

SURGICAL SHOCK:- MY ARRIVAL AND SURGICAL EXPERIENCES IN SWAZILAND  
by Paul M. Riley MD, FACS

“Dr. Riley, we know you are qualified as a surgeon specialist, but we do not need another surgeon here at our Hospital. Three of our older doctors are good surgeons. They have more surgical experience than you have. They have also taught the three younger doctors how to do surgery. We are going to put you in charge of our T.B. patients.”

I was a new Missionary Surgeon sent to work at RFM Hospital in Swaziland by the Church of the Nazarene. My younger brother, Tom, had already been in Swaziland for a year. He was an Educational Missionary living at Endingeni Mission near Pigg’s Peak. I had arrived in Swaziland two weeks earlier in December, 1968. I had just been called before the Mission Executive Committee to get my assignment. I had just been addressed by the Hospital Medical Superintendent!

We had just had another shock the day we arrived in Swaziland. We had been sent the plans of two three bedroom houses several weeks before we left San Pedro. We were told that we could choose either one. But when we arrived we were put in the two bedroom guest cottage. The children’s three beds completely covered the floor space of their bedroom. The two houses had been assigned to other missionaries who would soon be arriving! Our “expensive” furniture and equipment ended up in storage for over three years! (We were told that a house would be built for us in six weeks. But, Alabaster funds promised for the house were spent on other projects! After three years enough surgeon’s fees from private patients had finally been collected to build us a house!) Now the Executive Committee had given me the worst shock of all! I was being asked not to practice my specialty!

For a few years I had corresponded with Dr. Howard Hamlin, a well known Nazarene General Surgeon from Chicago. He had also been a member of the Nazarene Church and Mission Boards. He had spent some time at Raleigh Fitkin Memorial Hospital after he retired from his surgical practice in Chicago. The Hospital is in Swaziland, a small independent country located about 250 miles straight east of Johannesburg. Dr. Hamlin had told me that the Hospital needed four full time surgeons! Many of his cases were more difficult than any he had encountered in Chicago! During my training, and military experience, I had taken extra elective courses in Trauma, Orthopedics, Thoracic, and Plastic Surgery and had passed my American Board of Surgery Exams. I had also worked as an Army Surgeon in a MASH hospital in Viet Nam and later became a Fellow of the American College of Surgeons. Now I was being told that all my surgical training had been in vain. Maybe the doctor expected me to be outraged and demanding. Did he expect me to be arrogant and throw a temper tantrum so he could tell the Board that I was not compatible? (I have seen more temper tantrums from surgeons than I have seen from two year olds!)

Since I had been raised on a Free Methodist Mission Station in the Republic of South Africa and had seen my parents face similar problems, I knew that I had to stand my ground without showing a mean spirit. (Confrontation, without hostility!) I had to keep reminding myself that

my patients always came first! I must not let my ego keep them from getting the best surgical care I could offer!

“Maybe Dr. Hamlin was mistaken”: I replied. “He was touring the States on deputation when I left. He was telling of the desperate need for surgeons at this hospital. He told me that I would be the only surgical specialist of any kind in all of Swaziland. Apparently all of you older doctors have had the necessary surgical training so you don’t need me. Just last week my brother, Tom, and I drove down to visit our boyhood homes in South Africa and see our Free Methodist Friends with whom we had grown up. I also visited a Mission that was looking for a Surgeon. I would be an answer to their prayers! I will call and ask Dr. Phillips, our Mission Director, to release me so I can work for that Mission Hospital in the field where the Lord has called me.” All the members of the Executive Committee were speechless. Some faces became pale, then turned very red as they looked at each other. Finally I was asked to wait outside while they discussed my assignment further.

After what seemed to be a long period of time, I was called back into the Board Room. The Medical Superintendent spoke: “We have decided you can do some surgery after all. But you can only do elective surgery on Wednesdays. And you can only operate on Swazi patients. We have our own “private, paying patients” who will only let us operate on them! You will have to take your turn visiting our clinics. You will also need to take your turn covering the whole Hospital nights and weekends. You can do Emergency Surgery on the Swazis anytime if any of our doctors are available to give anesthesia. But three of our doctors only know how to give open drop ether anesthesia!” “But Dr. Hamlin told me that I would have Rita Denniston to give anesthesia. She is a fully trained Nurse Anesthetist. She was trained at Mayo Clinic. He said at Mayo Clinic she learned to give anesthesia to new born babies as well as to open heart surgery patients! He said she was the very best anesthetist with whom he had ever worked!” I replied.

