nurses and midwives to be enrolled.
5. To take disciplinary action as required.

N.B. Although this committee was authorised by the Council, it did not function until 1963. The work of the committee was conducted by the Director of Medical Services and Matron of Mbabane Hospital within the High Commission Territories Nursing Council. They were both members of the Council.

STATE REGISTRATION

The long anticipated goal of training nurses for state registration was realized in 1948.

On November 2, 1948, with Sir Walter B. Johnson in the chair, it was "resolved that the Raleigh Fitkin Memorial Hospital, Swaziland, be recognized by the Council as a nurse training school for medical and surgical nurses; the training to be completed in not less than four and one-half years." This was a first; the first training school to become eligible to train nurses for state registration in the three territories.

Two years later, 1950, the hospital was also recognized as a training school for midwives.

Students who had previously passed the Swaziland government nursing examinations were allowed to take the examination of the new nursing council and if successful, were registered. The South African Nursing Council gave permission for the H.C.T.N.C. to use their examinations the first few years. In 1950 Mrs. Eva (Manzini) Mthetwa, now deceased, was the first nurse in the three countries to become registered with the High Commission Territories Nursing Council. Other nurses availed themselves of this opportunity. In 1950 provision was made by the council that an enrolled nurse under the Executive Nursing Committee could be registered if:

1. She possessed a Junior Certificate with passes in English, mathematics or arithmetic.
2. She did one year further training.
3. She passed the Council examinations at the end of this period of extended training.

Dual training:

From 1950 until 1961 nurses were admitted for training either under the High Commission Territories Nursing Council for state registration or under the Executive Nursing Committee for Enrollment in Swaziland.

Entrance requirement for state registration was a Junior Certificate (Standard 9).

Entrance requirement for Enrollment was Standard 7.

The period of training for nurses under the Swaziland Executive Committee was three years for medical and surgical nursing and one year for midwifery training, making a total of four years. Separate certificates were issued to successful candidates.

The period of training for nurses under the Nursing Council preparing for state registration was first four and one-half years for medical and surgical nurses and nine months for midwives. Successful midwifery pupils were qualified for State Certified Midwives (S.C.M.). In 1956 the length of training was changed from four and one-half years to four years for medical and surgical nurses and from nine months to one year for midwives.

Status of enrolled nurses and midwives

In 1962 when South African Auxiliary midwives were registered, it became necessary for the High Commission Territories Council to register those trained in the Republic as the Council had passed previous legislation to register all who were registered with the South African Nursing Council. But "it was made clear that registration of midwives with this training could be done only through their registration with the South African Nursing Council and that there was no question of lowering the registration requirements to allow other midwives with almost similar qualifications to register direct with the High Commission Territories Nursing Council."

This decision caused a great deal of confusion as nurses trained under the Executive Committee had the same training as the Auxiliary Midwives. It was not until 1968 under the Swaziland Nursing Council that the Executive Nursing Committee Midwives (Enrolled) were registered. The last group of midwives to finish under the Executive Nursing Committee completed in 1965. Since that date no midwives have been trained under this syllabus and all midwives who applied were granted registration. All midwives in Swaziland are State Certified Midwives (S.C.M.).

A section from the 4th December 1968 meeting of the Nursing Council reads, "Enrolled Nurses trained in Swaziland will be given six months in which to register their midwifery qualifications: January 1, 1969 to June 30, 1969."

In 1962 the South African Nursing Council ruled that nurses trained under the Swaziland Executive Nursing Committee could be enrolled as Auxiliary Nurses with the South African Nursing Council.

It was likewise ruled that Auxiliary Nurses enrolled with the South African Nursing Council could be enrolled as nurses under the Executive Nursing Committees of the countries concerned.

By 1962 the following number of nurses were recorded on the register of the Nursing Council:

	Total	Doubly Qualified	General only	Midwives only
Basutoland	135	97	30	8
Swaziland	121	74	40	7
Bechuanaland	41	34	5	2

And by 1973 Swaziland had 360 registered nurses, 170 enrolled nurses with midwifery training, and 35 auxiliary nurses with two to three years of training.

In 1963, attention was drawn to the fact that a number of nurses working in Swaziland were not registered with the High Commission Territories Nursing Council or enrolled with the Swaziland Nursing Committee. It was ruled that all nurses who worked in the territories should become registered or enrolled and that it was necessary for them to wear the epaulettes and badges of the High Commission Territories Nursing Council.

It was decided that the distinguishing devices for the nurses of Swaziland should be white washable epaulettes with the Nursing Council badge and red ribbons for state registration, maroon ribbons for enrolment, and navy blue for midwifery registration.

The High Commission Territories Nursing Council continued to carry out its duties and responsibilities until 1967 when the duties regarding the training and examination of students were transferred to the Nursing Examination Board of Lesotho, Botswana, and Swaziland. The duties relating to registration were transferred to the Nursing Councils of the respective countries.

The Nurses and Midwives Law of 1965

Due to the independence of the three High Commission Territories, it became necessary for each country to have its own Nursing Council and Nurses' Association. Thus, the Nurses and Midwives Law of 1965 was passed by the Swaziland legislature.

This law provides for:

1. A Nursing Examination Board for Lesotho, Botswana, and Swaziland.
2. A Nursing Council for Swaziland.
3. A Swaziland Nursing Association.

The Nursing Examination Board

This board consists of nine members who are appointed by the Minister of Health in each country. The Chairman of the Board is elected at the first meeting of each calendar year. The country to which the chairman belongs is the headquarters for the board.

The law also states that the board may co-opt for service on the board a person having experience in the various forms of nursing. Professor Charlotte Searle, President of the South African Nurses' Association, has served on the board since its inception.

The examination board is an educational body responsible for providing curricula, conducting examinations, appointing examiners, and granting examination certificates in relation to the examinations. It is also responsible for prescribing the nature and period of training required and the tests for examinations to be passed. The board approves schools of nursing and keeps a register of names of student nurses and midwives.

The Nursing Examination Board of Lesotho, Botswana and Swaziland was formed in accordance with the Nurses and Midwives Law of 1965 and held its first meeting on the 9th of August 1967. It was held at the office of the British Consulate General, 38 Albert Street, Johannesburg.

Those present were:

From Lesotho:	Dr. S.T. Makeneta Miss C. Harvey Mr. J.M. Mohaploa
From Swaziland:	Dr. C. Runciman Miss E. Figge Mrs. A. Mabuza
From Botswana:	Dr. D. Standing Miss M. Partington Dr. E.U. Schmid

At this meeting, Dr. C. Runciman was elected to hold the combined offices of Chairman and Registrar. He held this office until August 7, 1968, when Dr. D. Standing was elected.

In order to continue the close liaison between the Nursing Council of South Africa and the three countries, Botswana, Lesotho and Swaziland, it was agreed to co-opt a member of the South African Nursing Council to serve on the examination board. Professor C. Searle accepted the personal invitation to be a co-opted member. It was also decided to continue to select examiners from persons recommended by the South African Nursing Council. A panel of examiners was supplied through Professor Searle.

A further action regarding oral and practical examinations was taken at this first meeting, namely, that the chairman of the board conduct the oral examinations and that sister tutors at present teaching in the three countries be used as examiners for the practical examinations. It was recommended that the practical examinations be held on patients.

New syllabuses and new regulations

One of the first tasks of the new examination board was to prepare and have gazetted the rules and regulations for the training of general nurses and midwives in each of the new independent countries. For this purpose a sub-committee, composed of Professor C. Searle, the Misses C. Harvey, D. Rhind, M. Partington, E. George, P. Hollamby and D. Davis, was appointed and met in Pretoria in May 1968 to draft rules and regulations. The report also included the new syllabuses; it was accepted with alterations at the Board's meeting August 7, 1968.

It is of interest to note that these rules, regulations and syllabuses were prepared with the help and guidance of Professor C. Searle from the South African Nursing Council. Again, the reason was to continue the close liaison between the two councils.

Major changes in the syllabuses were the inclusion of social sciences, basic physics, basic chemistry, microbiology, ward management and teaching, disaster nursing, and an extension of the course in preventive and promotive health. The number of required hours of instruction in preventive and promotive health was increased to

fifty lectures, ten of which were designated to be given by a doctor. The course was also to include techniques of health education. Practical experience in rural clinics and health centres was recommended.

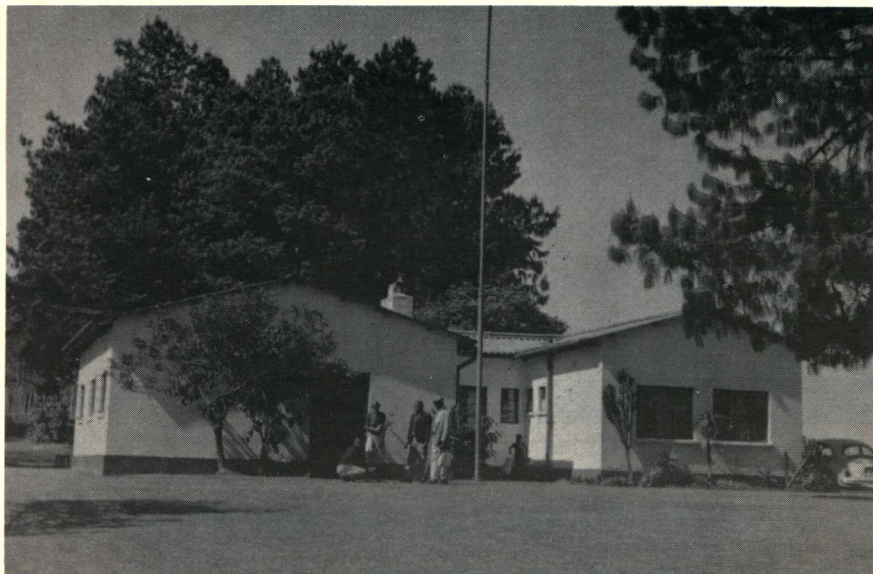
The midwifery syllabus was increased to include family planning and maternal child health education, which included preventive and promotive health.

