

Chinese Medicine in Hong Kong, 1842–1941

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Abstract

This article examines the complex interplay between Chinese medical and pharmaceutical practices and the introduction of Western medicine and pharmacy in China, with a particular focus on the British administration's efforts to marginalizing Chinese medicine in Hong Kong from 1842 to 1941. Soon after the British occupation of Hong Kong in 1841, the Hong Kong government promulgated laws and regulations governing the sale, supply, distribution, and manufacture of opium and potent medicines (aka “poisons”). These laws, based on parliamentary acts passed in Westminster, marginalized Chinese medicine and pharmacy and empowered Western medical doctors, chemists, and druggists as the sole providers of these services. Despite this, Chinese medicine and pharmacy remained the preferred therapeutic system of the local Chinese population. However, minimal resources were allocated to the sector or support for practitioners of Chinese medicine and pharmacy, even though they served most of the population. The British Hong Kong administration seized two key opportunities which shifted the balance in favor of Western medicine and pharmacy. The first was during the 1894 bubonic plague, when the British Hong Kong administration funded a Western medicine clinic at the Tung Wah Hospital in Sheung Wan, with a short-lived effect. The second, with lasting impact, was the mass influx of refugees fleeing Kwangtung (now Guangdong) to Hong Kong in 1938, which led to the three independently managed Tung Wah hospitals (the Hospitals) merging into one Hospital Group at the urging of the British Hong Kong administration, due to funding issues by local philanthropists. Western medicine thus became the mainstream therapeutic system for in-patients at the Hospital Group.

Keywords: Chinese medicine; Hong Kong; Chemists; Apothecaries; Tung Wah Hospital; Western medicine; History of medicine

1 Introduction

In 1841, Hong Kong Island was a modest fishing port comprising around twenty villages and a few thousand residents, falling under the jurisdiction of Xin'an (新安, also known as Baoan/宝安) County in Kwangtung (now Guangdong) province (Fig. 1).¹ On January 26th, 1841, Captain Charles Elliot, Chief Superintendent of British Trade in China, declared British occupation of Hong Kong Island upon landing near Sheung Wan (上环), at what is now called Possession Point (水坑口). Following the conclusion of the First Opium War (1839–1842), Hong Kong Island was ceded to the United Kingdom under the Treaty of Nanking on August 29th, 1842, with *Ratifications* exchanged at Hong Kong on June 26th, 1843.²

In the first century of British Hong Kong administration, most residents attended the privately owned apothecaries with resident Chinese medicine practitioners providing clinical consultations and druggists compounding and dispensing herbal remedies on-site. Those under-privileged would attend the free outpatient clinics operated by the Tung Wah Hospital (东华医院, TWH), Hong Kong's main charitable Chinese medicine provider, under the Tung Wah Hospital Incorporation Ordinance, 1870.³

In 1938, soon after the merger of three TWH medical institutions merged into one, Western medicine became the mainstream treatment modality. With funding by the British Hong Kong administration, two-thirds of

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Figure 1 Map of Hong Kong by Gei Fei (郭棐), *Yue Da Ji* (《粤大记》 History of Kwangtung) (source with permission from: edition by author)

in-patient received Western medicine while out-patients for Chinese medicine remained at 1.8 times of those attended by Western medicine practitioners.⁴ This was partly due to the restricted movement of individuals, including practitioners of Chinese medicine and operators of apothecaries, across the border between Hong Kong and Shenzhen when Canton fell to the Japanese Imperial Forces in October 1938, during the War of Resistance against Japanese Aggression in China.

Although Chinese medicine and pharmacy co-existed with its Western counterparts under British Hong Kong administration after WWII, Chinese medicine and drug-gist practice were not operated in government or missionary hospitals and clinics.