The Nursing Supervisor (Matron), an older single lady, then spoke up. “You can only have Sr. Denniston on Wednesdays. The rest of the time she is in charge of Male Surgery Ward. Except on Thursdays; that day she goes down to the local outdoor market and buys vegetables and other produce for the Hospital. She can’t speak the language so that takes her all day! She is also house mother in charge of the Student Nurses’ Dormitory so she has to be there at night! She can’t take any night calls! Oh yes, since your wife, Martha, is a nurse, she will be assigned to work twelve hours a day in the hospital. Does she have any preference where she might want to work?”

“Who will care for our three children?” I asked. “Oh we will find you a baby sitter and housekeeper to raise your children. Your wife is expected to work full time, twelve hours a day, as a nurse. The Board is paying a salary for her, as well as for you, so we expect her to work full time!” she replied.

Again, I knew that I had to take a stand. I had seen missionaries get so absorbed in helping needy people that they ignored the needs of their wives and children! Some of these children had developed serious emotional problems! My family must not be harmed by my dedication to my patients! So I said: “I will be working long hours; my three girls will hardly see me. It will

be a great tragedy if they don't have a mother. I will ask the Mission Board to reduce my pay to that of a single missionary so she can be at home with the children." Again there was dead silence and looks of confusion on their faces. Again I was asked to wait outside. Finally I was called back in and told my wife would be able to work at home and be with the kids. Her work would be recording the Outpatient visits and patient admission and discharges every evening in the huge Swaziland Government Ledger Book. This was a job she could do after the children were in bed! Every patient seen at the hospital and our seventeen clinics had to be listed and a diagnosis recorded; otherwise the Subsidy from the Swaziland Government would be in jeopardy. Each of our seventeen clinics would send in their report with the doctor who visited once a month. This had to be a complete report of every delivery and every patient seen. Many patients did not have a diagnosis recorded, so Martha would have to guess at the diagnosis so the Hospital would be paid by the Government.

While I was in medical school, at the University of Illinois in Chicago, I had been contacted by several Missions, but soon became aware most of them wanted me to go as soon as I finished medical school since their need for a doctor was so desperate. Most Missions were very resistant to having specialists. Some told me I would be wasting my time training to be a surgeon as I could be taught surgery in a few easy lessons by the older missionary doctors! I was also told, that, when there was a surgical case, the doctors would take turns doing the surgery and giving the anesthesia. Some would even flip a coin to see who would do the surgery!

Then when I was a General Surgery Resident in Grand Rapids, Michigan, Dr. Coulter, the Nazarene Mission Director, and Dr. Hamlin paid me a visit. Dr. Hamlin had spent time in Swaziland as a short term missionary surgeon. He told me of the need for a General Surgeon Specialist in Swaziland. He kept in touch after that. Later he spent several years at RFM Hospital. He brought with him a lot of surgical instruments and equipment. He had also convinced the Nazarene Mission of the need for a trained Operating Room Supervisor and a Nurse Anesthetist.

My missionary service was delayed by having to serve two years in the US Army. In 1967, while in Viet Nam at the 18<sup>th</sup> MASH Hospital, I applied to the Nazarene Missionary Board. I had left Martha and our three girls in San Pedro, California. Both of us were required to sign the application. Martha borrowed a Church Manual from Peninsula Church of the Nazarene and after reading it through, signed the application. (We had to agree with the Doctrine and Policies of that Church.)

I returned from Viet Nam in February, 1968. I started working at the Kaiser Hospital in Bellflower. That summer, during General Assembly in Kansas City, we were scheduled to be interviewed by the Nazarene Mission Board who were meeting at the same place. We sat for many hours in the hallway waiting to be interviewed. Candidates kept coming, getting called in for their interview, then leaving. Meanwhile, interesting meetings and seminars were going on around us, but all we could do was wait. Finally, late in the afternoon someone told the Board we were still waiting. Dr. Phillips, the Mission Director, was notified about us. He came out and

apologized. They had completely forgotten us. I was beginning to wonder; "Is the Lord trying to tell us we were doing the wrong thing? Or was it just the Devil trying to discourage us?" Finally, Dr Phillips came out again and said; "Some of the Board Members are determined to send you to New Guinea. But don't worry; I will make sure you go to Swaziland. But you must tell them you will go anywhere they send you. They don't want anyone called to a specific Mission Field!"

We were ushered into the Board Room and were seated at one end of the long table next to Dr. Phillips. Dr. Powers sat at the other end of the table. We had hardly been introduced when Dr. Powers asked us if we would go to New Guinea. "Say yes", Dr. Phillips whispered. "Yes, we will go there if that is where the Lord wants us", I replied. "But the Lord has called you to Africa"; my wife, Martha, interjected. "We don't want missionaries with a specific call. We want missionaries that will go wherever the Board wants to send them. Don't you believe the Board's will is the Lord's will?" Dr. Powers retorted. "Say yes," Dr Phillips whispered. I was between a rock and a hard place. I prayed for guidance.