The following persons served on the Nursing Examination Board for Lesotho, Botswana and Swaziland:

Dr. C. Runciman	1967-1968	Swaziland (First Chairman and Registrar)
Dr. J. Kloppe	1968-1973	Swaziland
Miss E. Figge	1967-1968	Swaziland
Mrs. A. Mabuza	1967-1972	Swaziland
	1975-	
Miss D. Davis	1968-1972	Swaziland
Miss V. Mabuza	1968-1969	Swaziland
Dr. S.T. Makinete	1967-1971	Lesotho
Mr. J.M. Mohaploa	1967-1969	Lesotho
Miss C. Harvey	1967-1969	Lesotho
Mr. Matasba	1968-1970	Lesotho
Dr. J.L. Molapo	1972-	Lesotho (Third Chairman and Registrar)
Dr. Qhobela	1968-1971	Lesotho
Miss D. Rhind	1968-1969	Lesotho
Mrs. M. Mofole	1969-1970	Lesotho
Dr. D. Standing	1967-1972	Botswana (Second Chairman and Registrar)
Dr. J.K. Matthews	1972-1974	Botswana
Dr. E.U. Schmid	1967-1971	Botswana
Miss M. Partington	1967-1971	Botswana
Mrs. M.M. Mokhalu	1970-1971	Botswana
Mrs. G. Kgari	1971-1972	Botswana
Mrs. S. Kupe	1969-	Botswana
Mrs. Priscilla Mdiniso	1972-1974	Swaziland
Miss P. McNeil	1972-	Swaziland
Dr. Fannie Friedman	1973-	Swaziland

Dr. I. Kennedy	1972-	Botswana
Dr. D. Sebina	1974-	Botswana
Mrs. S.E. Sibidla	1973-	Lesotho
Mr. S. Mohapi	1975-	Lesotho

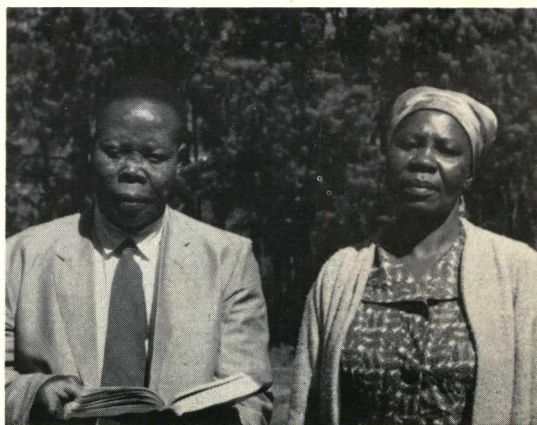
MBULUZI LEPROSY HOSPITAL



Leprosy Hospital, Mbuluzi, Swaziland



Sister Elizabeth Cole,
for many years Matron of the Hospital



Mr. and Mrs. Nelson Manana,
chaplain and teacher at the Hospital

HOME NURSING



Nurses leave hospital for home delivery



Home delivery case



The District Nurse

SWAZILAND NURSING COUNCIL

The Swaziland Nursing Council was one of the three organizations provided for in the Nurses and Midwives Law of 1965.

It is a public body, responsible to and established for the protection of the public. The registered persons who serve as members on the Council not only represent nurses, but must look after the interests of the public in the same way the other members do. It is thus an educational and registering body, as well as being a disciplinary body, charged with supervision of the professional conduct of the registered and enrolled persons.

The membership of the Council is made up as follows:

1. Director of Medical Services (chairman)
2. Matron (appointed by the Minister of Health)
3. Sister tutor (appointed by the Minister of Health)
4. One enrolled nurse elected by enrolled nurses
5. One state registered nurse elected by state registered nurses.
6. One state registered nurse elected by student nurses
7. One representative from the Educational Department (appointed by the Minister of Health)

The following were members of the first Council which convened February 23, 1968:

Dr. C. Runciman – presided at one meeting only

Dr. J. Klopper, Chairman, 1968-1970

Dr. W.Z. Conco, 1968-1970

Miss Pygall, 1968-1972

Mrs. A. Mabuza, 1968-1972

Miss D.F. Davis, 1968-1972

Mrs. M. Gininda, 1968-1972

Mrs. N.N. Dlodlu, 1968-1972

Mrs. Eva Mthetwa, 1968-1969

The first Council meeting took place at the medical headquarters, Mbabane, Swaziland on Friday, 23rd February 1968.

The functions of the Council were outlined and summarized under two main headings:

1. The proper training and registration of nurses and midwives.
2. The evaluation of the training in other countries by applicants for registration and the appropriate registration of same.

The Council also decided that there should be:

A register for general nurses

A roll for general nurses

A register for midwives

Regarding enrolled midwives, it was decided to follow the procedure of registering all who applied. This was in harmony with the plan outlined by the South African Nursing Council.

A sub-committee to draw up rules and regulations was appointed at the second meeting of the Council which convened October 15, 1968. The committee was composed of:

Miss D. Davis

Mrs. A. Mabuza

Mrs. N. Dlodlu

The work of this committee continued over a period of two years and the complete set of rules and regulations was approved by the Nursing Council in November 1970 and published in the Swaziland Government Gazette March 5, 1971.

The Council directs the registration of nurses and midwives, the enrollment of nurses, and determines what fees are to be paid; and it considers for registration only those persons who apply and present their qualifications for registration, namely:

1. A certification from the Nursing Examination Board of Lesotho, Botswana, and Swaziland, that she has passed the examinations and completed the prescribed course of training.
2. A certification from any other country that she has passed equivalent examinations and a form which gives details of her experience and training.

The Council considers for enrollment only those persons who apply and present their qualifications for enrollment. It is not

within the power of the Council to register or enroll persons without the required qualifications.

The Council prescribes uniforms, badges and other distinguishing devices for persons registered or enrolled and requires that these uniforms be worn.

A special meeting of the Council was held October 25, 1968, to welcome Mrs. Margaret Pickard, representative from the International Congress of Nurses. She was in Swaziland on the invitation of the Swaziland Nurses' Association. Mrs. Pickard spoke to the Council, and in her remarks pointed out that "it was fundamentally wrong to allow enrolled nurses the status of professional nurses, and that it should be clearly defined what the enrolled nurse was trained for and allowed to do as opposed to registered nurses who work in the hospitals."

It was explained to her that the reason for allowing enrolled nurses to do registered nurses' work was that up to 1948 Swaziland medical services had to rely on these enrolled nurses for hospital and health centre staff; and since they had been expected to do the same work as the state registered nurses, they had been put on the same scale by the salary commissioners.

UPGRADING THE ENROLLED NURSE

Perhaps the greatest problem in the Nursing Association of Swaziland was the reconciliation of the enrolled nurses and the state registered nurses. Many hours and much serious thought was given to this problem.

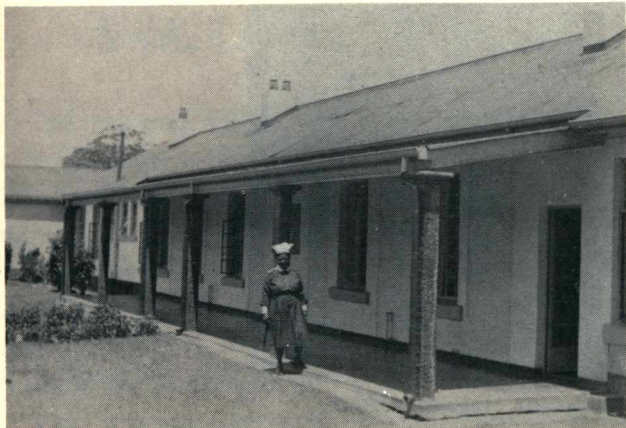
To begin with, students did not qualify to be trained as state registered nurses and there were no accredited training schools. Nurses who were trained were given certificates but not registered. As stated above, provision was made for the enrolled nurses to become registered. Some availed themselves of this opportunity; others did not.

Then came the "Skinner Report" which abolished the previous distinction between enrolled nurses and registered nurses on the grounds that enrolled nurses would acquire proficiency with experience. This ruling was adopted by the government and was confirmed by the subsequent commissions. However, it was never

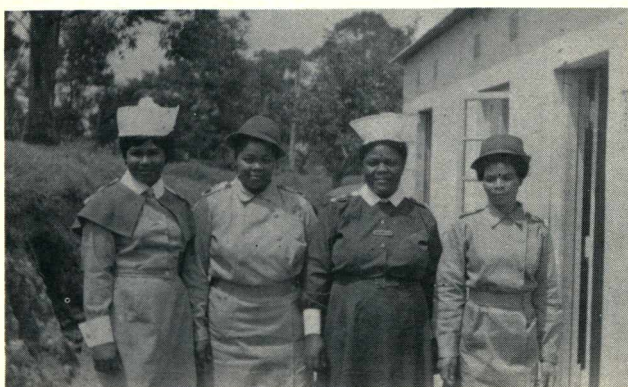
recognized by either the High Commission Territories Nursing Council, the Swaziland Nursing Council, or the Examination Board of Botswana, Lesotho and Swaziland.

