

A Tripartite Frontier: Funding the Church of the Nazarene Medical Mission, 1911- 1939

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Abstract

Framed within the field of social history of medicine, this study explores the Church of the Nazarene medical mission from 1911, when the Nazarene missionaries undertook their first ‘surgical’ service, to 1939 by when the Church of the Nazarene had established a medical unit. The Nazarene Christian missionaries felt they had a health burden to carry in the absence of biomedical facilities for the Swazi. The question of how to fund the Nazarene frontier medical mission brought the church, the state, and the Swazi together. This study discusses the tripartite funding of the Nazarene biomedical mission using information obtained from Church of the Nazarene documents and government annual reports housed in the Swaziland National Archives and traces the nuances of the trajectory of multiple Christian medical mission encounters through the prism of multi- sectoral funding.

Encadrée dans le domaine de l'histoire sociale de la médecine, cette étude explore la trajectoire de l'Église de la mission médicale Nazaréen de 1911, quand les missionnaires nazaréens expérimentés ont entrepris leur première intervention «chirurgicale », jusqu'à 1939, année au cours de laquelle l'Église des Nazaréens a installé une unité médicale. Les missionnaires chrétiens nazaréens estimaient qu'ils avaient un devoir médical à assurer à l'égard des Swazi qui étaient dépourvus de toutes infrastructures biomédicales. La question de savoir comment financer la mission médicale nazaréenne outre-mer a été la principale préoccupation de cette église, de l'État et des Swazi eux-mêmes. La présente étude examine le financement tripartite de la mission biomédicale nazaréenne, en utilisant des sources missionnaires et des rapports annuels officiels disponibles aux Archives nationales du Swaziland. L'importance de cette étude réside dans la capacité des uns et des autres à inventer des initiatives novatrices, incluant une approche multisectorielle dans la recherche du financement de la Mission médicale chrétienne au Swaziland.

Key Words: Swaziland Church of the Nazarene Raleigh Fitkin Memorial Hospital
David Hynd Medical history mission history

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Introduction¹

Though relatively new in Africa's social medicine historiography, the study of medical units and health centres has attracted several scholars. Of particular interest has been the National Services Commission (1942- 1944) in South Africa. Bill Freund's article on Dr Henry Gluckman's National Health Commission highlights the challenges of a curative and preventive inclusive national health system. He argues that the progressive multiracial public health centres proposed during WWII period were thwarted by apartheid policies beginning 1948 (Freund 2012). In a similar vein, Anne Digby argues that the National Health Services Commission was one of the progressive measures adopted by the Smuts government. In her review of the findings of the commission, she differs from Freund in that she argues that the NHSC failed right from its conception because it did not consider political and professional interest groups (see Digby 2012).³ Within the field of the social history of medicine, Glen Ncube's pioneer work on the provision of health centres for Africans in colonial Zimbabwe through a government medical unit bridges the Africanist and Eurocentric approaches to chart what he terms "the middle path" approach to social biomedicine. He takes "the historiography of colonial medicine beyond the polarizing and increasingly unproductive debates that have depicted colonial medicine as either a pernicious sword of empire or a benign force for good."⁴ Similarly, this study takes into consideration multiple voices, but, through the prism of funding, builds on Ncube's findings by focusing on the negotiations and tensions over a Christian medical unit.

This study examines the establishment of a Christian frontier health care project in northern and central Swaziland between 1911 and 1939. Dr David Hynd, who became an administrative medical icon for both the Church of the Nazarene and the colonial state for thirty-four years, constituted the driving force behind the biomedical healthcare project that catered for the Swazi people. During the early years the Swazis provided land for one mission station while the state provided free land grants on crown land for three mission stations and a hospital. The

¹ The paper is drawn from the author's MA Thesis, Ndlangamandla 2014.

³ For reference to other scholars on the National Health Services Commission see Digby, footnote 2 and footnote 4, p. 188.

⁴ Ibid. For more information on revisionist scholars see Ncube, "The Making of Rural Healthcare..."

Church of the Nazarene provided medical personnel and seed money (through the Fitkins, as is explained below), the state provided financial subsidies, while the patients paid medical fees that kept the overhead costs buoyant. Healing was one of the Church of the Nazarene's three pronged mission to evangelize, educate and heal, but the timing of medical provision was precipitated by an incident that forced the Swazi to seek medical attention first, before the Nazarenes had offered their Western biomedicine. Later there were a series of negotiations for land for preaching, education and healing mission stations.

The Formative Years of the Church of the Nazarene Medical Mission, 1911- 1921

Land acquisition for Christian missions was the first priority for the Pentecostal Church of Nazarene. The fact that suitable sites, first for the Pentecostal Church of Nazarene Christian mission stations, and later for their medical mission work, were either on Crown land or Swazi Nation Land (SNL), brought two major players together in the process of acquiring their first resource, land. When the first Nazarene missionaries Harmon and Lula Schmelzenbach arrived in Swaziland in 1910, they learnt that in the north there were no Christian missionaries. Harmon Schmelzenbach was determined to go to Piggs Peak to establish a frontier Pentecostal Church of Nazarene mission station. The challenge was that the Swazi Queen Regent, was not keen to the allocate land to the Pentecostal Church of Nazarene. The process of land acquisition for the Church of the Nazarene in Piggs Peak was not as easy as Schmelzenbach had anticipated. He started to preach among the people before he was granted permission to build mission station (Schmelzenbach III, 1971: 17).

Meanwhile, he made efforts to acquire permanent rights to the land through the colonial government officials but they were unable to secure permission on his behalf from Swazi leaders. Anxious to start his Christian missionary work, Schmelzenbach himself went to negotiate for land with the Queen Regent but to no avail. In fact, Swazi resistance towards Schmelzenbach and his teachings was overtly manifested when the materials for building the church were burnt on two occasions. However, in 1911 the Regent Queen conceded and granted Schmelzenbach land at Endzingeni (northern region) where they built their first Nazarene Mission Station.⁶ From the beginning, healing was one of the Pentecostal Church of the

⁶ Ibid.

Nazarene's interests, but their medical evangelization in Swaziland started off by chance when a Swazi boy, who had been hurt by a bull, was brought to the Schmelzenbachs at the Endzingeni Mission Station for medical treatment. This, now poignant, surgical incident initiated by the Swazi marked the genesis of the Pentecostal Church of the Nazarene medical mission in Swaziland.