"I hope before you make your decision you will be aware that I grew up on a Free Methodist Mission in South Africa and can speak the Zulu language. It is very similar to the Swazi language. I also hope you know that your Hospital in New Guinea does not need a surgeon;" I replied. "Of course they need a surgeon. They have a new operating room and brand new surgical instruments," Dr. Power's retorted. "Since I would be the only doctor at the Hospital in New Guinea, I could not do any major surgery. There is no one there to give anesthesia. No operating room staff is available. Speaking as an expert, I repeat, you are not ready to perform major surgery in New Guinea! Also while I was in the operating room, I would be losing several children with dehydration. I don't know about your Mission, but I know other Missions that have made big mistakes in their missionary assignments. This has caused lasting damage to their Mission." I told them. Dr. Powers looked shocked; then a faint smile came on his face. Then the other Board Members started smiling and winking at each other. "I think we may have made a mistake or two in the past", someone replied. "We will let you know your assignment. Meanwhile we suggest you join the Nazarene Church. It is one of our requirements!" Dr. Coulter, the former Mission Director, then spoke up telling the rest of the Board that he recalled meeting us in Grand Rapids and remembered some of the stories I told him about feeling called to serve in South Africa.

We returned to San Pedro, California. We joined the Peninsula Church of the Nazarene. We signed the missionary contract and returned it. We were to go to Swaziland. I continued working at Kaiser Hospital in Bellflower while preparing to leave at the end of 1968.

Months previously, we had written the Hospital Superintendent at RFM Hospital. He told us to bring several rooms of furniture and all our appliances. Then some other missionaries asked us to bring them furniture. We were also told to bring a car. Then churches and individuals started unloading barrels of used clothing and other items on our lawn to be shipped to Swaziland with our things. "We have been told this is the cheapest way to send things to Swaziland;" we were told. A number of surgical supplies and instruments from area hospitals were donated. We were told that shipping would cost less than ten cents a pound and that the Nazarene Mission would pay to send it. Imagine our shock when a few weeks after we arrived in Swaziland the

Board presented us with a bill for over six thousand dollars! The shipping had cost almost a dollar a pound. Much of the “used clothing” could only be used as rags (costing us a dollar a pound!)

We also were surprised to find out that many of the other things we were told to buy and bring with us were readily available in Swaziland or in the Republic of South Africa. We also found that the Mission supplied furniture and 220 volt appliances for the missionaries free of charge! We had to buy transformers for all our appliances. The American appliances ran slower on the 50 cycle current. They also burnt out if we used the transformers we brought from America. We had to have more transformers custom made in Johannesburg to reduce voltage from 240 volts to 105 volts. Fortunately we did not bring our 1962 Rambler. I didn't want to drive it on the left side of the road! The steering wheel was on the wrong side! Its aluminum engine would have soon given out on those dusty roads!

The week before the movers came to our house in San Pedro to ship our goods to Swaziland, we were told that someone had paid for us to go to Laymen's Retreat at Big Bear. Being new Nazarenes, we had known nothing about the Retreat. We called Martha's parents in Mesa, Arizona, and arranged to meet them in Blythe so they could keep our three girls age 6, 5, and 2 years, so we could attend the Retreat, then pack and ship our goods to Swaziland. From Blythe we headed for Big Bear. Along the way Martha looked in the trunk of our car and found her suitcase was missing. It had gone to Mesa with the children's suitcases! We had to stop at J.C. Penney's to buy her some essential clothes and toilet items for the retreat. She didn't replace her bath robe because we had been assured that we would be in the Motel and would have a room to ourselves!

Big surprise! When we were taken to our room, there were Bob and Thelma Kerrell from our Peninsula Church. All four of us had been assigned to the same room with just one double bed! We went to the office and found that someone had made a mistake. Several rooms were double-booked! When we found out that Howard Hamlin would be the speaker we were determined to stay. Thelma was very resourceful. We helped her and Bob put the mattress on the floor on one side of the room and the box springs on the other. The Hollywood bed frame was stood on end in the middle of the room and covered with a sheet to act as a screen so we could have some privacy. The Kerrells insisted that we sleep on the mattress. They slept on the box springs. We quickly got acquainted with Bob and Thelma. They were real Saints and prayed for us while we were in Swaziland. During our very short furloughs they took our children to Disneyland and Knott's Berry Farm several times.