Finally, in 1973, two qualified nurses, Joyce Mamba and Nester Dlamini were secured by the Swaziland government to set up a programme to prepare enrolled nurses for state registration. While continuing to work, nurses attended classes for one year. Of the first class entered for the State Board Examinations in November 1974, eleven were successful. Sister Joyce Mamba and Sister Nester Dlamini are both graduates of Raleigh Fitkin Memorial Hospital. Joyce Mamba has taken one year post graduate work at the Royal College of Nursing in London and Nester Dlamini studied one year in Diploma Nursing Education College of Nursing in Australia. They were joined later in the programme by Mrs. Louisa Dlamini who had just obtained her B.A. Nursing at the University of Ibadan, Nigeria. They are to be congratulated on the fine results of "upgrading" nursing in Swaziland.

GOVERNMENT HOSPITAL



Hlatikulu Government Hospital, 1970.



Matrons and Clinic Nurses,
Hlatikulu Government Hospital, 1970.



Sister Francina Dlamini nursing since 1934.

GOVERNMENT HOSPITALS



Pigg's Peak Government Hospital, 1974



Staff Nurses, Pigg's Peak Government Hospital



Matron Vera Mabuza,
Mbabane Government Hospital

SWAZILAND NURSING ASSOCIATION

The Nursing Association, as distinct from the Nursing Council, is a representative body concerned with professional organizations and is established mainly to further the interests of nurses and the nursing profession.

The Swaziland Nursing Association consists of all nurses and midwives who are registered or enrolled. They are designated as senior members; student nurses and pupil midwives who are in training in Swaziland are known as junior members.

The first meeting took place in 1968 at William Pitcher College, Manzini. There were approximately seventy-five nurses present; all areas of Swaziland were represented. Under the direction of Dr. C. Runciman, then Director of Medical Services, the following officers were elected:

President	—	Mrs. Daisy Bhengu
Secretary	—	Mrs. Beatrice Simelane
Treasurer	—	Mrs. Aylline Dlamini

The country was divided into districts with each district choosing its own chairlady and necessary officers. The chairladies of each of these districts automatically became members of the National Executive Committee.

The first annual meeting after the organization of the Association was October 26, 1968. Mrs. Margaret Pickard, representative from the International Council of Nurses, was the main speaker. Other items of interest included a paper giving a brief summary of nursing history in Swaziland by Miss Dorothy Davis and an address by Matron Priscilla Mdiniso.

Mrs. Pickard's visit to Swaziland at this time was of great significance to the young association. Through her the nurses felt joined to the International group of nurses.

The next meeting was held on May 24, 1969, with Sister D. Bhengu as chairlady. The treasurer's report showed a total of 170 senior and junior memberships paid in full.

Sister Bhengu reported that she would be attending the next Quadrennial International Council of Nurses (I.C.N.) to be held in Canada in 1970. This would be made possible through special funds from I.C.N.

At a meeting in November 1969, the Honourable Minister of Health, Dr. A.M. Nxumalo, presented an informative paper on the Nurses and Midwives Law. Mrs. Bhengu gave a report of the Quadrennial Conference of the International Council of Nurses. She stressed the point that most of the problems prevailing in the Swaziland Nursing Profession were inherent in other countries all over the world. The report included the functions of I.C.N.; Swaziland was not a member of I.C.N. and Mrs. Bhengu was attending as a guest.

The Association, from its inception, has sponsored seminars and encouraged nurses to take advantage of study days, refresher courses, and post graduate courses in the Republic of South Africa and overseas.

The first Swaziland Nursing Journal was published in 1971 by the Association. The Journal has been published periodically, and served not only as a tool of communication but also played an important educational role in the lives of the nurses.

The first such sponsored seminar was of great historical importance. It was held January 1971 at William Pitcher Training College, Manzini, - - the first International Nursing Seminar ever to be held in Swaziland. The daily average attendance was over one hundred. It was estimated that over three hundred nurses and guests were present at some of the sessions.

The intellectual and spiritual tone of the seminar was set by the opening devotions which were conducted by the Rev. B. Mkabela, Canon, Church of the Province. His message on "Instruments of His Peace" and the opening prayer presented a challenge to every nurse present.

The Honourable Dr. A.M. Nxumalo, Minister of Health, gave the opening address. He expressed his pleasure in welcoming the nurses, delegates, visitors from several other countries, and representatives from the World Health Organization.

Other speakers at the seminar and their topics were as follows:

Miss D.F. Davis (Sister Tutor, R.F.M. Hospital),

“Basic Preparation of the Nurse”

Dr. G.G. Murphy (Senior Medical Officer of Health),

“Post Basic and Graduate Education”

Miss A. Knapik (W.H.O. Representative),

“Development and Maintaining Nursing Standards”

Professor C. Searle (Head-Chair of Nursing at Pretoria University),

“Development of Nursing Services”

Miss D. Radloff (Organizing Secretary of South African Nursing Association), “The Professional Association and Economic Security for the Nurse”

Mrs. G. Mashianoke (Sister Tutor, Pretoria),

“Integrating Local Culture with Advances in Science”

Dr. K.P. Mokhobo, F.R.C.P. Swaziland,

“Iatrogenic Diseases”

Mr. K.H. Kral (Senior Nurse in charge of Mental Hospital in Swaziland),

“The Care of the Mentally Ill”

Mrs. A.L. Dlamini (Public Health Nursing Sister, Swaziland),

“Social Medicine”

Dr. F. Friedman (Permanent Secretary) gave the final address. She expressed the appreciation of the Ministry to all who had helped make the seminar a success.

A team of psychologists gave a most stimulating panel on interpersonal relationships. Their lectures, discussions, and leadership in getting the whole seminar to participate was unforgettable. This team was composed of:

Mr. G. Mbau, Psychometrist, Swaziland Industrial Training Institute

Mr. T. Nhleko, Personnel Officer, Swaziland Irrigation Scheme, Tshaneni

Mr. P.S. Bhengu, Director of the session of Group Dynamics

The credit for the success of this seminar must be given to the national president, Mrs. D. Bhengu and her committee: S.N. Beatrice Simelane, S.N. Doreen Thwala, and Sister A. Dlamini.

The Association developed slowly but steadily and made progress under the leadership of Sister Maggie Makhubu from 1971-1974. During this period negotiations continued with the International Council of Nurses for full membership of the Association.

Sister Nester Dlamini was elected the third president of the Association in 1974. Communications have been received that the Swaziland Nursing Association will be admitted as full member in January of 1975. Sister Nester Dlamini will be attending this historic occasion at the I.C.N. Meeting in Singapore, August, 1975.

The Association is continuing to function and further the interests of the nursing profession throughout Swaziland.

THE ROLE OF THE NURSE IN PREVENTIVE MEDICINE

The concept of preventive medicine comes largely under what is commonly understood as public or community health. It includes:

Maternal and child welfare services

Prophylactic immunizations

Health education

Provision for proper nutrition

Good sanitation

Safe water supply

Control of infectious diseases

Control of parasitic infestations

The government and mission doctors prepared the way for the nurses in this very important aspect of their work. The training of the very first nurses included preventive as well as curative medicine. They were given lectures in public health and were taken to the kraals of the people where they gave lectures and demonstrations. Mothers who attended ante-natal and child welfare clinics received lectures from the nurses. Even while in the hospital patients were given lectures on the care and nutrition of children.

By 1930 the influence of this early public health activity was apparent. Legislation was made regarding sanitation and malaria control. During this year the first report was made on maternity and child welfare given in the country. It was reported that "the mission hospitals at Bremersdorp and Mahamba set a very high standard of work in the midst of the most densely populated parts of the country" and that "the medical officer at Hlatikulu established a small clinic to which mothers brought their babies to have them properly fed."

VENEREAL DISEASES

In 1931 the venereal clinics which had been started at Bremersdorp and Hlatikulu began to enjoy more popularity as confidence in the

treatment increased. Nurses were taught to give the injections of neosalvarsan twice weekly. They also gave lectures on the prevention and treatment of the diseases. As elsewhere in the world, with increasing industrialisation these diseases are on the increase again.

IMMUNIZATIONS from 1930 onwards

Preventive inoculation for enteric fever (typhoid) and smallpox was given at Bremersdorp and Mahamba with vaccine supplied by the government and at the government hospitals. Dr. Jamison, in his yearly report, made the following observation regarding immunization, "Although they (the Swazi) will make no attempt to get a pure water supply, or to erect sanitary conveniences, or to reduce the plague of flies at the kraal, they will cheerfully submit to inoculation, and advantage has been fully taken of this in dealing with outbreaks of enteric and smallpox."

By 1972 organized immunization campaigns were held throughout the country against tuberculosis, diphtheria, tetanus, whooping cough, poliomyelitis, smallpox, measles and typhoid.

Cholera and yellow fever are not present in Swaziland, but vaccinations are given to persons travelling to and from countries where these diseases are found.