The First Government Free Land Grants

After establishing the Nazarene mission station in Endzingeni in 1914, Schmelzenbach made an application to the Assistant Commissioner (AC) of the Peak District to purchase 150 acres of land in Piggs Peak for a Christian mission station and a hospital.⁷ The mere mention of the possibility of establishing a health centre by the Nazarene in the area was of interest to the colonial government officials. Granting the Pentecostal Church of the Nazarene land to build a hospital meant that the burden of providing health care was shared. As a result the AC suggested that the mission be given a hundred acre portion of land.⁸ The Acting RC, Mr Honey, responded positively to the Schmelzenbach's application for land. The AC for Peak District informed the latter:

I am directed to inform you that the Acting Resident Commissioner understood from Mr Schmelzenbach that it would be some time before arrangements were made for establishing a hospital. Mr Honey would have no objection, however, to recommending the grant of a small area now for mission purposes on payment of a nominal sum, and he would be prepared to reserve an adequate area adjoining for a further grant when more land was required for hospital purposes. An area of say ten acres could be granted now, I am to say, and there would be no objection to an adjoining area being utilized in the meantime for planting purposes.⁹

The colonial government was willing to allocate additional land, showing that the hospital was more desirable to the colonial government than preaching the gospel, especially given financial problems during the war-time period. However in April of 1915, the High Commissioner (HC) approved the grant of only ten acres of land for religious purposes to the Pentecostal Church of

⁷ SNA, File 556/16, Alpha Rio Dr F Schmelzenbach to purchase land Peak District, Letter from H.F. Schmelzenbach to the Assistant Commissioner, Peak District, 26 August 1914.

⁸ SNA, File 556/16, Alpha Rio Dr F Schmelzenbach to purchase land Peak District, Letter from the Government Secretary to the Assistant Commissioner, Peak District, 26 September 1914.

⁹ Ibid.

the Nazarene, instead of the 150 acres originally applied for.¹⁰ Nonetheless, ten acres was the first land resource contributed by the government towards the medical mission.

The first major source of financial funding was the Pentecostal Church of Nazarene. The Nazarene missionaries employed the “Dark Continent” discourse to rally financial support from local and overseas donors. The first donor to respond to Schmelzenbach’s plea for medical funding was Mrs. Susan Fitkin (Miller 1993: 72). In 1916 she and her husband wrote to Schmelzenbach explaining that they had lost their ten year old son, Raleigh, who had desired to be a missionary, and they offered to build a hospital in Piggs Peak in his memory. The Fitkins sent money to Schmelzenbach for the building of a stone and corrugated iron room for hospital purposes. In 1917, a two room hospital was built in Piggs Peak. Provision of medical personnel was the responsibility of the Pentecostal Church of Nazarene. The hospital was run by Sister Lilian Cole.¹² The Pentecostal Church of Nazarene established the first hospital that catered for the Swazi in Piggs Peak, while a dispensary was introduced at Endzingeni in 1916.

Initially, government funding came in form of free land grants. In 1917 Schmelzenbach applied for a 25 morgen portion (54.7 acres) of Crown land at Balekane for religious and educational purposes.¹³ The Resident Commissioner (RC) recommended that the land be a free grant because it was for the Pentecostal Church of Nazarene mission. The church was required to pay the survey and all costs connected with the transfer and grant.¹⁴ The RC became interested in funding the activities of the Pentecostal Church of Nazarene because the church had established a medical centre in the northern region, which relieved the government of the responsibility of the provision of medical services for the Swazi. Schmelzenbach made a second application to purchase 200 morgen (437.5 acres) in the same area for the religious and educational purposes. In response, the RC recommended that the mission be given a free grant of 100 (218.8 acres) morgen of Crown land at Balekane and, “in the event of the land being satisfactorily occupied, the RC would be prepared to consider at a later date the sale or free grant of further 100 morgen

¹⁰ SNA, File 556/16, Alpha Rio Dr F Schmelzenbach to purchase land Peak District, Letter from the Government Secretary to the Assistant Commissioner, Peak District, 1 April 1915.

¹³ SNA, File 556/16, Alpha Rio Dr F Schmelzenbach to purchase land Peak District, Letter from the acting Government Secretary to the Assistant Commissioner, Peak District, 31 January 1917.

¹⁴ Ibid.

(218.8 acres) for the same purpose”.¹⁵ In July of 1918, the High Commissioner (HC) approved the grant to the Pentecostal Church of the Nazarene.¹⁶ The Pentecostal Church of the Nazarene was only required to pay the surveyor’s fee, government survey and expropriation charges, as well as stamp charge totalling £17.7.6 which was only a fraction of what would be paid if the land had been purchased from government.¹⁷ The title deed to the 100 morgen portion (218.8 acres) of land was finalized in 1921. Schmelzenbach wrote to the Nazarene Church headquarters in America and requested the services of a medical doctor.

When he saw the need for more land for building a proper hospital, Schmelzenbach applied for a third grant of land for the extension of the Raleigh Fitkin Memorial hospital in 1921.¹⁸ The RC was not willing to consider the grant of forty acres because it was considered too large for the Church of the Nazarene medical mission. Instead he was willing to grant an additional three acres, to the ten acres given in 1915, because he felt it was enough for the building a hospital.¹⁹ It took two years for the HC to approve the Crown Grants of Crown Land Area No. 186 and Crown Land Area No. 2 in favour of the General Board of Foreign Missions of the Church of the Nazarene. Apart from free land, the Church was “exempted from payment of Transfer Duty in terms of Section 3 (a) of Transvaal Ordinance No. 14 of 1905 as of force in Swaziland”.²⁰ Through the HC for South Africa, the colonial government granted six morgen and eight- five square roods portion (13.1 acres) of farm No. 3 on Crown Land Area No. 2 under the Crown Grant No.3/1923 to the Church of the Nazarene in December 1923. The grant stipulated that, the land could not be used except for religious, educational and medical purposes without the consent in writing of the RC for Swaziland.²¹ Over a period of ten years (1914 and 1920) the Church of the Nazarene had established one mission station with a dispensary at

¹⁵ SNA, File 556/16, Alpha Rio Dr F Schmelzenbach to purchase land Peak District, Letter from the acting Assistant Commissioner to Rev. H. Schmelzenbach, 15 June 1917.

¹⁶ SNA, File 556/16, Alpha Rio Dr F Schmelzenbach to purchase land Peak District, Letter from the Government Secretary to the acting Assistant Commissioner, Peak District, 11 July 1918.

¹⁷ Ibid.

¹⁸ SNA, File 556/16, Alpha Rio Dr F Schmelzenbach to purchase land Peak District, Letter from the Assistant Commissioner, Peak District to H.F Schmelzenbach, 25 February 1921.

¹⁹ SNA, File 556/16, Alpha Rio Dr F Schmelzenbach to purchase land Peak District, Letter from the acting Government Secretary to the acting Assistant Commissioner, Peak, 3 March, 1921.

²⁰ SNA, File RCS 31/1914, Rio Schmelzenbach applies to purchase 150 acres of Government Reserve at Peak for mission purposes, Certificate issued by the Treasury, Mbabane to the Receiver of Revenue, 8 January 1923.

²¹ SNA, File RCS 31/1914, Rio Schmelzenbach applies to purchase 150 acres of Government Reserve at Peak for mission purposes, Crown Grant No. 3/1923, 22 December 1923.

Endzingeni on Swazi Nation Land, a small hospital at Piggs Peak on Crown land, and two Christian mission stations with medical dispensaries at Steki and Balekane on Crown land. Dr Charles West, sent by the Council of the Nazarene served at the hospital.