We were wondering about the Nazarene Church because of the mix-ups and unexpected problems we had encountered. Was the Lord trying to tell us something? We had just walked out of our motel room door when a lady walked by. She stopped to get acquainted since she had never met us. She was surprised when she found out that we were Nazarene Missionaries and were leaving for Swaziland the next week. She was also surprised that no one had told us that we should have been doing Deputation Work raising money for a car and equipment on the Mission Field. She was also surprised that we hadn't heard about “Box Work”. She was

Thelma Hull, wife of Nicholas Hull, Nazarene Superintendant for all of Southern California. She was upset that they were not notified about the new missionaries from their District.

At the start of the first session of the Laymens' Retreat, Sr. Hull suddenly got up and introduced us; then told the audience that we needed deputation funds. In spite of the rules to the contrary, money was raised for a car and other expenses! Everyone was shouting and praising the Lord. We were re-assured that we were in the center of God's will! We spoke to Howard and Maxine Hamlin several times while we were at the Retreat. They told us more of their experiences in Swaziland and gave us helpful information and instructions. We also met David and Geneva Barton who had worked for a year at RFM Hospital. Later we saw them again when they returned to serve at the Nazarene Hospital at Acornhoek in South Africa. Years later, after I left the Mission, I joined Dr. Barton's Surgical Group in Riverside, California.

Back in Swaziland, after the experience with the Executive Committee, I was tempted to call Dr. Phillips and Dr. Hamlin and complain about the older missionaries who were giving me a hard time. But I remembered that new Free Methodist Missionaries were not able to vote on Mission Matters for the first year. They were told to keep their eyes and ears open and their mouths shut and carefully listen to both sides of any debate. They were told they also needed to learn the local language and culture before making any final judgments about the Missionaries and their Policies. I felt I should do the same. Every new missionary should have to prove himself before being fully accepted by the missionaries and the local people! When I was a child, foreign Church leaders and Politicians were sailing to South Africa. They would tour the country for two weeks, always staying on the beaten paths. Many had pre-conceived opinions before they came and refused to be confused by facts! Then they would return to Europe or America and write a book they thought would solve all of Africa's problems!

After assessing the number of surgery patients coming to the Hospital, and knowing I would soon be getting surgical referrals from local private practitioners and even other Hospitals, I determined that I had to do scheduled surgery at least three days a week. I hoped to do elective surgery Mondays, Wednesdays, and Fridays. Then I could see outpatient surgical patients and do consults on Tuesdays and Thursdays. But I knew that I had to introduce changes very slowly! Otherwise the Matron and older doctors would oppose me and say my proposals were impossible!

I soon found out that I didn't have to fight my battles alone. I had some secret allies. The OR supervisor, Leona Youngblood, told me that some of the older missionaries had a built in resistance to change. She said that she and her surgical staff would be much happier if some of the elective surgery was done on other days of the week, not just on Wednesday. She was a remarkable "older" missionary. While working alone on an isolated Mission Station in Mozambique trying to fight off attacks of Malaria, she developed a bleeding duodenal ulcer. The bleeding continued, so she jumped into her Land Rover and drove almost non-stop several hundred miles to Manzini, Swaziland. She arrived at the Hospital very pale, feeling more dead than alive. Fortunately Dr. Hamlin was on duty. He started giving her blood, then operated on her, stopped the bleeding, and saved her life. While recovering in the USA, she trained to be an

Operating Room Supervisor. She wanted to continue working as a missionary. Since she couldn't continue working in Mozambique, she found a new assignment she could handle; being OR Supervisor at RFM Hospital! She then started training Swazi Nurses to replace her when she retired.

When I first arrived, sometimes all the doctors and nurses were busy in Surgery all day and all night on Wednesdays. Some of the scheduled surgery would have to be postponed to the next Wednesday because everyone was so tired! The regular OR Staff were worried that equipment wasn't being adequately sterilized. Nurses from other areas in the hospital were expected to help out in Surgery; then had to work the next day without getting any sleep! Sr. Youngblood told me, that, If I could do some of the surgery on other days of the week it would relieve some of the pressure on Wednesdays. Dr. Ramsey and Dr. Sutherland informed me they would be willing to give anesthesia for me whenever they could. They also said they would help me with my non-surgical duties if I cared for their surgery cases! When I worked in the outpatient department somehow I just saw surgical patients. Mildred Dlamini, the nurse in charge, was secretly sorting out the patients who might need surgery. Some of the other doctors were also secretly sending me referrals. Sr. Denniston then told me that she could slip away from the Male Surgery Ward for an hour or two on Mondays and Fridays. This way she could help teach the student nurses working with her to be in charge of Male Surgery Ward. The students could come to the operating room area and talk to Sr. Denniston between cases if they had any problems they could not solve.