MALARIA

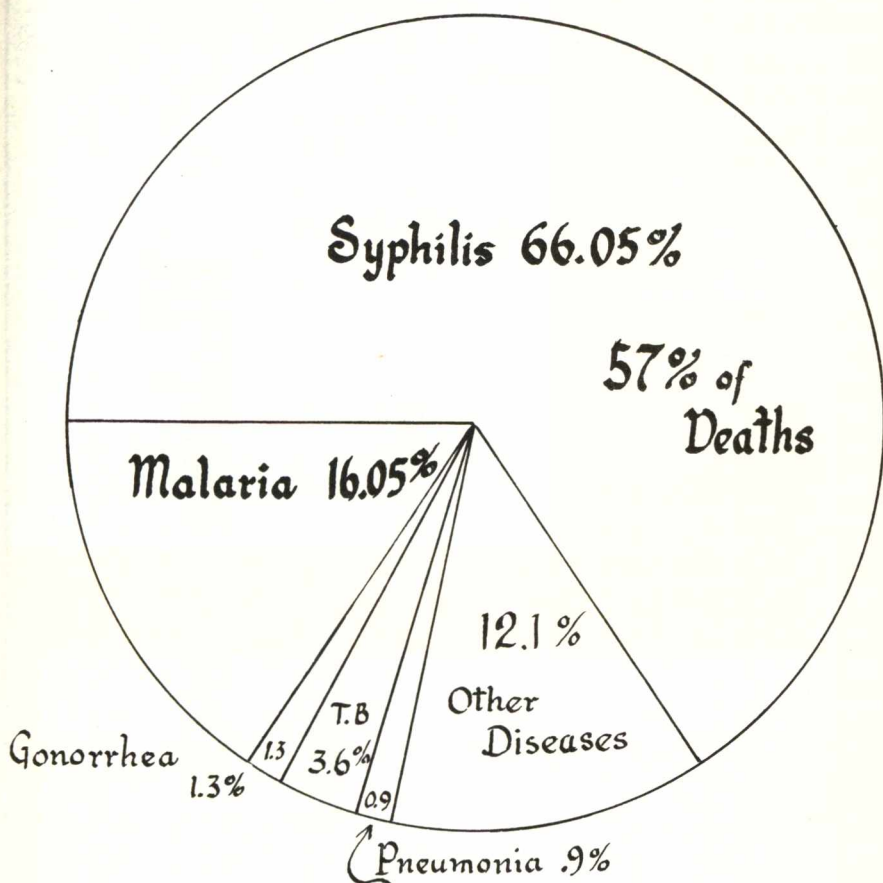
The first effort at malaria control was mentioned in the 1921 report from the government medical officer. However, it was not until 1945 that a full-time malaria officer was appointed "to devise ways and means of destroying the death-causing anopheline mosquito." Dr. O. Mastbaum was the first appointed to this task. His outstanding work was continued by Mr. D. Eckart. The results of malaria control were so spectacular that the number of cases of malaria decreased from 6,850 in 1946 to 33 in 1964 and 61 in 1973. This has been due to the untiring efforts of a dedicated team of workers and their use of the deadly spray, DDT and its equivalents.

TUBERCULOSIS

In the government medical officer's report of 1907-1908 it is stated that "only two cases of tuberculosis came under treatment."

Diseases Treated

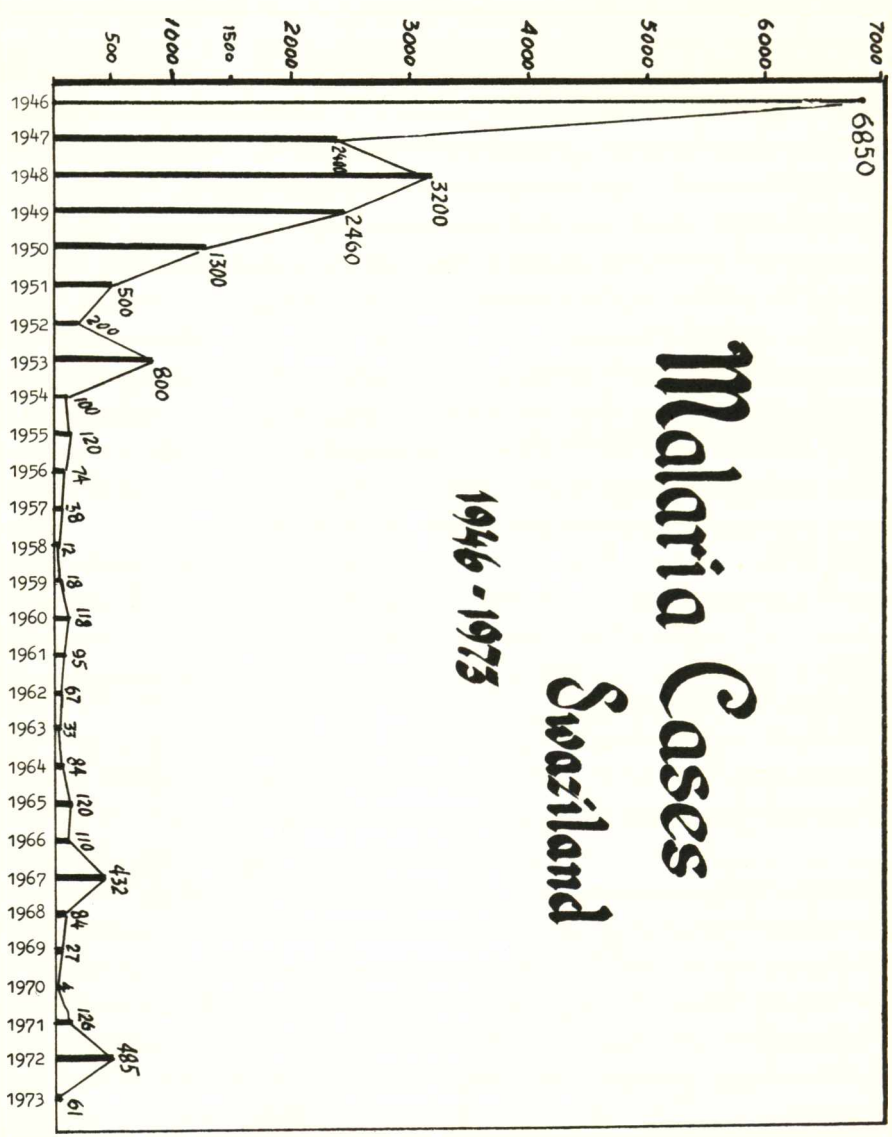
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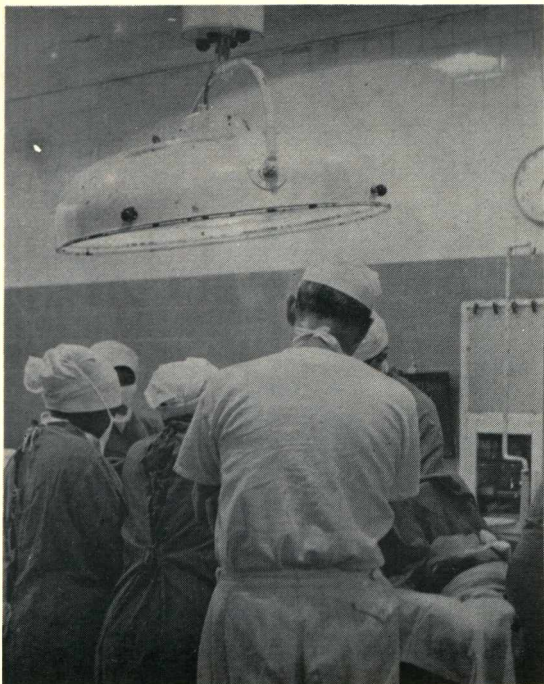
Number of Patients treated, 13,055

Malaria Cases Swaziland

1946 - 1973



MBABANE GOVERNMENT HOSPITAL



Surgery where first
open heart surgery
was performed, 1970.

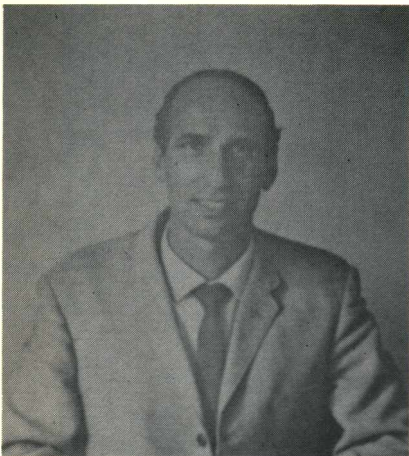


A ward at the hospital.

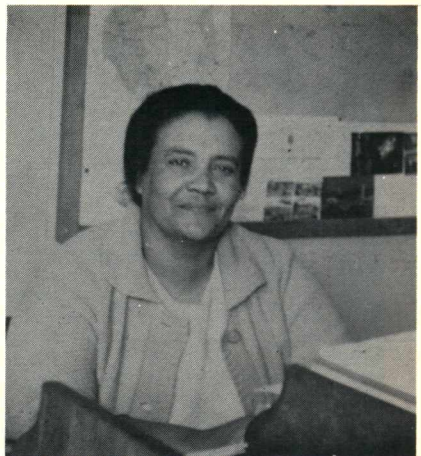
SWAZILAND NURSING COUNCIL



First Swaziland Nursing Council.



Dr. J. Klopper,
First Chairman of Nursing Council



Dr. Fanny Friedman,
Second Chairman of Nursing Council

By 1921 it was noted that tuberculosis was on the increase. By 1940 it was one of the national health problems. All of the early hospitals of Swaziland cared for and treated active cases of tuberculosis. The mortality rate was high; it included many of the first nurses. The fight against tuberculosis was spearheaded by the World Health Organization who sent field workers, built buildings, and provided equipment. It trained workers, including special training for graduate nurses and paved the way for the National Tuberculosis Control Program. This programme took over in 1968. It is centered at the National Tuberculosis Control Centre, Manzini, and is implemented through hospitals and health centres which are defined as "Peripheral Health Centres." Together they constitute the National Tuberculosis Service. Dr. Y. Kaplan led the team of health workers in this field until 1974, when he departed for the United Kingdom.