The First Phase of the Raleigh Fitkin Memorial Hospital (RFMH), 1925-1929

Human resource funding proved to be the ground for disputes between for the Nazarene church and the government. The church had to contend with the compartmentalization of biomedical knowledge. The government defined which medical experts they were prepared to sponsor. So Dr West was sent back home by the General Board of Foreign Missions of the Church of the Nazarene in 1924. He could not be registered as a medical doctor in the country because of government regulations which did not recognize his American qualifications (Frame, 1952: 81). In order for the medical work of the Nazarene to continue, a doctor who had studied under the British government was sent to Swaziland in 1925. The call for a ‘proper’ doctor was answered by Dr David Hynd, a Glasgow University graduate. When the government officials heard that a ‘properly’ qualified doctor had arrived, they suggested that, the Piggs Peak hospital should be relocated to Bremersdorp (Manzini).²³ In 1925 the colonial government offered the Nazarene Mission a free grant of a 35 acres portion of land in Bremersdorp to establish a hospital.²⁴ The colonial government had an obligation to provide health care for the Swazi population, which it was failing to fulfil. As a result, the building of a second hospital by the Nazarene was welcomed by the colonial government, hence the award of a free grant of land. The Fitkin family gave a grant of \$10 000 for the establishment of a hospital in honour of their late son Raleigh. The Raleigh Fitkin Memorial Hospital (RFMH) was built in 1925.

In 1927 the Medical Superintendent of the hospital Dr Hynd was joined by three trained European nurses, who met the professional standards of the colonial government, after the opening of the RFMH.²⁵ Their salaries were paid by the Nazarene overseas Mission²⁶ and subsidized by the colonial government.²⁷ In addition to the European nurses, Dr Hynd was

²³ Ibid.

²⁴ SNA, File RCS 36/34, Annual report of work done at Bremersdorp hospital, 1933.

²⁵ SNA, RCS 63/28, Medical Report on RFHM, Yearly report for the running of the RFM Hospital, Bremersdorp, 1927.

²⁶ SNA, RCS 38/33, Annual report of work done at the Bremersdorp Hospital, Annual report for the RFMH, 1932.

²⁷ SNA, Colonial annual report, 1926.

assisted by his wife, who was the secretary, and three Swazi nurses in training during operations.²⁸ The increase in the number of out-patients pointed to Dr Hynd's success "in inducing the natives to overcome their objections to hospital and European medical practice."²⁹ Government subsidization of the Nazarene medical mission started with the establishment of the RFMH. When the hospital was relocated from Piggs Peak to Bremersdorp in 1925, the Nazarene church maintained a government subsidized dispensary in Piggs Peak.³⁰

White medical staff shortages at the RFMH and the government hospitals led to the introduction of the Swazi nurses' training by the RFMH. In 1927 the first Swazi nurse-in-training Kelina Shongwe volunteered to study nursing under Dr Hynd.³¹ She was joined later in the year by two more Swazi nurses-in-training, Keziah Maphanga and Minah Dlamini.³² The training of additional Swazi nurses was hindered by lack of funds as well as the low standard of western education among Swazi. Notwithstanding, the first graduates received their certificates at the Nazarene Nursing College in 1931.³³ The government's medical and education department gave financial assistance to the RFM Hospital to support the training of Swazi nurses, .³⁴ Funds from the Nazarene mission were used in the training of male orderlies in first-aid, hygiene and treatment of common diseases, as well as short courses for young Swazi women and mothers in social hygiene, infant welfare, maternal care and general home-making.³⁵

The foundations of the Nazarene medical mission had been laid but there was need to source for financial resources to cover running costs. When Mrs. Fitkin returned to the United States in 1928 she reported that there were innumerable needs among the Swazi. Dr Hynd rallied financial support from overseas donors to cover running costs. While Susan Fitkin adopted the conventional "biomedicine to reach the soul" discourse, Dr Hynd emphasized the need for the evangelization of the Swazi first for them to realize the benefits of modern medicine.

²⁸ SNA, RCS 63/28, Medical Report on RFHM, Yearly report for the running of the RFM Hospital, 1927.

²⁹ SNA, File No. RCS 63/28, Medical Report on RFHM, Bremersdorp for the period from 1st January to 31st December, Letter from B. Nicholson, Government Secretary, to Dr D. Hynd, January 23rd, 1928.

³⁰ SNA, File RCS 785/33, Transfer of Nazarene Mission from Piggs Peak to Sitegi, Letter from Rev W.C. Esselstyn to the Deputy Assistant Commissioner, Peak District, 30 August 1933.

³¹ Biographical Sketch of Kelina Shongwe (1910-?), Dayhoff's, *African Nazarene Mosaic*, p. 159.

³² Biographical Sketch of Mrs Minah (Dlamini) Masika (1918-1992), in Dayhoff's, *African Nazarene Mosaic*, p.162.

³³ Biographical Sketch of Mrs Minah (Dlamini) Masika (1918-1992), in Dayhoff's, *African Nazarene Mosaic*, p.162.

³⁴ SNA, File RCS 38/38, Annual Report of the work done at Bremersdorp Hospital, Annual Report of Raleigh Fitkin memorial Hospital, Bremersdorp, Swaziland, for the year ending December 31st, 1932.

³⁵ SNA, File RCS 36/34, Annual report of the work done at the Bremersdorp Hospital, 1933.

The Establishment of Medical Outposts

A public health-care system became part of the imperial health care policy during the 1920s. It was in that context that Dr Hynd supported the dispensaries and advocated for the establishment of a well defined medical outposts system.³⁶ At that point in time he envisaged a rural health care system manned by Swazi nurses. He spelt out his medical units' vision:

There are more outlying places I have not been able to visit owing to lack of time. There is a large field for us in the development of this latter branch of medical service. The development of these country centres into medical outposts in charge of native nurses and midwives is one which we hope to see whenever we have sufficient native nurses trained.³⁷

In fact funds were “available for the institution of such services.”³⁸ To buttress his vision for the Church of the Nazarene medical outstations, Dr Hynd cited his monthly and quarterly visits to Stegi and Piggs Peak dispensaries and several outlying places during 1929, where he thought there was a need for biomedical health facilities.

Swazi and European patients contributed towards the Nazarene medical mission costs through hospital fees. As per government regulations, outpatients paid 1/- for consultation, medicine and treatment at the beginning and nothing more was charged on subsequent visits. Inpatients paid 3/- per day. Some of the Swazi contributed indirectly through their employers who paid their hospital fees. The Swazi who belonged to the Church of the Nazarene were treated free of charge because the church shouldered “the larger part of the expenditure of the hospital.”³⁹ While outpatients could be treated for free if they did not have the money, Dr Hynd disagreed “with the wholesale hospital treatment of inpatients without any cost whatsoever to them... “ because “the native will only adequately appreciate that for which he pays something...” and too little insistence on some payment for treatment, care and feeding would

³⁶ Dr David Hynd left Britain at the same time that Britain was paying attention to the role of medical units in public health, and that could have influenced his approach to health services in Swaziland. In 1920 John Middleton Martin, the Gloucestershire county medical officer, introduced centralized district medical services based on central hospitals. A similar scheme was introduced in Southern Rhodesia during the 1930s by Dr R.A. Askins (see Ncube 2012: 75- 79).