The first day I made surgery rounds, I found that both surgical wards were crammed with patients. Some surgical patients had to be admitted to the medical wards, and even to Maternity Ward! There were a lot of surgical complications! Some fractures were infected. A man had blown off the right side of his lower jaw with a shotgun and had been in the hospital for three months. The doctor caring for him was excited because the wound was getting smaller! But really the scar tissue had pulled his chin up to his right ear. The TM joint had dislocated! I had to take him to surgery and cut out all the scar tissue, line up the upper and lower jaw on the left side and wire his teeth together. Then a pedicle flap was used to replace the missing soft tissue. Later one of his ribs was used to replace the section of jawbone!

The night of the first day I was on duty, the doctor at the Good Shepherd Hospital in Siteki sent in a man with diagnosis of "ruptured appendix". His abdomen was distended and tender. Fortunately Sr. Denniston came in even though she was not on duty. When I made a small incision, bloody fluid and bile poured out onto the floor then out came about twenty feet of tapeworms! When I opened his abdomen wider there were many tumors of the colon with many ragged holes in the colon. I called in Dr. Stark. He had never seen such a case. I removed half the colon. I thought the condition had to be an amoebic infection so treated him as such. Finally I found an old surgical textbook describing multiple amoebomas of the colon with perforations! These tumors looked just like colon cancers but were softer! The patient recovered after having two more surgical procedures plus two courses of Flagyl and Emetine.

The next night I was called to care for two men who had been stabbed with an assegai- a broad bladed spear. They had been waiting at the bus stop when a lady walked up carrying a suitcase. The lady was running away from a drunk, abusive husband! A few minutes later, her husband emerged from the bush with his spear. He assumed his wife was escaping with two lovers. The first man put up his left arm to defend himself the spear went through his wrist cutting all the tendons and nerves then penetrated his neck. His trachea and esophagus were both sliced in two! The major blood vessels were not damaged. The second man was stabbed in the left upper abdomen. He came in with his insides hanging out! Both patients were taken to surgery. The first one had his trachea and esophagus sewn back together. Then a tracheotomy was done. I then rushed into the next operating room. The second patient's abdomen was opened. Two large holes in the stomach were repaired and the upper part of the left kidney was removed. I then felt a strange object near the kidney. It appeared to be a piece of cloth. I then realized the spear had gone completely through the abdomen. I was pulling on the draw sheet. The patient was turned on his right side and the wound in his flank was repaired. Then I went back to the first patient and spent over two hours repairing all the tendons and the two nerves in his wrist! Almost every night I was called out for major trauma and complicated surgical problems. When they were on duty, some of the other doctors would do the C-section and ectopic pregnancies without having to call me. Eventually the doctors who had not wanted me to do surgery were just as quick to call me to care for their surgical patients!

On the weekends when I was covering the whole Hospital I would find surgical patients on the medical wards. There were bowel obstructions being treated for "gastroenteritis", and several other cases that I would transfer to the surgery wards.

When I would come home late in the evening, I would help Martha in her "office"; our double bed. The huge ledger was spread out in the middle of the bed and stacks of charts and cards were piled around it. One pile of charts was those that were illegible. The other was charts without a diagnosis. She had already written the names, ages and gender in the ledger. I would help her decipher the handwriting and guess at a diagnosis. Then the bed was cleared for me to sleep. Our three girls were already fast asleep. Usually I would leave for work before they woke up in the morning. I would carry the pile of charts and cards to the Hospital and gave them to the Outpatient nurse to be placed back in the filing cabinets. The next evening two student nurses would bring the next pile of charts to our house so they could be recorded! Martha also worked in the storeroom. She recorded the items sent from America and England. Then she wrote thank you notes to the donors along with accounts of the work of missionaries from the churches that sent the packages. Every Monday ladies from down town brought their sewing machines to our house. They would sit around our long, extended, dining room table. They would sew linens, drapes and make surgical masks and caps for the Hospital. People were amused when they found out that our surgical masks were made out of cloth baby diapers! Martha learned how to make proper English tea for her helpers. She also taught Sunday School and Bible Studies and helped start the English speaking Nazarene Church. Finally the Living Waters Church was built.