SCHOOL HYGIENE

The 1931 report also included a comment regarding the Swazi National School at Matsapa. In summary it pointed out that this school was "an example of the general lines on which schools should be planned from a health as well as an educational point of view."

However, it was not until 1938 that any consideration was made concerning the nutrition of the children. That year a systematic investigation was made. The chief findings were that the day boys had had no meal prior to school time, carried no mid-day meal with them, and often went until 5 p.m. without food. As a result, both their growth rate and academic potential were stunted. The committee's recommendation that the boys be given a noon-day meal could not be implemented because of finances.

In 1940 heads of the medical, agricultural, veterinary, and educational departments in Swaziland formed a local committee to discuss nutritional problems. The committee was convinced that "the problem of nutrition in Swaziland was largely one of educating the people to better standards of living and production." Also discussed was the possibility of feeding at school.

In 1944 Mr. F.W. Fox of the Food and Agricultural Organisation under the United Nations, visited Swaziland and suggested that

information on infant mortality, population increase, family size, and age distribution was a vital preliminary to nutritional work in the country. However, it was not until 1959 that anything was done. That year the Swaziland administration planned and conducted a sample survey of nutrition. The information thus gained was inadequate and in 1961 another nutritional survey was conducted. This time Swazi nurses were co-opted into the scheme. They went out into the field with Miss S.M. Jones who was supplied by the University of Natal for the survey.

In 1964 active steps were taken to initiate a scheme whereby the recommendations of this study might be put into effect. For this scheme three "betterment areas" were chosen. A team of workers – an agriculture demonstrator, a domestic science demonstrator and a **public health nurse** were appointed to implement a plan of action to improve the nutrition of residents of the area. The scheme included aid to farmers, teaching women to cook, and provision of school meals.

Early in 1965 a final assessment was made and the scheme was found to be a success and was taken on as a permanent part of the medical service.

At this stage, the unit had grown in size and was engaged in both health education and public health. On the advice of an expert from World Health Organization, Professor Stewart, it was divided into:

1. Health Education Unit
2. Public Health Nursing Unit

The Health Education Unit consists of a Health Educator and a Public Health Nursing Sister. The Public Health Nursing Unit consists of a nursing Sister and five nurses.

These units function through the clinics and, in addition, the Health Education Unit deals with inservice training and other orientation courses. The Public Health Nursing Unit assists with the establishment and maintenance of maternal and child health services. Through these sessions immunizations and other preventive and promotive work is done.

THE RED CROSS SOCIETY

There has always been a close coordination between the Swaziland

Red Cross Society and both of the above units. Their aims, plans and programmes have often been the same, and by working together, better and more complete care has been given to the nation.

The work of the Red Cross during war and peace had made a great contribution to the health of Swaziland. Perhaps most outstanding has been the educational programme of teaching classes in home nursing, infant welfare, and first aid. From the beginning, nurses have been active in this programme.

Nurses are concerned in the whole programme, but have been most active in the treatment and preventive services.

The nurse is responsible for tuberculin testing, administration of drugs, teaching and supervision of staff in the peripheral centres, immunization and assisting in reading X-ray films.

GENERAL

The first Medical Officer of Health took office in 1947. Dr. R.D. Gauldie and his staff carried out regular inspections of premises, sanitary arrangements, house plans, food handling places, meat at the abattoir and butchery, dairies, and waterworks. They investigated outbreaks of epidemics and held immunization campaigns.

Dr. Margaret Chuene was appointed Public Health Officer in 1973.

Mr. P.M. Matthews, B.Sc., served as Health Inspector.

Mr. J.S. Hlope, Senior Health Assistant, was previously in malaria control from 1956.

HEALTH CENTRES AND CLINICS

Nurses in the developing country of Swaziland were the fore-runners of the American "nurse practitioner". Circumstances forced them to equip and prepare themselves to examine, diagnose, and treat patients who came to them. To effectively carry out this work, small clinics were built throughout all the rural areas. As early as 1916 a Nazarene Missionary nurse, Mrs. Lillian Cole Short, started a small clinic at Pigg's Peak. She had the distinction of being the first full time nurse in Swaziland. Following her example, Miss Minnie Martin opened a clinic at Endingeni in the Hhohho District, and Miss Myrtle Pelly opened one at Siteki in the Lubombo District.

One of the three Swazi nurses who graduated in 1931, Keziah Mapanga was assigned to the Ngomane area in the bushveldt, with her husband who was an evangelist. She was given the task of "looking after the sick" — no pay was given her.

The first permanent outstation clinic was built at the Nazarene Mission, Mliba. This clinic was the combined effort of the local community and overseas friends. The beautiful stone building was dedicated in 1943 with Mrs. Priscilla Gumede installed as clinic nurse.

By the end of the year 1974 over forty rural clinics were strategically located throughout Swaziland. They are:

Mission subsidized clinics

Church of the Nazarene

Siteki	Balekane	Lalela
Endingeni	Malindza	Kashewula
Pigg's Peak	Mayiwane	Esigcaweni
Mliba	Tambankulu	Malandela
Mafutheni	Tembelihle	Mshingishingini
Bhekinkosi		

HEALTH CENTRES AND CLINICS

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Bhekinkosi		

Roman Catholic Church

Our Lady of Sorrows, Hluti
St. Juliana, near Mafutseni

Mlawula

Government clinics

Hhohho District

Hhohho	Mhlangatane	Lester
Nkaba		

Manzini District

Lobamba	Mhlangatsha	Mangcongco
Mgazini	Dwalile	Endinilembe
Luyengo	Nqabaneni	

Shiselweni District

Gege	Mhlotsheni	Lavumusa
Hluti	Edwaleni	New Haven
Mahamba		

Lubombo District

Nomahasha	St. Philips	Lubuli
Esinceni	Sipofaneni	

These clinics are often referred to as "health centres" but the official health centres are:

The Mbabane Health Centre
The King Sobhuza II Health Centre, Manzini
The Hlatikulu Health Centre
Siteki Health Centre

The official health centres work together with the hospitals of Swaziland to supervise and aid the rural clinics. All of the clinics are staffed by national nurses, most of whom are trained at the Raleigh Fitkin Memorial Hospital.

Mobile Eye Clinic

Independent of the other clinics, Swaziland has greatly benefited from a mobile eye clinic which was sponsored by the Royal Commonwealth Society. A nurse trained at St. John's Eye Clinic in Johannesburg has been in charge of this unique facility.

Matsapha Mental Hospital

The arrival of Mr. K.H. Kral, S.R.N. R.M.N., to Swaziland in 1968 marked the beginning of a new era in the care of the mentally ill. He opened and took charge of the first mental hospital at Matsapha. Before this facility was available the mentally ill were cared for in their homes, in the general hospitals, and the severely belligerent cases were locked in the jails.

Under Mr. Kral's able direction Swaziland had made great strides in providing psychiatric treatment and care. Many prejudices surrounding mental illness have been broken down. In 1971 a total of 203 patients with severe psychotic illnesses were admitted to Matsapha Mental Hospital. During the same period 188 persons left the hospital, able to follow their occupations or to be cared for by relatives.

Medical doctors, trained in the treatment of the mentally ill, diagnose and direct treatment of the patients. Nurses spend much time with the patients, implementing the care prescribed by the doctor. Treatment includes electro-convulsive therapy, chemotherapy, and occupational therapy.

Continued care of the mentally ill is given in the rural clinics on an outpatient basis.

Industrial Clinics

Company clinics are maintained by Havelock Mines, Bunya Pulp Mill, Mhlambanyathi, Sidvokodvo railway town, Mhlume and Big Bend Sugar Estates.

NURSING THE LEPROSY PATIENTS

Work with leprosy began in Swaziland when two boys were brought to Dr. David Hynd by their father. For a time they were housed in a hut at the back of Raleigh Fitkin Memorial Hospital. The nurses brought them food and medicine, but they received no nursing care. After a time the Swazi government sent them to Westfort, a leprosy settlement outside Pretoria, and they were cared for here with a number of other Swazis. This, however, proved too expensive and the government was forced to bring them back.

Thus it happened in 1935 that the Swazi leprosy patients whom the Swaziland administration was maintaining in Westfort were repatriated to the Mankayane sub-district, at Enqabaneni. They were put in a small settlement under the charge of a Swazi and were visited once a month by a medical officer and at least once a week by the hospital assistant from Mankayane who treated them. Later, several who were suffering from nodular leprosy were admitted for treatment at their own request.

The government medical report of 1935 read, "The leprosy settlement is too small and too near the main road." It was then that Dr. David Hynd, C.B.E., began to negotiate with the government regarding the possibility of improving the conditions for these needy people. Different sites were considered, but each was rejected due to the objections of the peoples of the areas being considered.

Finally, in 1948, the Colonial Development and Welfare Department, with a special fund, succeeded in obtaining the site overlooking the Mbuluzi River twenty kilometers from Mbabane. Roads were completed to the colony and a complex of buildings was built which included a hospital, dispensary, villages for men and women, administrative buildings and staff quarters. The government appointed Mr. A.J. Sowden and his wife to survey the work of improve-

ments. They saw that roads were built, trees planted, and a water system installed. Finally they were ready for the patients to be moved, but complications had arisen—there were no nurses. His Honour, the Resident Commissioner of Swaziland asked Dr. David Hynd if the Nazarene Mission would be interested in running the leprosarium if the Swazi government would allocate the money to the Mission that they were spending on the maintenance of the old colony at Enqabaneni. At the conclusion of these negotiations Sister Elizabeth Cole, Nazarene Missionary, was appointed as Matron in charge of the leprosy hospital. The agreement came into operation September 1, 1948. The patients were moved from their old home to the new one, appropriately named "Tembelihle" (good hope).

