

MATRON SYLVIA OINESS

By Paul M. Riley MD:FACS

Matron (same as Nursing Supervisor in U.S.A.), Sylvia Oiness, could be a “holy terror” at times. She was a Missionary Nurse in Charge, at RFM Nazarene Mission Hospital in Swaziland. On 17 April, 1941, her ship, the “Zamzam”, had been shelled, captured, then sunk by the German war ship, Atlantis, off the coast of South America, when she was on her way to Africa. She and over 130 other American Missionaries spent several months as prisoners of the Nazis; even though America was not yet at war with Germany! But Matron was not deterred. She knew it was all part of God’s plan for her. In spite of many further delays, she finally reached Swaziland. She has even written a book about that experience! Her Mission was to HEAL THE SICK AND SPREAD THE GOOD NEWS. She kept copies of her book handy so she could hand them out to patients and other people who needed spiritual help. I cannot remembering her not wearing her white, starched nursing uniform, complete with her white matron’s cap with appropriate black stripes.. Her whole life was a continuous sermon. No task was too big for her. She appeared to be in perpetual motion. She had little sympathy for those who were breaking down under the strain of having to do too many assignments at once. She told them they had to pray more and trust God more. But, these missionaries had found that instead of being praised for doing their main assignment well, they were criticized for the assignments they could not complete or were doing poorly. Still Matron thought she could do all “twenty” of her assignments and would keep volunteering for more duties. She had little sympathy for new missionaries who complained about being overworked. If they had time to complain, then, they had time for yet another assignment! She always answered with; -“But when I was a young Missionary”, then would list about twenty duties she had to do, all at one time, when she first arrived in Swaziland! Several missionaries, felt like they were complete failures, and had to leave in order to preserve their health and sanity! Later they told me that they thought they were expected to accept or even volunteer to do everything that needed to be done. They had thought they could never say “NO”, when they were asked to do the impossible!

Matron was very kind but also very strict with the student nurses and Hospital Workers. Most of her former students became our best nurses who were able to replace their missionary instructors. They had learned to handle many more responsibilities because of Matron’s example. Accompanied by off duty Mission Workers, Matron went out in the Bush on Sundays, held services under trees, and had helped start new Churches, Clinics, and Schools! She had helped the Swaziland Nazarene Medical work, in Swaziland, improve and expand to become the best in the country. When I arrived as a new Missionary Surgeon, in Swaziland, in December, 1968, this lady was already a hardened Veteran who felt that what had been good enough for her and Dr. David Hynd, was good enough for the new Doctors! She had already spent many years in Swaziland. I was told that she had a “built in resistance to change”. She longed for the “good old days”, back when they could do what they thought was best for the Mission, and their Patients, and not have to worry about Lawsuits, Auditors, Government Regulations, and criticism from some of the younger doctors and nurses! She had seen too many new Missionaries come, saying that everything was being done wrong, and then trying to change everything in a very

short time. These individuals refused to be confused by facts, and would not listen to the advice of the older missionaries, then, they would fall “flat on their faces”. Then they would leave the tired Veterans to pick up the pieces.

Matron was very protective of her “boy”, Dr. Samuel Hynd, son of Dr. David Hynd. She had seen him grow up in Swaziland, and had seen him leave for Scotland to get his Medical Degree, and then was thrilled when he returned to help his dad. In her eyes, Dr. Samuel could do no wrong. On Surgery Day (Wednesday) this doctor would often do surgery in Operating Room 2. Matron insisted on being his circulating nurse. The OR Supervisor had already made sure the required instruments had been sterilized and the anesthesia carts in both rooms were supplied with the required drugs and equipment. But as soon as Dr. Samuel appeared, Matron would fly into a frenzy and hover around the doctor like a mother hen. If the doctor asked for an instrument or a drug, she would rush around, pushing everyone else aside, and run into the other operating room, push the one giving anesthesia aside, and rummage through the anesthesia cart looking for the item. Meanwhile, the OR supervisor would tell Dr. Samuel that the instrument was right in front of him. She would also pick up the drug, already in the syringe, from the top of that anesthesia cart and give it to the patient. When the Matron returned to OR 2, exhausted and empty handed, Dr. Samuel would tell her that the deed had already been done. But with his next request, she would rush into OR 1 and make a mess all over again. (“Just like a mother hen, foraging for her chick.”) Her actions were comical, but disruptive. If Dr. Samuel’s treatment of a patient was different than mine, I would be wrong! She told me that Reatha (“Rita”) Dennison, our only nurse anesthetist, who trained at Mayo Clinic, could only give anesthesia for me on Wednesdays. The other doctors, some who only knew how to use open drop ether, had to give the anesthesia on other days. But sometimes they were too busy to help me. The other days of the week, Rita would be busy with “more important” duties, like going to the outdoor market and buying vegetables for the Hospital! Since Rita was a nurse, Matron had complete control of her duties. Rita, giving anesthesia, was low on Matron’s list of priorities. I had no control over what Matron decided for her! Matron also had control over the kitchen and the student nurses’ dormitory, so Rita was also “Dorm Mother” for our student nurses, was in charge of the male surgery ward, and had to also help purchase food for the kitchen! It was my duty to find another doctor to give anesthesia in an emergency. But, first, the other doctor would have to agree to come and help me in the Operating Room!