Dr. Evelyn Ramsey felt the Lord calling her to New Guinea. All along Dr. Phillips had planned to

send her there instead of me! Being diplomatic he let the other Mission Board members express their own views and listened to their opinions. He, however, followed the advice of experts like Dr. Hamlin! But Dr. Ramsey had plantar fibromatosis on the soles of both feet which would keep her from going to New Guinea where she would be walking the steep trails. (The condition is known as Dupuytren's contracture.) She insisted I excise the thickened fibrous tissue on the soles of both feet under local anesthesia so she could watch the surgery! While recovering she would give anesthesia for me since that did not require much walking. Her foot surgery was an amazing success. She was transferred to New Guinea and had no trouble walking those steep mountain trails. From New Guinea she wrote me that one of the doctors had started doing major surgery but he had been persuaded to stop because his first two patients died. His life was in danger because the non-Christian relatives of the patients believed in "payback." Even if a person was killed accidentally, the relatives sought revenge against the killer and his family! The Hospital had an arrangement with the Australian Government to air lift their surgical patients to Australia for free surgery! This policy was resumed. How glad I am I did not go to New Guinea. I can picture angry relatives of a patient surrounding my home armed with clubs, machetes, and bows and arrows wanting "payback". While working at Kudjip Nazarene Hospital in New Guinea, Dr. Ramsey compiled a Pidjin English Dictionary, an amazing achievement! This was a great help to foreigners and different tribes alike. It was impossible to learn all the local languages. Pidjin is the universal language in that country where there are numerous tribes and languages.

On Mondays I found that usually there were urgent surgical cases that had been admitted over the weekends. These kept me busy on Mondays. When the Chief Matron saw that surgery on Wednesday was becoming less hectic she approached me. "Dr. Riley, I think we can arrange for you to have Sr. Denniston give anesthesia all day on Mondays. Soon Mondays were as busy as Wednesday! No longer did we have to bring extra nurses into the Operating Area that day. The other doctors could cover their own assignments without having to work in the Operating Room on Wednesdays.

I started doing more and more elective surgery on Fridays. Soon we were operating all day on Mondays, Wednesdays and Fridays. Then the three older doctors started referring their "Private Patients" to me and doing less and less of their own surgery. They were having too many surgical complications! They seemed surprised that major surgery could be done without any major post-operative complications! Soon there were always empty beds on the Surgical Wards because Surgery was done without unnecessary delay. The patients were going home much sooner! Visiting surgeons were amazed at our low rate of surgical complications. We often operated every day of the week! I even did surgery on our doctors and their families. Missionaries from other Churches were also coming to our Hospital for Surgery. They could have gone to very modern Hospitals in South Africa and been operated on by better known surgeons! But, hey told me, that they preferred to be "opened with prayer" at our hospital!

If I did not take regular vacations, I would start experiencing severe fatigue. I would have to sleep every chance I could. But I could not stay at home or even in Swaziland for any vacation time because people would find me and insist that I take care of them or their relatives. I would

contract any infectious diseases in our area. I had a severe case of mumps, then got mumps encephalitis. Every little noise sounded shattering! Still a private practitioner from the town wanted to bring his patients into my bedroom for my opinion. Martha had to be my body guard! I even came down with Mononucleosis. I had the worst sore throat possible with it.

When we would leave the country we would stay with missionary friends in South Africa. Our funds were very limited! I would also visit other Mission Hospitals. I found it very relaxing to see their surgical patients and even help the doctors operate on them. But I also felt guilty since I could be almost sure that Swazi patients would suffer because of my absence. Once while I was gone, the husband of a lady that worked on the Mission Station was stabbed in the chest and abdomen. The "surgeon" who had told me I was not needed, did not do a complete abdominal exploration. He missed two holes in the stomach and one in the spleen. A teenager was shot in the abdomen by his father in a hunting accident. The operating doctor sewed up holes in the upper small bowel but didn't look at the lower part of it. The boy died because there was a hole in the lower small bowel. The father was so distraught that he attempted suicide! There were other deaths due to missed perforations of the bowel and botched operations! I had to do the autopsies on these cases and then testify against my colleagues in court. The defense attorney would ask why these doctors didn't follow basic medical school classes that taught them to explore every square inch of the bowel! It was sometimes assumed that I had done the surgery on these "disasters", or at least, should have taught my colleagues to do better. But these doctors refused to admit their mistakes. They also refused to listen to any of my advice. In surgery, a little knowledge is very dangerous! Usually the murderer would get a very light sentence because the victim's death should have been prevented. The defense would also say the doctor was also guilty because he did not follow what he was taught in medical school. Of course I would feel guilty because I had not been there to operate on the patient!