2 Chinese medicine, 1842–1941

The period from 1842 to 1941 in China marked a tumultuous transition from the late Qing Imperial dynasty to the nascent Republican Government. This era also presented significant challenges for the newly established Hong Kong administration. The population of Hong Kong Island grew dramatically from 5,650 in 1841 to 1.8 million (including 24,145 British and foreign residents, or 2% of the total population) by 1940, reflecting an almost two-hundred-fold increase over the century across the expanded territory, which included the Island, Kowloon, and the New Territories (Table 1).

The expansion of Hong Kong's territory, from the acquisition of Hong Kong Island in 1841 to the addition of Kowloon in 1860 and the New Territories in 1898, coupled with an open border, provided Hong Kong with a readily available labor force from China. Three significant waves of migration from southern provinces, particularly Kwangtung, can be identified. The first wave occurred from 1841 to 1864, shortly after the two Opium Wars (the first from 1839 to 1842 and the second from 1856 to 1860) and the Taiping Rebellion in southern China from 1850 to 1864. By 1864, Hong Kong's population peaked at 125,504, including 4,007 British and foreign

residents. The second wave, occurring from 1901 to 1911, was driven by instability in China due to popular uprisings, the eventual fall of the Qing dynasty, and the establishment of the Republic of China in 1911. During this period, the population grew from 206,162 in 1901 to 450,739 (including 11,225 British and foreign residents) by 1911. The third wave was triggered by the intermittent outbreak of the War of Resistance against Japanese Aggression in the 1930s, which led to a significant exodus. The population surged from 849,750 in 1931 to 1.82 million (including 24,125 British and foreign residents and an estimated 750,000 refugees) by 1940. However, the Japanese occupation of Hong Kong on Christmas Day of 1945 upon the surrender of the British military led to more than a million and a quarter refugees fled to the safe places in South and Southwestern China.

From its inception in 1841, the Hong Kong administration aimed for a breakeven fiscal budget. The laissez-faire policies adopted by the Hong Kong administration, characterized by free-market enterprise, minimal regulations, and limited support for the business community, effectively positioned Hong Kong as a free trade hub for re-exporting opium and supplying bonded labor to Southeast Asia and the Americas. Today, the Hong Kong SAR Government's estimated health expenditure for the 2025–2026 fiscal year is projected to reach 24% of total recurrent government expenditure, a significant increase from the 11.9% recorded in the 1997 fiscal year, reflecting the growing healthcare needs of the entire population.⁷ This increase was primarily due to better health care services to the rapidly aging baby boomer generation, those above the age of 65.⁸ Back in the period from 1880 to 1940, medical expenditures averaged 4.5% of total public expenditures, ranging from 2.2% to 6.8% (Fig. 2).

While this level of funding was adequate to support the mostly British expatriate population and civil servants, it was however insufficient to support a young population with a majority composed of babies and children, who required frequent pediatric outpatient clinic services, vaccinations, and other care. Hence, the majority—

Table 1 Population growth of Hong Kong, 1841–1940 (excluding military personnel)^{5,6}

Year	Whites (Mostly British)	Chinese Including Other Nationalities	Total	Remarks
1841	n/a	5,650	5,650	First year of British occupation
1864	2,986	116,335	119,321	End of Second Opium War (1856–1860) and Taiping Rebellion (1850–1864)
1871	4,181	117,804	121,985	Hong Kong emerged as a trading hub for opium and bonded labor attracting a steady inflow of migrant workers from the Southern province of Kwangtung
1881	9,721	150,690	160,402	
1891	10,446	210,995	221,441	
1901	9,432	274,543	283,975	Boxers Incident (1900–1901)
1906	13,200	408,249	421,449	1906 census figures
1911	11,225	438,873	450,098	Republican Revolution (1911)
1931	19,540	830,210	849,750	Intermittent outbreaks of the War of Resistance against Japanese Aggression with full scale military conflicts in 1937 and occupation of Canton in October 1938
1940	24,125	1,797,766	1,821,891	