³⁷ SNA, File RCS 41/30, Yearly Report of Admissions etc to RMH, Bremersdorp, Swaziland under the auspices of the Church of the Nazarene, January 1st to December 31st, 1929.

³⁸ SNA, File RCS 41/30, Yearly Report of Admissions etc to RFMH, Bremersdorp, Swaziland under the auspices of the Church of the Nazarene, January 1st to December 31st, 1929.

³⁹ SNA, File RCS 311/29 Medical Practice by Medical officers in Swaziland, Medical Treatment of natives in Swaziland/ Principal Medical Officer, Letter from David Hynd, to the Government Secretary, 24th August, 1929.

throw a burden on the home church which she ought not to be asked to carry in view of the already heavy expenditure involved in all missionary work.”⁴⁰ Another argument was that employers would be spared of their financial responsibilities if their workers were treated free of charge. After all, Hynd argued, the Swazi could afford to pay, so hospitals could not be deprived of the income that financed their administration. In fact contributions from the Swazi were minimal, totalling only £40 from inpatients in 1928. However, the deserving poor were treated free.⁴¹

The first confrontation over funding became apparent over Swazi financial contributions. The Nazarene Medical Mission was partly funded by the patients’ fees and sale of drugs. At the beginning of the RFM Hospital’s work people paid in kind because most of them did not have money. Some of them came to work at the mission as payment. Being one of the major benefactors of the Nazarene medical work, in 1929, the government recommended that Swazi inpatients at the RFM Hospital be treated free of charge instead of the one shilling per day charge.⁴² This was practised at the Mbabane and Hlathikhulu Government Hospitals which were exclusively funded by the government.⁴³ Dr Hynd strongly objected to the government’s recommendation since the RFM Hospital was only subsidized by the government. He argued that not only would that throw a heavy burden on the church, but the Swazi patients would not appreciate the treatment if it were free. He contended that payment for treatment was a familiar practice with the Swazis who pay anything between 10 shillings to £1 before the traditional doctor administered treatment known as “*kuvula sikhwama*”. He believed instead that recruiting organisations should be responsible for the treatment of their workers and not throw the burden to the rest of the community.⁴⁴

Although there was considerable progress over the years, financial difficulties threatened the medical work of the Nazarene. The Great Depression affected funding of the Nazarene medical mission considerably. The Nazarene Mission overseas “faced its greatest period of emergency at this time...and a serious curtailment on the foreign fields meant a loss of much that

⁴⁰ Ibid.

⁴¹ Ibid.

⁴² Ibid.

⁴³ SNA, File RCS 869/34, Relation of Bremersdorp Hospital to the medical services of Swaziland, Memorandum on the relation of the Bremersdorp Hospital, 1934.

⁴⁴ SNA, File RCS 311/29, Medical practice by medical officers in Swaziland and medical treatment of natives in Swaziland/ Principal Medical officer, Letter from Dr D. Hynd to the Government Secretary, 24 August 1929.

had been accomplished during the denomination's thirty or more years of existence" (Miller, 1993:81). Apart from the Great Depression the financial difficulty was partly because of the desire of Nazarene church authorities to have the RFM Hospital independent from overseas support.⁴⁶ Concerning the financial difficulties, Dr Hynd noted that:

Now when I look back over the work of the past year it has without doubt contained the biggest problems that I have been called to tackle during my stay in Africa. This has been due to the slashing cuts that have been made in the financial support we received from our Missionary Board. Our support for the hospital was diminished from 20 pounds to 4 pounds per month....We have ten fine native girls in training as nurses and the maintenance allowance we had been receiving for them has come down from 8 pounds to 3 pounds per month...This critical time has demanded from us as missionaries all the faith, perseverance, sacrifice and vision of which we are capable. We are not through the crisis yet.⁴⁷

As the financial assistance from both overseas and the colonial government diminished because of the general poor economic situation, the hospital was left with limited sources of income. With fees from patients who were able to pay, and philanthropy through missions, public-spirited individuals, and other philanthropic institutions, the Nazarene medical mission was able to supplement what the government provided through general revenue.⁴⁸ Regardless of financial problems, Dr Hynd started a revolving fund for the purchase of a Motor Ambulance to transport patients from remote areas to the hospital in 1929.⁴⁹ The following year, the hospital was improved by the addition of an X-ray machine and a motor vehicle.⁵⁰ Fundraising through appeals to the local Christians enabled the hospital to supply fruit, vegetables, books, flowers and other comforts for the care of its patients.⁵¹

Training of Hospital Personnel, 1930-1935

The Raleigh Fitkin Memorial Hospital facilities were convenient for the government. Soon it made an initiative to introduce and sponsor some of the Nazarene church medical activities. The training of Swazi nurses which had started in 1927 was affected by the lack of funds such that

⁴⁶ SNA, File RCS 869/34, Relation of Bremersdorp Hospital to the medical services of Swaziland, Memorandum on the relation of the Bremersdorp Hospital to the medical services in Swaziland, 1934.

⁴⁷ Ibid.

⁴⁸ SNA, File RCS 38/33, Annual report of the RFMH, 1932.

⁴⁹ SNA, File RCS 41/30, Yearly report of admissions etc, 1929.

⁵⁰ SNA, Annual colonial report, 1930.

⁵¹ SNA, File 36/34, Annual report for work done at the RFMH, 1933.

only a few nurses were enrolled for training.⁵² In 1930 the government offered the Nazarene church a grant of £50 to cover the cost of training two Swazi nurses on condition that the nurses would, if required by the government, work for one year at the salary for government Swazi nurses.⁵³ The government proposed the establishment of VD clinics at Mbabane, Bremersdorp and Mahamba with a grant of £250 per clinic, and Dr Hynd agreed. Although Dr Hynd had initiated a Leper Settlement scheme and had received a grant from the American Leprosy Relief Association, such a settlement was approved on condition that the Nazarene church would be responsible for the expenses. The government was prepared to provide a grant in aid proportional to the number of Lepers in the Settlement.⁵⁴

The training of nurses yielded positive results when the first Swazi nurse was posted to a Medical Outpost in Ngomane District. The principle was that the success of the medical outposts depended on proper safeguards of the moral and physical health of the nurse, a suitable building and equipment, and regular visitation and supervision by a medical officer or European nurse. However, facilities and visits were limited by the lack of funds. Regardless of such financial constraints, the Pim Report recommended that “the efforts of the administration should be concentrated on the extension of a system of outstations”, but Hynd hoped that “money may soon be found to remedy the state of affairs in the native areas which has been conspicuous by the absence of any definitive alleviating policy.”⁵⁵ In spite of profound financial difficulties the colonial administration of the three High Commission Territories, with the financial help of the Witwatersrand Chamber of Mines, started a scheme for the training of Swazi nurses and nurse-aids of a standard six educational standard. The RFMH was selected as a training centre for Swazi girls with examinations set and certificates granted by the government. The agreement between the Church of the Nazarene and the colonial government was that the mission would

⁵² SNA, File RCS 41/30, Yearly Report of admissions etc to RFMH Bremersdorp, Swaziland under the auspices of the Church of the Nazarene, January 1st to December 31st, 1929.