After I was at the hospital a short time a Pharmacist, then a Lab-technician, then a X-ray-technician came. A portable X-ray machine was obtained. Using the Bell Orthopedic table, brought several years earlier by Dr. Hamlin, I was able to reduce and fix hip fractures and have X-rays taken in the operating room. Instead of using bedrest and traction for femur fractures these were nailed with K-nails and patients were able to leave on crutches in just a few days.

We began to operate on more and more complicated cases. Complicated child-birth fistulae were successfully repaired. Several stab wounds of the heart survived after being rushed to surgery. Some cancerous right lobes of the liver were removed. Noses that had been bitten off were repaired with two stage scalp flaps. A twelve year old girl had a double cleft lip repaired. The upper lip healed beautifully. She became very outgoing had a complete change of her personality! The patient had been too embarrassed to let me take any pre-op pictures. I still have post-op pictures but few will believe that she ever had a Hare Lip!

A highlight of my surgical experience was one evening when my sister-in law Faye Riley, the Night Nursing Supervisor, was on duty in the emergency room. A seventeen year old boy came in with no blood pressure. He had been stabbed in the chest. When she called me she told me the patient had a stab wound of the heart. I told her to call in the surgery crew and take the

patient straight to surgery where I met them. The surgery crew then arrived few seconds after the anesthetist and I came. It was quite a sight seeing the girls rushing down the hall towards us. They were already stripped down to their underwear before they got to their changing room. Because the Swazi people are very easy-going some people assumed that they are incapable of reacting quickly in an emergency. This surgery crew proved them wrong! Only one of them was a Registered nurse. My scrub nurse, the circulating nurse and two assistants were student nurses! We quickly turned our backs so as not to embarrass these girls. Blood was started while the patient's chest was being opened. I was able to repair a large wound on the front of the heart. But bleeding continued when I eased pressure on the front of the heart. I then found that the knife had gone clean through the heart. I had to twist the heart 180 degrees to repair the hole in the back of the heart. Every time I twisted the heart it would stop beating. Just as I had repaired the second hole Dr. Howard Hamlin walked into the operating room. He had stopped by to visit the Mission. He was working at our Acornhoek Hospital in South Africa. Someone told him about the patient so he had come to see for himself. I showed him the two holes in the heart that I had repaired. As I was closing the chest the patient had a normal blood pressure. Dr. Hamlin was amazed at the surgery. He told several people that he had never been able to get such patients to the operating room in time. He said that I, his replacement at RFM Hospital had passed the test. He made rounds with me the next day. Fortunately my heart patient was sitting up in bed and smiling! Dr. Hamlin was also impressed with the patients who had K-nail fixation of femoral fractures. He had no experience with this procedure. He only used Rush Pins which didn't stabilize the fractures very well and patients had to stay longer in the hospital.

Other unique surgeries were done. Siphon, a baby boy, was born with a meningo-myelocoele on the back as big as his head. It was as big as his head. He was taken straight to surgery. I held him in my arms while Sr. Denniston put him to sleep with ether, then intubated his windpipe. The huge cyst filled with spinal fluid was excised and the hole in the dura mater and skull were patched. The baby grew up with no complications.

Loretta Bhila, an eighteen month girl had a large abdominal tumor. She had seen a few surgeons from South Africa. They all said the tumor was inoperable. When I saw her the tumor filled her abdomen. It was bigger than her head! This tumor had destroyed her right kidney. It was successfully removed along with the right kidney, but it had already spread to the lymph nodes around her aorta and into her chest. It was a neuroblastoma. She returned when she was three years old. The remaining tumor masses had disappeared! A small percentage of neuroblastomas are known to undergo spontaneous regression!

One of our preacher's daughter had a baby born with a third leg attached at the groin. The baby was quickly taken to surgery. I had just bought a cautery machine with micro bipolar forceps. Using six power magnifying glasses I had obtained while on furlough, I was able to find the nerves and blood vessels going to that leg. The extra leg was removed without damaging the normal legs. Tiny blood vessels and nerves were sealed off with the cautery so hardly a drop of blood was lost. The baby was walking in a year and grew up quite normal.

After Rita Denniston left, two more Nurse anesthetists came. They again showed the advantage of nurse anesthetists. Later Dr. Keith Vennum, an anesthesiologist from Florida, came and trained Swazi nurse anesthetists, not only for our hospital, but for the Government Hospitals as well as the Catholic Hospital at Siteki. One of our Swazi nurses who was trained by Dr. Vennum was the one who was the OR supervisor the night I successfully repaired the two holes in the heart. We always chose the more experienced nurses to be trained by Dr. Vennum. They learned much quicker than the younger less experienced nurses! One of these nurses was always available to give anesthesia for my patients. We were able to persuade the Government to approve the use of Nurse Anesthetists. A Registry was started for them. Dr. Leitch, an Orthopedic surgeon, and a Urologist. both from Johannesburg, operated a few times at RFM Hospital. They were very impressed by the smooth anesthesia given by our nurses. They said our Nurses were much better than the GP doctors who gave anesthesia for them in the smaller Hospitals in South Africa. They were going to try to persuade South Africa to use Nurse Anesthetists. In South Africa major Surgery could not be done unless a doctor was the assistant and a doctor was giving anesthesia. Nurse Anesthetists were not permitted.