In describing the move, Sister Cole said, "The advanced cases were carried into the hospital and all others were taken to the little villages which were named by Dr. Hynd after the fruits of the Spirit: Ekutandaneni (love), Ekujabuleni (joy), Ekutuleni (peace), Ekubekezeleni (long-suffering), Emuseni (Gentleness)." Among the first to be admitted in the ambulance were Salakwandu Zulu, Nelson Manana, Annie Vilane, and Shoboto Shiba. Salakwanda Zulu was a blind, legless Swazi leper who was a patient at Mbuluzi leper colony until his death in 1956. He lived a victorious Christian life, continually rejoicing in the Lord, and his life was an inspiration to all around him. Nelson Manana was discharged symptom-free, and in time became Chaplain of the colony — a position which he has proudly held to the present, 1975.

Now, after a quarter of a century, leprosy has almost been eliminated from Swaziland. Writing of the progress, Sister Cole says, "Quiet growth continued in the medical work until, one by one, positive blood smears for Hansen's disease became negative. Treatment did not restore fingers which were lost nor eyes which were blind; but treatment, if started early and given properly, stopped the progress of the disease in nearly every patient." Over 700 victims have been discharged symptom-free and have found useful places in their communities.

The historic service of Sister Elizabeth Cole as Matron of the Umbuluzi Leprosy Hospital extended far beyond the remote

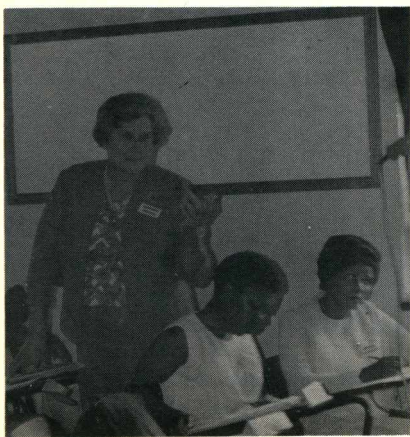
SWAZILAND NURSES ASSOCIATION



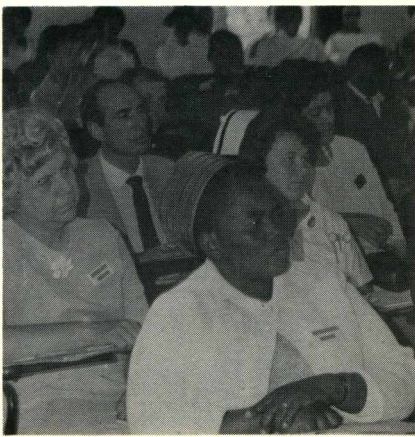
Sister Daisy Bhengu, first president of the Swaziland Nurses' Association.



Sister Maggie Makhubu, second president of Swaziland Nurses Association.



Professor Charlotte Searle guides the Association in discussion.



Swaziland Nurses' Association meeting at Manzini, 1969.

PRESENT DAY NURSING



Mina Masika (graduate of 1934) with student nurses, 1971.



Student Nurse attends accident case in women's surgical ward.



Chief Matron of Swaziland, Priscilla Mdiniso, addresses the graduates, 1972, Raleigh Fitkin Memorial Hospital.

settlement in the mountains of Swaziland. Each year student nurses from Raleigh Fitkin Memorial Hospital learned from her knowledge and experience. She gave them lectures and demonstrations on Hansen's disease (Leprosy). These nurses, who after graduation staffed the church and government clinics, have been able to diagnose the early symptoms of the disease; suspected cases of leprosy are referred to the hospital for treatment.

The Swaziland Nurses' Association secured Sister Cole and Mr. Nelson Manana as lecturers at the nurses' workshop held at Luyengo in 1970. Their "up to the moment" information regarding leprosy and the progress of treatment was very challenging. Nurses throughout Swaziland will continue the work started by Sister Cole.

WOMEN WHO HELPED MAKE HISTORY IN NURSING IN SWAZILAND

Although there was one training school for nursing in Swaziland, many Swazi girls left their homeland to take training in the Republic of South Africa. With few exceptions they returned to make outstanding contributions in the nursing field. There were other nurses who moved from the Republic to Swaziland and these also became invaluable members of the nursing team. Following are brief sketches of some of the most notable women to make historical impact upon this field in this country:

NERIAH NORMA DLUDLU

Neriah Norma Dlodlu took her general medical and surgical training in the Boksburg-Benoni Hospital in the Transvaal, and her midwifery training at King Edward VIII Hospital, Durban. Mrs. Dlodlu's post graduate work included:

Public Health Nursing in the Republic of South Africa

Food and Applied Nutrition in Israel.

In Swaziland she has served in many capacities and many areas. Beginning at Mhlosheni Clinic she later moved into government service where she served as Sister in Hlatikulu Hospital.

Matron Dlodlu is best known for her work in the public health programme of the nation. In 1961 she joined the team which made the nutritional survey of Swaziland; then in 1963 she headed the Public Health Pilot Projection in Swaziland. The rapid growth and success of the Public Health Programme in Swaziland can be attributed to Mrs. Dlodlu's untiring efforts. She was promoted to Matron of the Public Health Nursing Unit in 1965 and served in that capacity until 1973, then was transferred to the Mbabane Government Hospital where she served as Grade II Matron. She was also a member of the first Nursing Council of Swaziland and was appointed to the sub-committee to set up the rules and regulations.

Twice nominated by Government to attend nutrition conferences in East Africa (Kenya).

ANNE C.T. MABUZA

Anne C.T. Mabuza was educated in the Republic of South Africa and trained as a medical and surgical nurse and midwife at King Edward VIII Hospital, Durban. She took courses in Ward and Hospital Administration at the Royal College of Nursing in London. Here she also took the Nursing Council Examiners course at the Nursing Council for England and Wales and for six weeks studied tropical nutrition at the London University. These adequately prepared her for the role she was to play in nursing education.

While attending courses overseas, Mrs. Mabuza had the privilege of attending a number of very special events. These included a garden party at Buckingham Palace, a visit to the Social Welfare Institute, a speaking engagement at the British Women's League and a meeting with personnel of the International Council of Nurses in the London office. Through having spoken to the British Women's League, she was instrumental in stimulating action that indirectly resulted in the building of Luyengo College. Her experience with the Social Welfare Institute and International Council of Nurses enabled her to effectively contribute to the formation of the

Mrs. Mabuza served as Sister in the Mbabane, Mankayane, and Hlatikhulu Hospitals and since 1965 has ably filled the post of Matron at both the Mbabane and Hlatikhulu Hospitals.

Her contributions to nursing in Swaziland also included:

Serving as a member of the first Nursing Council for Swaziland

Serving as a member of the Nursing Examination Board for Lesotho, Botswana and Swaziland. Through this board she was chosen to be the Examiner for the nurses in the three countries.

Serving as a member on the sub-committee of the Nursing Council of Swaziland to set up rules and regulations.

In 1974 Anne Mabuza was appointed the second Chief-Nursing Officer of Swaziland.

DAISY BHENGU

Daisy Bhengu, first president of the Swaziland Nursing Associa-

tion, contributed so much to the improvement of nursing techniques and care in her adopted country. She trained at Betania Hospital, Dundee, Natal, and Livingstone Hospital, Port Elizabeth.

Mrs. Bhengu's post graduate work included:

The Ward Sister's Course and Practical Administration at the Royal College of Nursing, London, with practical experience at Queen Elizabeth Hospital, Birmingham, England.

After coming to Swaziland she served as Sister in charge of Mankayane Hospital and Sister in the Mbabane Hospital.

The scope of her invaluable work is given in more detail in the chapter on the Swaziland Nursing Association.

AYLLINE LOBOHLOPE S. DLAMINI

Aylline Dlamini took her general medical and surgical training in Pretoria General Hospital and her midwifery in McCord Zulu Hospital.

Mrs. Dlamini's post graduate work included:

Public Health Nursing in Calcutta, India

Family Planning in Korea

She has served as Staff Nurse in Mbabane Hospital and Clinic Nurse in Swaziland canneries. In 1966 she was promoted to Public Health Sister, and in 1971 to Matron in the Public Health Unit. She has been a valuable member of the Public Health Team of Swaziland and has contributed much to health education in the nation.

PRISCILLA TITIZA MDINISO

Priscilla Titiza Mdiniso left her home in southern Swaziland in 1944 to train as a nurse before state registration was possible in Swaziland. She completed her basic medical and surgical training with distinction at McCord Zulu Hospital in Durban. She also took her midwifery training there.

Mrs. Mdiniso's post graduate work included:

Operating Theatre Technique at Frenchay Hospital, United Kingdom

Nursing Service Administration (hospital) Diploma at the Royal College of Nursing, London.

She served Swaziland as:

Nursing Sister in the Mbabane and Mankayane Hospitals.

Grade II Matron in the Hlatikulu Hospital

Grade I Matron in the Mbabane Hospital

In 1972 Matron Mdiniso was promoted to the post of Chief Nursing Officer of Swaziland. She had the honour of being the first to hold that office.

Other distinctions were: her appointment, in 1972, to serve on the Nurses' Examination Board in Botswana, Lesotho, and in Swaziland; and her nomination by the government to attend a Family Planning Seminar in Washington, D.C. for administrators.