⁵³ SNA, File No. 351/30, Report on Tour of Inspection of Mahamba, Hlatikulu and Bremersdorp Hospitals, Letter from the Principal Medical officer to Dr D. Hynd, May 5th, 1930.

⁵⁴ SNA, File No. 351/30, Report on Tour of Inspection of Mahamba, Hlatikulu and Bremersdorp Hospitals, Letter from the Principal Medical officer to the Government Secretary, 12th April, 1930.

⁵⁵ SNA, File RCS 38/33, Annual Report of the work done at Bremersdorp Hospital, Annual Report of Raleigh Fitkin memorial Hospital, Bremersdorp, January 1932- December 31st, 1932.

supply the staff provided they met the required professional requirements of the government.⁵⁶

The Nazarene Mission policy for the recruitment of staff stated that:

For the carrying on of such medical work the most important single factor is the personality of those who engage in it. They should be persons who share His compassion for the suffering, and for His sake desire to serve them....Along with this is the need of the best possible medical training that they may be able not only to make the most worthy contribution to the relief of suffering, but also to meet the demands of work in countries where they will be thrown so largely on their own resources.⁵⁷

To that end, a European Christian nurse was stationed at each of the dispensaries run by the Nazarene Mission in Siteki and Piggs Peak.⁵⁸ The Nazarene Mission overseas sent out a second doctor to assist at the hospital.⁵⁹ In addition, a European nurse was sent out to the Endzingeni dispensary and a Swazi nurse in training was placed at a Nazarene mission station in the Ngomane District.⁶⁰ At other Nazarene mission stations throughout the northern district, Swazi converts in charge were instructed in the use of simple remedies.⁶¹

Malaria outbreaks were regularly a menace during this period and government's efforts to curb the epidemic was limited to the distribution of quinine at police stations, mission stations, schools and Swazi chiefs' residences.⁶² The management of the malaria outbreak which had begun in 1932 was a cause for concern for everyone. Even though the government distributed quinine at different stations around the country, King Sobhuza II requested that a nurse be posted to the Swazi National School in Matsapha. In response, Mrs Minah (Dlamini) Masika was deployed by the RFM Hospital in 1937. Nurse Masika was brought in to treat students suffering from malaria as well as visiting the homesteads where some of the students stayed for three months.⁶³

⁵⁶ SNA, File RCS 869/34, Relation of Bremersdorp Hospital to the medical services of Swaziland, Memorandum on the relation of the Bremersdorp Hospital to the Medical services of Swaziland, 1934.

⁵⁷ Ibid.

⁵⁸ SNA, File RCS 41/30, Yearly Report of Admissions etc to RFMH, Bremersdorp, Swaziland under the auspices of the Church of the Nazarene, January 1st to December 31st, 1929.

⁵⁹ SNA, Colonial Annual Report, 1930.

⁶⁰ SNA, File RCS 38/33, Annual report for the running of the RFM Hospital, 1932.

⁶¹ SNA, File RCS 41/30, Yearly report for admissions etc to RFMH Bremersdorp, Swaziland under the auspices of the Church of the Nazarene, January 1st to December 31st, 1929.

⁶² SNA, Colonial Annual Report, 1936.

⁶³ Modest L. Kamanga, Inkhanyeti: *Swaziland's School Magazine*, Vol. 90/1, No. 6, 1990, p. 5.

The subsidization of the salaries of the medical staff for the Nazarene medical mission meant that the colonial government could use their services for government work. For instance, Dr Hynd was instructed by the colonial government to perform other duties besides being the senior doctor at the RFMH.⁶⁴ He had to perform post mortem examinations on behalf of the government, even though he had many reservations about performing these because he was a missionary. He therefore requested that he perform as little of these as possible. A compromise between him and the Principal Medical Officer was reached, and it was arranged that he could only perform them “in cases of extreme urgency or where another medical man was not available”.⁶⁵

In 1935 the Church of the Nazarene celebrated the Silver Jubilee to commemorate their work in Swaziland. The Northern half of Swaziland was their medical frontier. Dr Hynd’s speech summed the medical achievements of the Church of the Nazarene:

Following the example of the Divine Founder of the Christian Church it has always made the ministry of healing one of its main avenues of expressing the attitude and compassion of Christ to suffering humanity irrespective of race, colour or creed. The need of such a ministry to the sick and the suffering in Swaziland, which has so recently come into touch with modern civilization, was apparent to the British Government and to those few European settlers who had come from Christian countries, where they had learned to prize the benefits of modern medical sciences, but their ability to provide these benefits either for themselves or for the mass of primitive natives around them was strictly limited owing to the expense involved and also to the country not being at the time blessed with the means of communication which are now making themselves evident in the Protectorate. The Swazi people themselves were not likely to cooperate in providing modern medical help for themselves as they had their own system of primitive medicine-man and witch doctor, were completely under the sway of their primitive beliefs, and had to undergo untold suffering of the mind and body was a result of these beliefs, with no thought of there being any other source of relief. It was in the face of such need that the Church of the Nazarene began to make its contribution to wards the medical services of the country.⁶⁶

⁶⁴ SNA, File RCS 351/30, Report on tour of inspection Mahamba, Hlathikhulu and Bremersdorp Hospitals March 1930, Principal Medical Officer, Letter from the Principal Medical Officer to the Government Secretary, 12 April 1930.

⁶⁵ Ibid.

⁶⁶ SNA, File RCS 38/33, Annual Report of the work done at Bremersdorp Hospital, Annual Report of Raleigh Fitkin memorial Hospital, Bremersdorp, Swaziland, for the year ending December 31st, 1935.

By 1935 The Nazarene had boasted a medical facility that was funded by the state through free land grants and financial subsidies, the Church of the Nazarene through financial resources and medical experts, and by the Swazis through free land grants and financial contributions in form of land grants, the Swazi Nation Fund proceeds, medical fees, and very small church offerings.

Crown Land Sales and the Second Phase of the RFM Hospital

Until 1935 the Church of the Nazarene had acquired land from the state and the Swazis free of charge. The Government's position of offering free land changed after 1935 to one of selling land. Negotiations for additional land had started in 1933 but it was not until 1936 that Dr Hynd resumed the request for additional land with the District Commissioner (DC) of Bremersdorp.⁶⁷ The request for additional land was discussed by the Advisory Board of Bremersdorp in a meeting held in September 1936. Members of the Advisory Board were against the sale of the land because it was situated in the urban area. They decided that since the part of the site was commonage (community land), a public meeting would be held to discuss the feelings of the public about the sale, and then forwarded the ultimate decision to the government.⁶⁸ The DC of Bremersdorp also advocated for the sale of the land to the Church of the Nazarene because of the good work done by the RFMH in the district.⁶⁹

Reluctant to give up part of urban land, the RC recommended to the HC that only 36 morgen (78.75 acres) be sold. While the value of land was £5 per morgen (2.2 acres), the government was prepared to sell the land to the Mission at half price because it was meant for medical, religious and educational purposes. The Church of the Nazarene was required to pay survey and transfer costs.⁷⁰ Dr Hynd accepted the recommendation and agreed to meet the costs of survey and transfer.⁷¹ In response to the RC's recommendation of selling the land at a discount the HC felt that it was necessary to seek the sanction of the Secretary of State. In

⁶⁷ SNA, File RCS 749/36, Application to purchase a portion of Crown land in Bremersdorp RFMH, Letter from Dr David Hynd to the District Commissioner, Bremersdorp, 10 September 1936.