When we doctors went into our changing room to dress for surgery, we would see “nasty” notes, from Matron. She had also appointed herself “inspector” of our locker room. We were not flushing the toilet properly, were using too much water, not hanging up our clothes properly and making a mess. When she said we were using too much toilet paper, it was just too much. A note then appeared, written anomalously, trying to copy her handwriting. “DOCTORS YOU ARE USING TOO MUCH TOILET PAPER. PLEASE USE BOTH SIDES. Matron then stopped writing any more notes. She must have considered us a “lost cause”.

All of the cement floors of the Hospital and most of the missionary houses had been stained red when they were built. Maintenance only required washing the floors then applying a clear coat of non-slip wax. But Matron insisted that red ochre powder and kerosene be added. (Maybe the kerosene

discouraged a few bugs and also saved money on the wax.) This made the floors slippery. Several people slipped and fell and were hurt! (At least two missionaries broke their wrists) The cleaning ladies liked to apply this mixture with their hands since they were used to applying wet cow manure to their floors at home. So, liberal amounts of the mixture was applied everywhere. Missionary girls were not allowed to wear trousers or Jeans. We were told that, if our girls wore them, we would be asked to leave the mission! So the girl's underclothes, patients' feet, and bedding, were permanently stained with this awful mixture. When I was Hospital Superintendant I banned this mixture. The floors soon were gleaming, easy to clean, and clothes were no longer stained. But Matron would, behind my back, order the red ochre mixture all over again; so, in the long run, I never could win.

At first, Matron was very upset with my surgical care. She thought all surgery should only be done on Wednesdays. If surgery patients came in any other day of the week, they must be kept waiting in the hospital until the next Wednesday. (But, emergency Caesarian sections were done right away.) She would be very upset when I would remove the dressings, the day after surgery, and let the wounds and stitches air dry. She thought that I should apply different substances to the wounds, and the patients should be drinking certain concoctions! Campho-Phenique was the cure-all. Doctor David, on a visit to America, had been so impressed with that aromatic concoction he had heard advertised so often over the radio, that he had persuaded the Manufacturer to teach him how to make it. Camphor, phenol, and other substances had to be heated and mixed carefully at a precise temperature; otherwise there would be a violent explosion. Dan Dlamini, who represented the Swaziland Royal Family and worked in the Pharmacy, was taught how to make the concoction. He heated it on a Primus kerosine stove in a supply room connected to the outpatient area. Once Dan got distracted and the "cauldron" got too hot. (Maybe he should have been stirring it and muttering incantations!) There was a violent explosion that sent a nurse through the glass of a closed window. The nurse sustained a bad cut from the glass. The mixture was used on dressings, on wounds, applied to skin rashes, rubbed over sore joints, used as a mouthwash, nose drops, ear-drops, and gargle, but had numerous other applications. Open brain injuries were packed with gauze soaked in it. I never used it because I was taught Camphor and Phenol do tissue damage and delay wound healing. Because patients thought medicine did not work unless it was pungent, liquid, and bitter, or given by injection, Quinine water was used to dissolve the drugs. The doctor would write: Mist (Latin for Mixture) followed by the symptoms of the patient. Mist Crete (Disrespectfully called "Mist Concrete") was for diarrhea. "Mist Fatigue" was prescribed for a tired overworked, student nurse. I would reply to Matron's suggestions with; "Matron, I am just a simple man; I only know two treatments:- Essence of fresh air and Tincture of cold steel". Finally she agreed that wounds were no longer getting infected and the patients left the Hospital sooner. She finally agreed that I was a good surgeon and the changes I introduced improved patient care. Gradually she let Rita Dennison work for longer times in the Operating Room.. I no longer had to deal with squirming and fighting patients who were being given open drop ether. With Rita, anesthesia was so smooth that it was easy to forget that I was not operating back in the USA.

But Matron had such a big heart. Her intentions were very pure. She would pray first before she dealt with any crisis; then she would be praying out loud while she worked. After doctors and medical care had failed, miracles would happen. Several people told me that when their child died, or was brought in

“dead” to the Emergency room, Matron had such faith in God, that, when she prayed, the child came back to life! A farmer was brought in not breathing. He was having a severe allergic reaction to a penicillin shot he had got from a doctor down town. He was very blue. Matron prayed that God would keep him alive until she found a doctor. The loudspeakers were not working, so she wheeled the patient from ward to ward around the Hospital, praying all the time for God to spare the man’s life. Fortunately, for the patient, the doctor she was seeking had decided to leave the Hospital and go work in his garden! She finally found Dr. Sutherland, on a medical ward, tending to a patient. He rushed the man to the Operating Room where a breathing tube was inserted. Finally, the man was able to breathe on his own. He woke up and shouted: “Where am I?” Matron, who knew of this man and his sinful past, shouted back; “For sure, you are not in heaven!”

Matron’s prayer would calm the fears of patients and control psychotic patients. I soon knew that she was very sincere in everything she did or said. In spite of our disagreements, we respected and listened to each other, and learned from one another. She taught me patience, and that slow progress was much better than no progress at all. I respected her for her wisdom and experience and great concern for everybody. Especially for her faith that could move mountains. Compared to her faith, my faith is still very small. She is a real Saint! Like other Saints, her quirks and “odd” behavior made her even more of a Saint. She has proved that, in spite of our “hang-up’s”, over enthusiasm, wrong ideas, and mistakes, we can still serve God, do His will, and receive His stamp of approval!

IN RETROSPECT, THERE IS NOTHING ABOUT MATRON THAT I WOULD EVER WANT TO CHANGE!

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