EVA MANZINI MTHETHWA

Eva Mthethwa came to Swaziland from the Eastern Transvaal in 1936 to take her training at Raleigh Fitkin Memorial Hospital. Upon her graduation in 1940 she received a Hospital Certificate and immediately started working as a staff nurse there. In August 1942 she went to Siteki Bible School and completed one year's studies. On her return from Bible School, she continued working as a staff nurse and also supervised the student nurses' home. After her marriage in 1950 she assisted in the Nurses' Training School as Clinical Instructor.

After the Raleigh Fitkin Memorial Hospital became the first in the High Commission Territories to be registered as a training school for medical, surgical and midwifery nurses under the new Nursing Council, Mrs. Mthethwa began special studies to qualify for taking this examination. In 1950 she was the first to successfully pass the Council's examination in medical and surgical nursing. She later took the full course in midwifery and earned her S.C.M. (State Certified Midwife).

In 1952 she was promoted to the post of Sister in Raleigh Fitkin Memorial Hospital; she was the first Swazi nurse to hold a position as sister in a hospital.

In 1964-65 she had a scholarship to take the Ward Administration course in Israel. On her return she was employed by the government at the Hlatikhulu Hospital. In 1968 she was transferred to Nhlanga-

no where she held the post of Senior Sister until her death, December 15, 1970.

Mrs. Mthethwa was ever a loyal member of the Swaziland Nursing Association. In 1967 she was elected by the student nurses to serve on the first Swaziland Nursing Council.

Another important work Mrs. Mthethwa did was to work as co-author with Miss Dorothy Davis to produce the "Nursing Procedure Manual" which has been used by all nurses trained in Swaziland since 1946.

JOYCE VILAKAZI MAMBA

Joyce Mamba first entered Raleigh Fitkin Memorial Hospital as a young patient less than three years old. She was suffering from numerous ill conditions, including malnutrition. Her "witchdoctor" mother, Tibani Dlamini, left her in the hospital to be treated and to be protected from the "demons." The mother never returned to take Joyce home.

Joyce remembers very little of her early years in Chief Mshoshi's home. She lived as other Swazi children lived before the days of child welfare clinics and was sick much of the time. Life really began for her when her health improved and the nurses of the hospital became her mothers. She was sent to primary school from the hospital ward and slept in the ward at night. When she was old enough she was put in the girl's hostel and continued her education at the Nazarene High School.

After graduation Joyce came back to Raleigh Fitkin Memorial Hospital as a student nurse. She and other members of her class were the first to be registered as student nurses under the new High Commission Territories Nursing Council. At the end of four and one-half years Joyce passed her State Board examinations and became a State Registered Nurse. Later she completed her midwifery training in the Nazarene Nursing College.

Her first experience as a staff nurse included nursing in rural clinics, the Leprosy Hospital, and service as Charge Nurse in the R.F.M. Hospital. Sister Mamba joined the staff at the Nursing College in 1952 as a clinical instructor. She also taught Nursing Theory and Nursing Practice in the classroom.

In 1967 Joyce was sent to Denmark for a short post graduate course in Nursing Education. Then in 1972 she studied at the Royal College of Nursing in London and completed the special course for Sister Tutors in developing countries. On her return Sister Mamba and Sister Nester Dlamini were asked to set up the course for "upgrading" enrolled nurses and preparing them for the State Board Examination. In November 1974 eleven of these nurses were successful. Sister Mamba is continuing her work at the Mbabane Government Hospital.

FREDA ZODWA HLATSHWAYO

Freda was born Shabangu in Manzini, Swaziland. After malaria had taken the lives of two members of the family and she could not overcome the complications of the disease, her father brought her to live at the Nazarene Mission where she would be near the hospital and the mission doctor's care.

She graduated from the Nazarene High School in 1950 and in February 1951 she became a member of a class of four who started training at Raleigh Fitkin Memorial Hospital. Freda completed training, passed the state board examination in 1954 and was one of the first state registered nurses. Later she finished her midwifery training at the same college.

Immediately after graduation she served in several rural clinics including Pigg's Peak, Mayiwane, Mliba, Manyeveni, Malindza and Mafutseni. She also worked a short time at the Leprosy Hospital. The experience was excellent preparation for her later assignment as Staff Nurse and Sister in the Raleigh Fitkin Memorial Hospital.

Sister Hlatshwayo will always be remembered for her natural teaching ability, her keen mind, her continuing study, and especially for her spiritual leadership. She taught in the Nazarene Nurses' Training College for fifteen years and had the distinction of having taught more Swazi nurses than any other Swazi teacher.

MICHAELIN THULEDU ZODWA MASIPHA

Michaelin Masipha took her general medical and surgical training in the Non-European Hospital, Johannesburg in 1945 and then stayed on as a staff nurse until 1960. In 1961 she was promoted to the

post of a Sister at Baragwanath Hospital, Johannesburg, and from 1963-65 she served as a Sister in that hospital.

Sister Masipha returned to Swaziland and started working at the Pigg's Peak Hospital. In 1968 she went to Baragwanath Hospital for the Ward Administration and Clinical Teaching course. While taking this course she was promoted to the position of Grade II Matron. On her return she served for a short time at the Mbabane Government Hospital and was later transferred to the Pigg's Peak Hospital.

AMY JOYCE MANTHATA

Amy Joyce Manthata was born at the Endingeni Mission Station, twelve miles from Pigg's Peak and was educated in the elementary school there and later graduated from the Nazarene High School, Manzini. She trained at the Raleigh Fitkin Memorial Hospital where she received her S.R.N. and her S.C.M. She took one training course in Hospital Administration at the Royal College of Nursing in London, England. She was the first National Matron at the Raleigh Fitkin Memorial Hospital.

DOROTHY P. MBELU

Dorothy Mbelu took her general medical and surgical training at the Raleigh Fitkin Memorial Hospital and midwifery training in England. The registration of her general medical and surgical training in England before starting midwifery was a first.

Later she took her Health Visitor's Certificate in Scotland and certificates in Nutrition in England and in Ibadan, Nigeria.

Mrs. Mbelu served as Staff Nurse in the Raleigh Fitkin Memorial Hospital, the Mbabane Government Hospital and the Gulson Road Hospital in Coventry, England.

She joined the Public Health Unit in 1968 where she made a valuable contribution in health education and preventive medicine in Swaziland.

ELIZABETH MTHETHWA, M.B.E.

Elizabeth Mthethwa trained at Mahamba Methodist Hospital in 1934 and served at Siteki Nazarene Clinic for several years before going to McCord Zulu Hospital where she completed her midwifery training.

Sister Mthethwa was promoted to the position of Matron of Mankayane Government Hospital in 1964 where she served until her retirement in 1971.

She was awarded the M.B.E. (Honorary Member of British Empire) in the Queen's Birthday honours of 1969 for meritorious service in nursing.

ELLEN MAGONGO

Born and educated in northern Swaziland, Ellen left Swaziland for nurses training at Ethel Lucas Memorial Hospital in the Eastern Transvaal. She returned to Swaziland for further training, and received her S.R.N. and S.C.M. from the Nazarene Nurses' Training College. Her years of experience as staff nurse and sister at Raleigh Fitkin Memorial Hospital, her leadership qualities and initiative led to the opportunity of further study. Ellen was the second sister from Raleigh Fitkin Memorial Hospital chosen to take the special Sister Tutor's course at the Royal College of Nursing in London, which she completed in 1975.

BEAUTY PHAKATHI MAKHUBELA

Beauty was born in southern Swaziland and received her secondary education at Franson Christian High School, Mhlosheni. She trained at Raleigh Fitkin Memorial Hospital and received her S.R.N. and S.C.M. Her ability as a staff nurse gave evidence of her teaching ability. In 1971 she began teaching in the Nazarene Nurses' Training College. In 1973 she studied at the Royal College of Nursing in London and completed the special course for Sister Tutors in developing countries. She was the first from Raleigh Fitkin Memorial Hospital to take the special course.

MISS SHEILA McCORKINDALE

Miss McCorkindale was born in Swaziland. After receiving her basic education, she went to Kimberley for Nurses' Training. Carnarvon Hospital in Kimberley is one of the first hospitals to train nurses in the Northern Cape Province. After completing her Midwifery training in Cape Town, she worked in several hospitals in Johannesburg.

She returned to Swaziland in 1934 where she began her work as a pioneer nurse around Goedgegun, now known as Nhlangano. Her early work was done in the homes of this area. Later, facilities provided proved inadequate for the efficient over-worked nurse. For twenty-two years Miss McCorkindale served the community of Southern Swaziland. She played a very important and vital part in nursing history in the early days.

It is of interest that a number of foreign women from the Republic of South Africa, Britain and North America were involved in the development of nursing in Swaziland; following is a list of some of the most prominent women who contributed greatly to the advancement of nursing:

CHARLOTTE SEARLE

Mrs. Searle has been mentioned previously in connection with her work on the High Commission Territories Nursing Council, and the Nurses' Examination Board of Lesotho, Botswana, and Swaziland. Undoubtedly she contributed more than any other person to the progress of nursing in Swaziland. She did this by serving on numerous boards relating to the training of nurses and by her personal contact with the Swazi nurse. Her participation at the first workshop made an impact that will never be forgotten, and her address given at the graduation in 1971 continues to inspire the nurses of this country.

Besides her guidance and help in developing countries, Professor Charlotte Searle is an outstanding leader in her own country, the Republic of South Africa. She has the distinction of holding the chair of Professor of Nursing at the Pretoria University, was the first nurse to receive her Doctorate in Southern Africa, and is currently president of the South African Nursing Association.