⁶⁸ SNA, File RCS 749/36, Application to purchase a portion of Crown land in Bremersdorp, Minutes of a meeting of the Advisory Board of Bremersdorp held in the Court House on Thursday the 10th September, 1936.

⁶⁹ SNA, File RCS 749/36, Application to purchase a portion of Crown land in Bremersdorp, Letter from the acting District Commissioner, Bremersdorp to the Government Secretary, 15 September 1936.

⁷⁰ SNA, File RCS 749/36, Application to purchase a portion of Crown land in Bremersdorp, Letter from District Commissioner to Dr Hynd, 25 February 1937.

⁷¹ SNA, File RCS 749/36, Application to purchase a portion of Crown land in Bremersdorp, Letter from Dr D. Hynd to the District Commissioner, Bremersdorp, 1 March 1937.

addition he requested that the RC should furnish him with information on how the land already held by the Church of the Nazarene was being utilized. Since the land applied for was a large portion he also wanted a detailed document on the plans for the land.⁷² As instructed by the HC, the RC gave a report stating that on the current 16 morgen (35 acres) parcel of land in Bremersdorp a church and a hospital under the Church of the Nazarene had been built. He also explained that the mission was to; “extend its medical work to provide a building for native maternity and child welfare, infectious diseases, chronic sick home for incurable diseases, boys’ dormitory, school, additional quarters for staff, cultivation, and tree planting for fuel and timber”.⁷³

Convinced of the value that the sale of land would bring to the central district, the HC forwarded the matter to the Dominions Office for approval.⁷⁴ The Dominions Office approved the sale because the land would be used for, “an extension of the medical, religious and educational work of the mission”. The HC was reminded to stipulate that “the land in question shall not be sold or transferred without the consent of the RC of Swaziland”.⁷⁵ The condition prohibiting its resale was present in the title deed for the 35 acres land already occupied by the Church of the Nazarene in Bremersdorp.⁷⁶ The land approved for sale was 34 morgen (74.4 acres), which amounted to £86.1.10d, and an additional, £2.11.8d of transfer duty as well as a stamp fee of £1.⁷⁷ The Crown Grant for the land Lot No. 165 was issued to the Church of the Nazarene under the Crown Lands Disposal Proclamation 1911⁷⁸ and forwarded for registration to

⁷² SNA, File RCS 749/36, Application to purchase a portion of Crown land in Bremersdorp, Letter from the High Commissioner to the Resident Commissioner, 18 March 1937.

⁷³ SNA, File RCS 749/36, Application to purchase a portion of Crown land in Bremersdorp, Letter from the Resident Commissioner to the High Commissioner, 8 April 1937.

⁷⁴ SNA, File RCS 749/36, Application to purchase a portion of Crown land in Bremersdorp, Letter from the High Commissioner to the Dominions Office, 15 April 1937.

⁷⁵ SNA, File RCS 749/36, Application to purchase a portion of Crown land in Bremersdorp, Letter from the Dominions Office to the High Commissioner, 14 June 1937.

⁷⁶ SNA, File RCS 749/36, Application to purchase a portion of Crown land in Bremersdorp, Letter from the Government Secretary to the District Commissioner, 30 June 1937.

⁷⁷ SNA, File RCS 749/36, Application to purchase a portion of Crown land in Bremersdorp, Letter from Dr D. Hynd to the District Commissioner, 30 July 1937.

⁷⁸ SNA, File RCS 749/36, Application to purchase a portion of Crown land in Bremersdorp, Letter from the High Commissioner to the acting Resident Commissioner, 5 October 1937.

the Registrar of Deeds for Swaziland.⁷⁹ That was the first time that the Nazarene Mission bought land from the government, *albeit* at a very low price.

Conflict Over the Second Doctor's Allowance

Human resource funding became a cause for concern for the Church of the Nazarene. With the expansion of work of the Nazarene medical mission, Dr Hynd requested the colonial government to subsidize the salary of a second doctor, Dr T. Dreyer, on full time basis in 1937. Monthly visits made by Dr Hynd to Siteki and prospects of opening of new medical outposts in rural places meant that another doctor was needed to be in attendance at the RFMH.⁸⁰ The Principal Medical Officer (PMO) acknowledged that the work done by the Nazarene medical mission in the Bremersdorp region warranted the services of two doctors. However, he felt that if the colonial government was to subsidize the salary for a second doctor then the government should get other services from them besides monthly visits to Siteki. In return, the missionary doctors were to perform medico-legal examinations for Swazis (claiming exemption from payment of taxes as invalids) in the Bremersdorp and Siteki areas, like the colonial government doctors. In addition when the number of medical outposts was increased, they were to be responsible for the Mliba and Tikhuba outposts.⁸¹ This condition went against the initial agreement made by the Nazarene medical mission and the colonial government when the RFMH started, that the missionary doctor was to be exempted from all medico-legal work of the colonial government.⁸²

In response Dr Hynd argued that, if the medico-legal work and the supervision of medical outposts in the Bremersdorp and Siteki districts were added to their duties, then they would be doing full time government work. This therefore meant that the rate of £200 per annum proposed by the PMO for the subsidization of the second doctor should be reconsidered. He also argued that the hospital needed special consideration because they were

⁷⁹ SNA, File RCS 749/36, Application to purchase a portion of Crown land in Bremersdorp, Letter from the Government Secretary to the Registrar of Deeds for Swaziland, 11 October 1937.

⁸⁰ SNA, File RCS 361/37, Medical Practice by missionaries, Letter from Dr D. Hynd to the District Commissioner, Bremersdorp, 29 June 1937.

⁸¹ SNA, File RCS 361/37, Medical Practice by missionaries Letter from the Principal Medical Officer to the Government Secretary, 5 July 1937.