Accidents and assaults kept me very busy. Overloaded buses would lose their brakes and plunge down ravines scattering passengers over the rocks and hillside. Industrial accidents were unbelievable. One man was almost sawn in half. Two others fell into giant crushers one for pineapples, the other for sugar cane. Two people had severe crocodile bites! A drunk sixteen year old boy had both legs and an arm severed by a train. Three patients came in at once with ruptured spleens. I took the worse-off one to surgery first. He died on the operating table. He used up all the blood so none was available for the other two patients! While we were trying to save him, the other two became unstable and died. I quickly learned that I had to take the most stable patient first to surgery since no other surgeon was available and our resources were limited.

One day I realized that even though I was doing more and more surgery, the Surgical Wards were never full. Nobody had to wait more than one day for elective surgery! Emergency surgery was done immediately! Complications were few, so there were few unexpected repeat operations! Some nights I did not get a single call about my patients. Working hard to reduce the huge backlog of surgical patients had paid off!

The most common surgery done on men was fixing fractures from car accidents. Swaziland had the highest incidence of motor vehicle accidents in the world, mostly due to drunk driving. I had to fix caved in skulls from assault with "knobkerries", heavy ironwood sticks with large knobs at one end! I also treated many stab wounds. Industrial injuries from heavy equipment were rampant. Safety standards were few!

Among women, there were complications of pregnancy and childbirth, birth injuries, ectopic pregnancies, ruptured uterus, retained placenta, and severe eclampsia. The most common major surgery was Caesarian Sections. About five percent of all the deliveries were by C-section. I did over a thousand C-section with two maternal deaths. (One mother had kidney failure from severe eclampsia, the other had severe chronic kidney infection.)

Early one Wednesday morning six patients came in all at once. All six needed emergency C-sections. I had to choose which one was the most urgent. The other five were given Ventolin Asthma Inhalers. Puffing on these slowed their labor. All six babies were born healthy and the six mothers had a smooth recovery! After doing these six surgeries, I did all the scheduled surgery for that day!

My surgery day would start out fixing clean fractures with plates and screws or intramedullary nails. Then I would do clean abdominal cases like C-sections. Lastly, I would debride dirty wounds and drain abscesses. That way there were very few unexpected wound infections.

I found that several tuberculosis patients had been kept in the TB Hospital because the TB bacteria could not be eradicated. They had persistent lung cavities. Sometimes I was able to remove that part of the lung. Oleat Masuku who had been manager of a large grocery store in Mbabane ended up in the Government Hospital for over a year but her sputum was still positive for TB bacteria. She had a persistent cavity in the right upper lobe of her lung. Breathing tests showed that she would not be able to tolerate lung resection so I removed the top three ribs on her right side which allowed the upper part of the chest to shrink down and completely close the TB cavity in the right upper lobe. (The procedure is called thoracoplasty.) Her sputum became negative for TB bacteria and she returned to work. She was closely related to several government officials. Her former customers and family members wanted to know all about her recovery. I started getting referred more and more TB patients. A few needed removal of an entire lung with the surrounding diseased lining of the chest cavity. In some patients I found a good lung buried under the thick scar tissue. After removal of the scar tissue the lung expanded normally.

Within just a few years the surgical department was functioning smoothly. The older doctors were referring all their surgical cases to me. I even operated on one of them for a bleeding duodenal ulcer. They had seen that good surgery was opening doors that were closed before! The medical doctors were at a disadvantage because the Swazi medicine men were claiming that their medicine was better than ours. I had gained the full support of all the hospital staff. I had made friends of everyone. The Swazi people had seen the difference when they were treated by specialists. Other Mission Hospitals were looking for specialists. When I left Swaziland there were even surgeons available to replace me.

I am so glad that I didn't try to change the hospital practice all at once. Changes were made gradually. It took a little time to change some minds, but minds were changed once the leaders saw that there had been definite improvements in patient care with the new surgical setup. Best of all, I avoided hurting any feelings. In fact, the ones, who initially opposed these changes, acted like making these new changes was their own idea! They probably even believed it!

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