MISS C.A. NOTHARD

Miss Nothard, president of the South African Nursing Council from 1944-1960, will always be remembered for her contribution to

the progress of nursing in the developing countries of Botswana, Lesotho and Swaziland. She was a member of their first Nursing Council and gave valuable direction. Miss Nothard was the Nurse Inspector who recommended the registration of Raleigh Fitkin Hospital as a training hospital.

JANE McLARTY

Miss Jane McLarty, former Matron of Baragwanath Hospital and president of the South African Nursing Association 1944-1946, also served on the High Commission Territories Nursing Council. In this capacity she was able to give valuable guidelines to the training of nurses in Swaziland. The author well remembers her visit of inspection to the Raleigh Fitkin Memorial Hospital which stimulated the inauguration of new and improved methods of training.

DOREEN RADLOFF

Miss Doreen Radloff was actively interested and involved in the Nursing Association of Swaziland from its beginning. She was the organizing Secretary of the South African Nursing Association and has given invaluable help and guidance to the newly organized association in Swaziland. She was one of the speakers at the first national workshop.

MRS. H.R. BRADWELL

Mrs. Bradwell started working at the Mbabane Government Hospital in 1936. She served as Matron of the hospital until 1944 and was the first practical Examiner for the Swazi nurses.

MISS B. BAILEY

Miss Bailey served as Matron of the Mbabane Government Hospital and was Swaziland's representative on the High Commission Territories Nursing Council until 1964. She did the practical examinations for the nurses in Swaziland, Lesotho, and Botswana during this period.

MRS. NEMA HYND

Mrs. Hynd has undoubtedly contributed more than any of the early "lay" missionaries toward nursing in Swaziland. From the

beginning she stood with her husband, Dr. David Hynd, as he pioneered medical missions and nursing education in this developing country. She assisted him in his surgery, gave anaesthetics, took X-rays, and nursed in the small hospital. It was she who did night duty once a month so that the night nurse could have **one** night off. For many years she was the hospital's bookkeeper and dietitian; in fact, there was very little that she did not help with during her service as full time missionary until her retirement in 1961.

LILLIAN COLE SHORT

Mrs. Lillian Cole Short has the honour of being the first recorded full time nurse in Swaziland. She was sent out as a missionary of the Church of the Nazarene in 1916.

Lillian Cole's basic training was taken at Boston City Hospital where she graduated in 1910. She took post graduate work at New York Lying In Hospital, Chicago Lying In and Tanta State Hospital in Boston.

Following nurse's training, she attended Penecostal Collegiate Institute in Providence, Rhode Island. (now Eastern Nazarene College), and later took additional Bible Classes at Bethany, Oklahoma.

In Swaziland she pioneered the medical work and together with Dr. West opened the first Mission Hospital in 1922. After serving nine years in northern Swaziland Lillian Cole returned to the United States in 1925. After returning to the States she married Rev. Short.

Mrs. Lillian Cole Short is presently (1975) living in a Nursing Home in Boise, Idaho. She is mentally alert and looks back with pride to the years she spent in Swaziland.

THE TOUCH OF ONE LIFE

by Hal Bonner

(By permission of the "Herald of Holiness")

In April, 1940, a dedicated young nurse sailed across the war-troubled waters of the Atlantic Ocean to take her place in the missionary ministry of the Church of the Nazarene in Swaziland, South Africa. In January, 1972, she retired, completing 32 years of service to God, the people of Africa, and our church.

Her name is Miss Dorothy Davis, and the record of her life is one of Christian love, professional excellence, and a lifetime of service that will leave its touch upon Swaziland and South Africa for years to come.

Among the many tributes paid at her retirement ceremonies was one which proclaimed her "Mother of the Swazi Nurses." It is an accurate one, for the heart of Miss Davis' ministry has been the training of nurses, competent in skill and Christian in commitment.

When Miss Davis first arrived in Swaziland, she was stationed at the Endingeni Health Centre, where she gained experience in running that rural clinic. A year later she transferred to the Raleigh Fitkin Memorial Hospital at Manzini, where she was sister-in-charge of wards, and where she began teaching in the Nazarene Nursing College.

When her first furlough came in 1948, she went to the University of London and received her Sister Tutor's Diploma from the Royal College of Nursing, graduating with honours. Upon return to Swaziland in 1950, she became the director of our Nazarene Nursing College at Manzini, building and shaping the character of Swaziland's only nursing college. When retirement came in January, more than 350 state registered nurses had completed training and gone out to take their places in Swaziland and the surrounding nations.

On June 11, 1966, the outstanding accomplishment of Miss Davis and the Nazarene Nursing College was recognized in public ceremony when Her Majesty Queen Elizabeth of England awarded her the

Member of the British Empire Medal, a tribute to long and devoted service to Swaziland.

Dorothy Davis was born in Hugo, Colorado, one of three daughters in the family of Mr. and Mrs. Herschel Davis. Her first contact with the Church of the Nazarene came at Yuma, Colorado, when she was a young girl.

When Dorothy was 10, her family moved to Whittier, California. Two years later at revival services at the Whittier Church of the Nazarene she knelt with her mother and father at the altar, receiving Christ as her Saviour. At the age of 14 she sensed the total claim of Christ upon her life and yielded herself to His sanctifying Spirit. She and her family joined the First Church of the Nazarene of Alhambra, California. Not long after, the call of God to full-time Christian missionary service came as she read in her devotions Psalms 2:8. "Ask of me, and I shall give thee the heathen for thine inheritance, and the uttermost parts of the earth for thy possession."

The preparation for fulfilling that call took her first to Pasadena College, where she received her A.B. in 1934. She then went to Northwest Nazarene College and Samaritan Hospital, where she received her bachelor of science in nursing and her R.N. in 1938. She was granted a district minister's license before going to Africa and was ordained as a minister of the gospel in 1948 by General Superintendent H.V. Miller.

The tributes paid to Dorothy Davis by others reveal the scope of her service. Dr. Samuel Hynd, medical superintendent of our Fitkin Memorial Hospital, said, "In an area where things really count—that of spirit and attitude in her work—Miss Davis will not be easy to replace. She was dependable, and if she promised to perform some duty or task, you could be sure it was done and done well. That she maintained contact with God, whom she served, was never in doubt. This spilled over into all she did and everything that came her way, whether on duty in the hospital, teaching in the Nursing College, or holding a church service under a tree somewhere in Swaziland. Her concern and compassionate spirit towards everyone around her made one realize that she truly had received something of the spirit of her Master — the Lord Jesus Christ."

Dr. D.G. Standing, the director of medical services in Botswana, and the chairman of the Examination Board of Botswana, Lesotho, and Swaziland, commented: "There are very few people about whom one can say that they have accomplished all that they were meant to do; there are far fewer who accomplish much more than they expected to, and she is one of these. She has really done her work to the best of her magnificent ability."

Warm appreciation for Miss Davis was also expressed by Dr. Charlotte Searle, outstanding educator and professor of nursing at Pretoria University, who stated publicly: "The thing that struck me most is the shining example you have set to all of us, us South Africans. You have shown us what it means to be a professional nurse, what it means to be a great teacher, what it means to be a servant of the Lord. Professional nursing in southern Africa has been immeasurably enriched by the fact that you have served this country. On behalf of all those who have benefited, on behalf of my colleagues in the nursing profession in southern Africa, we want to say thank you."

And what are the thoughts of Dorothy Davis as she looks back on a life invested for the cause of Christ? She testifies: "I have been especially blessed and privileged in the assignment the church has given me on the mission field. In preaching, I have seen the building of the national church. In teaching, I have seen the growth of the people. And in healing, I have had a part in bringing life and new hope. The preaching, teaching, and healing ministries harmonize so beautifully, and to me it has been following in the footsteps of the Master."

After 32 years her address now is no longer Africa but Casa Robles, the Nazarene missionary center in Temple City, California. What the tomorrows hold at this point is unknown, but her yesterdays have given to the church and to the world a needed touch of healing and an unforgettable example of Christian life and service.

ACKNOWLEDGEMENTS

Very little has been written of any history in Swaziland. Therefore, I have had to depend on fragmentary government and mission reports for much of the material found in this small volume.

Reports included:

The early Colonial Reports, beginning 1908

The annual Medical Reports of the Government Medical Officers

The minutes of the High Commission Territories Nursing Council

The minutes of the Nurses' Examination Board of Botswana, Lesotho and Swaziland

The minutes of the Swaziland Nursing Council

The minutes of the Swaziland Nursing Association

The Swaziland Nursing Journal

The minutes of the annual Council Meetings of the Church of the Nazarene.

Besides facts gathered from the above source, I am also indebted to persons who gave valuable and interesting information in personal interviews. Persons interviewed were:

Dr. and Mrs. David Hynd

Mr. S.B. Williams

Sister Francina Dlamini

Mrs. Mina Masika

Matron Priscilla Mdiniso

Mr. Arthur Dlamini

Mrs. Louise Chapman

Miss Elizabeth Cole

Mrs. Lillian Cole Short (through Mrs. Francis Mangum)

I am also indebted to the staff of the Swaziland Archives who gave me access to early records and pictures.

Lastly, I wish to express my deep appreciation to each member of the High Commission Territories Nursing Council, the Nurses' Examination Board of Botswana, Lesotho and Swaziland; the Swaziland Nursing Council; and all the Nurses of Swaziland as they made Nursing History. It was a great honour to be numbered among them.