⁸² SNA, File RCS 361/37, Medical Practice by missionaries, Letter from Dr D. Hynd to the District Commissioner, Bremersdorp, 29 June 1937.

carrying out the function of a government hospital and servicing the commercial centre of Swaziland. It was for that reason that he suggested that the second doctor receive a subsidy of £250 per annum.⁸³ Regardless of Dr Hynd's plea to increase the rate for the subsidy for the second doctor, the HC approved the subsidy of £200 per annum in October 1937 with the condition that he performed medico-legal work for the Bremersdorp and Siteki areas.⁸⁴ At the beginning of 1939, Dr Dreyer was registered as the second doctor for the RFMH. Furthermore, Dr Hynd insisted that they would both continue doing any medico-legal work referred to then by government officers in the Bremersdorp and Siteki areas.⁸⁵ As a result, the GS sent a circular (Circular No. 8) addressed to all District Commissioners, Assistant Commissioners and Chief of Police informing them of the new arrangement with the RFMH doctors.⁸⁶ While the colonial government paid fees for private practitioners who performed the same duties as those expected of the RFMH doctors,⁸⁷ the PMO was convinced that in consideration of the subsidy paid to the two doctors, it was only fair to ask them to perform these duties at no extra costs.⁸⁸ In response, Dr Hynd refused and argued that the RFMH could not be put in the financial position as the hospitals where the doctors received full government salaries; even if they are willing to do full government work.⁸⁹

The PMO maintained his stand and cited the example of the Bechuanaland Protectorate government, where medical missionaries of the Seventh Day Adventist Mission and the Dutch Reformed Mission were required to do medico-legal work free of charge. In addition, he

⁸³ SNA, File RCS 361/37, Medical Practice by missionaries, Letter from Dr D. Hynd to the District Commissioner, Bremersdorp, 11 August 1937.

⁸⁴ SNA, File RCS 608/37, Interview: Dr D. Hynd with His Excellency the High Commissioner (Sir W. Black) at Bremersdorp July 1937 regarding certain medical matters, Letter from the Principal Medical Officer to the Government Secretary, 24 January 1939.

⁸⁵ SNA, File RCS 608/37, Interview: Dr D. Hynd with His Excellency the High Commissioner (Sir W. Black) at Bremersdorp July 1937 regarding certain medical matters, Letter from Dr D. Hynd to the Principal Medical Officer, 20 January 1939.

⁸⁶ SNA, File RCS 608/37, Interview: Dr D. Hynd with His Excellency the High Commissioner (Sir W. Black) at Bremersdorp July 1937 regarding certain medical matters, Circular No. 8 from the Government Secretary to all District Commissioners, Assistant Commissioners, and Chief of Police, 28 January 1939.

⁸⁷ SNA, File RCS 608/37, Interview: Dr D. Hynd with His Excellency the High Commissioner (Sir W. Black) at Bremersdorp July 1937 regarding certain medical matters, Letter from the District Commissioner, Central District to the Government Secretary, 18 February 1939.

⁸⁸ SNA, File RCS 608/37, Interview: Dr D. Hynd with His Excellency the High Commissioner (Sir W. Black) at Bremersdorp July 1937 regarding certain medical matters, Letter from the Principal Medical Officer to the Government Secretary, 23 February 1939.

⁸⁹ SNA, File RCS 608/37, Interview: Dr D. Hynd with His Excellency the High Commissioner (Sir W. Black) at Bremersdorp July 1937 regarding certain medical matters, Letter from Dr D. Hynd to the District Commissioner, Bremersdorp, 3 March 1939.

argued that in view of the yearly grant of £1240 per annum paid by the government to the Nazarene Mission, together with generous supplies of free drugs and the charges paid for government patients admitted to the RFMH no additional remuneration could be made to the RFMH doctors. He also felt Dr Hynd's position of Assistant Medical Officer of the Bremersdorp area meant that he was supposed to carry out these duties without charging extra fees. He then suggested that, if Dr Hynd was unprepared to undertake the work on the stipulated terms, then the administration would appoint a full time Medical Officer at Bremersdorp, who would be in charge of the Central District. In that respect, there would be no use to subsidize the Church of the Nazarene medical mission.⁹⁰ On the contrary, the RC advised the GS to pay the doctors at the RFMH for the extra duties because during the discussions between Dr Hynd and the PMO for the subsidy, the question of fees was not mentioned. Therefore failure to pay the fees would be "a breach of faith" on the part of the government. He rejected the PMO's proposal to replace Dr Hynd and stop government subsidies to the Nazarene medical mission. He argued that replacing Dr Hynd would be more costly than the £1240 subsidy paid by the government towards the Nazarene medical mission, since a new medical officer would require housing, and paid leave.⁹¹ The government then agreed to pay the RFMH doctors at prescribed rate for medico-legal and post mortem fees.⁹² The colonial government intended to save on personnel fees by subsidizing the salaries of the Church of the Nazarene doctors. Appointing new doctors for the Bremersdorp district would also mean that they had to build a hospital which would be run entirely by the government. In fact the RC's recommendation made the PMO, and other government officers realize how much the presence of the Nazarene medical mission benefited the colonial government of Swaziland.

The Establishment of the RFMH Maternity Wing

⁹⁰ SNA, File RCS 608/37, Interview: Dr D. Hynd with His Excellency the High Commissioner (Sir W. Black) at Bremersdorp July 1937 regarding certain medical matters, Letter from the Principal Medical Officer to the Government Secretary, 13 March 1939.

⁹¹ SNA, File RCS 608/37, Interview: Dr D. Hynd with His Excellency the High Commissioner (Sir W. Black) at Bremersdorp July 1937 regarding certain medical matters Letter from the Resident Commissioner to the Government Secretary, 27 March 1939.

⁹² SNA, File RCS 608/37, Interview: Dr D. Hynd with His Excellency the High Commissioner (Sir W. Black) at Bremersdorp July 1937 regarding certain medical matters, Letter from the Government Secretary to the District Commissioner, Central District, 31 March 1939.

From as early as 1927 Swazi women were encouraged to come into the RFMH for child birth.⁹³ The administration of the hospital was eager to offer proper midwifery services for Swazi mothers because there was great concern about the number of infant and maternal deaths.⁹⁴ In 1932 the local branch of the British Red Cross Society took interest and provided a grant towards the provision of maternity and child welfare services by the RFMH. As a result in 1933 Miss Ruby Sipple, a European midwife, initiated weekly child welfare and antenatal clinics for mothers,⁹⁵ in a small room and veranda at the RFMH.⁹⁶ Also, the grant helped in funding lectures which were given to Swazi women in the areas surrounding the hospital; as well as European women in Bremersdorp and Siteki.⁹⁷

Accommodation set apart for antenatal and child welfare clinics at the hospital became too small due to a 100% increase of mothers coming in for delivery.⁹⁸ As a result Dr Hynd proposed the establishment of a Maternity and Child Welfare Clinic. Apart from the British Red Cross Society, King Sobhuza II and local chiefs also took great interest in the building of the maternity and welfare block at the RFMH.⁹⁹ The King appointed a special committee of chiefs of the district surrounding the RFMH to work with Dr Hynd regarding the establishment of the Maternity and Child Welfare Block. The committee comprised of thirteen chiefs, two Nazarene preachers and two community members. In a meeting held at the hospital in December 1934, the chiefs present expressed the need for providing a building where expectant mothers who were coming into hospital in increasing numbers for childbirth could be housed. They also mentioned the difficulty they would have in building it on their own without the help of the Church of the Nazarene and the colonial government.¹⁰⁰

⁹³ SNA, File RCS 36/34, Annual report of work done at Bremersdorp Hospital, Annual report of the RFM Hospital, January 1st to December 31st 1927.

⁹⁴ SNA, File RCS 41/30, Yearly Report of admissions etc to RFMH Bremersdorp, Swaziland under the auspices of the Church of the Nazarene, January 1st to December 31st, 1929.

⁹⁵ SNA, File RCS 36/34, Annual report of work done at Bremersdorp Hospital, Annual report of the RFM Hospital, January 1st to December 31st, 1932.

⁹⁶ SNA, File RCS 869/ 34, Relation of Bremersdorp Hospital to the medical services of Swaziland, Letter from Dr D. Hynd to the Assistant Commissioner, Bremersdorp, 23 February 1935.

⁹⁷ SNA, File RCS 36/34, Annual report of work done at Bremersdorp Hospital, Annual report of the RFM Hospital, January 1st to December 31st, 1933.

⁹⁸ SNA, File RCS 36/34, Annual report of work done at Bremersdorp Hospital, Annual report of the RFM Hospital, January 1st to December 31st, 1934.

⁹⁹ SNA, File RCS 869/ 34, Relation of Bremersdorp Hospital to the medical services of Swaziland, Letter from Dr D. Hynd to the Assistant Commissioner, Bremersdorp, 23 February 1935.

¹⁰⁰ Ibid.

King Sobhuza II accepted the recommendations made by the committee and suggested rather that the contributions should only be solicited from the area between the Komati and Usuthu Rivers, including the Siteki district, instead of the whole Swazi population. Also, Sobhuza requested the assistance of the AC of Bremersdorp in supervising the collection of donations. Because of the interest and initiative shown by Sobhuza, Dr Hynd proposed to name the block, "The Sobhuza II Maternity and Child Welfare Block". He further proposed the formation of an Advisory Board which would advise the hospital staff and assist in the running of the department.¹⁰¹ The proposed Advisory Board consisted of Six Chiefs selected by the Paramount Chief, the Minister or his deputy of the following denominations; Church of the Province (Native), Church of the Nazarene, Methodist Church, African Methodist Episcopal, South African General Mission. The Maternity and Child Welfare Block was to be built and run as part of the RFMH, but as a separate department, with its own staff. The department would be run by the Medical Superintendent of the RFMH and the proposed Advisory Board.¹⁰² The cost of building and equipment amounted to £1000. This was obtained through contributions from Swazi and the Church of the Nazarene's overseas donors. The Church of the Nazarene catered for the salaries of the doctor and the European nurse, as well as general administration and clerical costs. The colonial government was only requested to give a grant to meet the costs of the Swazi staff with an initial amount of £168 per annum rising to £216. The fees from the patients went towards light, water and drugs.¹⁰³ The Church of the Nazarene shouldered the greater proportion of the expenses.

Dr Hynd requested the AC, Bremersdorp, to forward the proposals for the maintenance of the Maternity and Child Welfare department together with Government estimates for 1936 for consideration by the colonial government.¹⁰⁴ In 1936, the proposals were submitted to the DC, Bremersdorp and the PMO. When the PMO forwarded them to the HC, he claimed that financial assistance for the scheme was not possible for that year because of a financial drought the

¹⁰¹ SNA, File RCS 869/ 34, Relation of Bremersdorp Hospital to the medical services of Swaziland, Letter from Dr D. Hynd to the Assistant Commissioner, Bremersdorp, 23 February 1935.

¹⁰² SNA, File 869/34, Relation of Bremersdorp Hospital to the medical services of Swaziland, Letter from Dr D. Hynd to the Assistant Commissioner, Bremersdorp, 7 June 1935.

¹⁰³ Ibid.

¹⁰⁴ SNA, File RCS 252/35, Maternity and Child Welfare Centre Bremersdorp, Letter from Dr D. Hynd to the Assistant Commissioner, Bremersdorp, 7 October 1935.

government was facing.¹⁰⁵ Due to desperation for funding, the Silver Jubilee Appeal Fund was set up by the hospital to request for donations from the public which would cater for extensions to the hospital including the Maternity and Child Welfare Block.¹⁰⁶

Dr Hynd brought up the matter again in 1937, by requesting the DC, Bremersdorp, to bring to the HC's attention the great value and need of the project.¹⁰⁷ Furthermore, Dr Hynd forwarded a request to discuss this matter amongst others with the HC.¹⁰⁸ Before the two could meet, the same year, the hospital received contributions for the building of the Maternity and Child Welfare block including a grant of £250 from the Chamber of Mines.¹⁰⁹ The issue of the Maternity and Child Welfare block was amongst those discussed during the meeting between the HC and Dr Hynd, where Dr Hynd projected the completion of the building for the following year.¹¹⁰ However, the building was only completed in 1939, at a cost of £1500, instead of the original estimate of £1000.¹¹¹ By the end of 1939 the Church of the Nazarene had made significant progress in their endeavour to establish a medical unit.

Conclusion

The Church of the Nazarene took the initiative to introduce western biomedicine among the Swazi people but there was need for government assistance in terms of land, finances and human resources. Provision of resources by the government was not an end in itself but was rather a convenience. Two ulterior motives informed the apparent ambivalent government stance on the funding of the Church of Nazarene medical mission. First, in the face of financial crisis, the government was spared the burden of proving health facilities to the Swazi people. Second, the

¹⁰⁵ SNA, File RCS 361/37, Medical Practice by missionaries, Letter from Dr D. Hynd to the District Commissioner, Bremersdorp, 29 June 1937.

¹⁰⁶ SNA, File RCS 869/34, Relation of Bremersdorp Hospital to the medical services of Swaziland, Silver Jubilee Appeal Fund Pamphlet, RFM Hospital, August 1936.

¹⁰⁷ SNA, File RCS 361/37, Medical Practice by missionaries, Letter from Dr D. Hynd to the District Commissioner, Bremersdorp, 29 June 1937.

¹⁰⁸ SNA, File RCS 361/37, Medical Practice by missionaries, Letter from the Assistant Government Secretary to the Principal Medical Officer, 3 July 1937.

¹⁰⁹ SNA, File RCS 361/37, Medical Practice by missionaries, Letter from Dr D. Hynd to the District Commissioner, Bremersdorp, 11 August 1937.

¹¹⁰ SNA, File RCS 608/37, Interview: Dr .D. Hynd with His Excellency the High Commissioner (Sir W. Black) at Bremersdorp July 1937 regarding certain medical matters, Letter from the Acting Resident Commissioner to the High Commissioner, September 1937.

¹¹¹ SNA, File RCS 608/37, Interview: Dr D. Hynd with His Excellency the High Commissioner (Sir W. Black) at Bremersdorp July 1937 regarding certain medical matters, Letter from Dr D. Hynd to the Resident Commissioner, 18 August 1939.

government actually benefited from some of the services provided by the Church of the Nazarene. The church played a significant role in providing medical services to Swazis, but unlike the state medical services, their mission carried an extra spiritual dimension, i.e conversion to Christianity, which was embedded in their compassionate ministry. However, that was implemented within the context of the colonial and imperial public health care policies. The Swazi who acquired what they needed from the Nazarene medical mission, contributed land and financial resources. What makes this study significant lies not its appreciation of the conventional Christian mission encounters as it were, but rather, in its ability to evince the *subtle nuances* of the trajectory of multiple medical mission encounters through the prism of multi-sectoral funding.

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