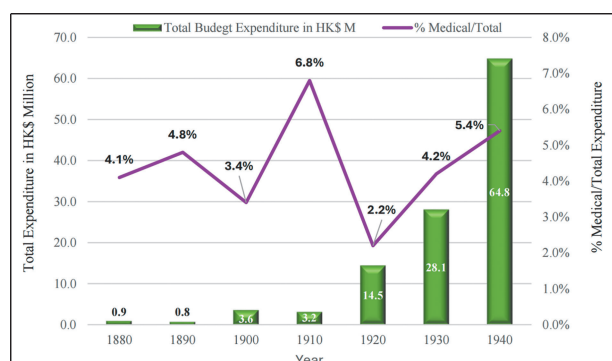


Figure 2 Medical expenditure as % of total expenditure in HK\$, 1880–1940 (source with permission from: Hong Kong Blue Book, 1880–1940⁹)

95%—of the local Chinese population relied on private expenditure on medical consultations and medicine expenditure on Chinese herbal medicine as well as charitable Chinese medicine services provided by organizations like the TWH from 1870 to 1940. The British Hong Kong administration was also “fortunate” that local residents preferred Chinese medicine practitioners over Western medical doctors as part of their cultural identity and familiar with the Chinese medicine concoctions than small amount of potent oral liquids often with intense chloroform aroma, painful hypodermic injections, inconvenient dosage forms of suppositories etc.

According to the Hong Kong Almanack of 1848, there were eighteen herbal apothecaries and six Western apothecaries practicing in the region. The herbal apothecaries served as Chinese medicine practitioners, addressing the health needs of residents.

In the 1840s, most Chinese apothecaries functioned as independent health care providers, often utilizing the front room of their residences for medical consultations with the back room compounding and mixing concoctions and herbal remedies. Traditional apothecaries with on-site Chinese medicine practitioners opened in Hong Kong Island. Three models of Chinese medicine practice took form:

- an in-house physician based in *Yao Cai Pu* (药材铺 apothecary) treating gynecological, pediatric and internal medicine cases such as Deshou Apothecary (德寿堂) (Fig.3);
- solo practitioners running their own medical halls and focusing on bone-setting (骨伤铁打), wound care and minor surgery; and later;
- upstairs clinicians providing consultations, compounding medications, and home delivery of herbal remedies.

Some Chinese medicine practitioners specialized as acupuncture and musculoskeletal (针灸推拿) practitioners who focused on pain management and rheumatic disorders. Slow progress of Chinese medicine was observed as clinically effective herbal remedy



Figure 3 Deshou Apothecary (德寿堂), Kowloon, Hong Kong, 1900. (source with permission from: edition by the author).

formulations were sold as proprietary medicines and not openly circulated or shared.

Traditionally, Chinese medicine practitioners learned clinical and people skills either from their family elders or served under a master for an average of fifteen years of pupillage before they completed their training, then they could open their own Chinese medicine apothecaries or dispensaries. The larger dispensaries carried both retail and wholesale herbal and precious food and medicine business and usually without an in-house Chinese medicine practitioner.

3 I-Tsz and Tung Wah Hospital

A charity hospice cum funeral home, *Guang Fu Yi Ci* (广福义祠 Kwong Fook I-tsz), was opened by Tam Choy (谭才) and thirteen trade representatives after receiving a piece of land granted by the Hong Kong administration in Pound Lane, Sheung Wan in 1851. At the back of the funeral home, there were 6 to 8 rooms used as a hospice for terminal patients. In 1869, Alfred Lister, acting Registrar General, made a visit to the I-Tsz, which found the conditions deplorable and filed a detailed official report to Sir MacDonnell, who took affirmative action to take remedial action to change the *lassie-faire* policy on Chinese affairs. A hospital for Chinese became an urgent matter. In response to the Hong Kong administration's request, a group of local philanthropists formed the TWH which was governed by the Chinese Hospital Incorporation Ordinance, passed in the Legislative Council on April 13, 1870:

“Whereas it has been proposed by the said Governor His Excellency Sir Richard Graves MacDonnell to found a Chinese Hospital for the Care and Treatment of the indigent Sick to be supported by the Voluntary Contributions; And Whereas Her Majesty Queen Victoria has been graciously pleased by Way of Endowment of the said Hospital to grant a piece of Crown Land.”³

The TWH was incorporated as a non-profit organization whose board of directors consisted of dignitaries as founding directors who formed the hospital committee for 1870 and 1871. TWH relied on donations from the directors, local companies, Chinese residents, and transiting ship captains. In 1872, the TWH opened with much publicity of having its patron saint, Shennong (神农), a mythological figure in ancient China who was considered the “father of Chinese medicine”, as the focus of its inaugural ceremony. All directors and employees, including medical doctors, had to pledge their loyalty and made a sacred oath to be pure, upright, and honest to the cause of the hospital.

The hospital was staffed with three Chinese medicine practitioners initially and later increased to eight, of whom one was a vaccinator. Administration of smallpox vaccinations by TWH was provided since 1881, and over the years, local Chinese residents had accepted TWH as a reputable medical institution (Fig. 4). This could be reflected by the number of smallpox vaccinations performed in an epidemic as reported in the minutes of the Sanitary Board meeting in 1888 (Table 2).¹⁰

4 The beginnings of Western apothecary and medical practice

British or Western medical doctors practiced alone or formed partnerships with other physicians or surgeons, opening dispensaries to serve both Western patients and

corporate clients in Hong Kong since the early 1840s. Hong Kong Dispensary, Victoria Dispensary, the Medical Hall and a couple of others served the mainly expatriate community and western sailors. Dr. Peter Young, who practiced at the Canton Dispensary in the late 1830s, moved to Hong Kong and set up a private practice in 1841. He subsequently became a senior partner of the Hong Kong Dispensary and Young was succeeded by Dr. Thomas Boswell Watson in 1856. Watson transferred the business to his nephew, Alexander Skirving Watson, in 1858 when the Dispensary was operated by A. S. Watson since then. It changed hands a few times until it was owned by John David Humphreys (JDH) in 1879. Henry Humphreys, elder son of JDH, was born in 1867 in Hong Kong, and was sent to study at St. Helen’s College in Southsea, England. Henry Humphreys passed the Major Examination in Pharmacy in London and was registered as a Pharmaceutical Chemist in 1889. He returned to Hong Kong the same year and joined his father at A.S. Watson. He subsequently had a diverse career in brokerage, retail, and property as well as pharmacy.¹¹

Other dispensaries such as the Victoria Dispensary, established by Thomas Hunter in Macao, then branched into Hong Kong with its first retail outlet in Pottinger Street in 1846 and later moved to Queen’s Road, Central in 1848. George K. Barton was responsible for the Hong Kong branch of Victoria Dispensary with three Macanese assistants, of whom Joao Braga became the manager in 1849. He was assisted by Alberto Bothelo who learned apothecary skills at the Hong Kong Dispensary before joining the Government Civil Hospital in 1856 as Apothecary. Joao Braga’s connection with Victoria Dispensary came to an end on August 24th, 1857 when he re-opened the Medical Hall Dispensary. Ownership of Medical Hall Dispensary changed hands later to E. Niedhardt, a German national who eventually also changed its name to the German Dispensary (Table 3).

Many other Western dispensaries were opened and then closed throughout the second half of the nineteenth century until the 1920s, with consolidation under a handful of pharmacy groups continuing until the Japanese occupation in 1941. During the transition process, Western dispensaries became wholesalers and retailers of “opium cures” (Note 1), prescription medicines, photographic materials, liquor and soda water and health and beauty products, whereas qualified physicians and surgeons operated their own clinics or formed partnerships.



Figure 4 Tung Wah Smallpox Hospital, erected in 1910 (source with permission from: taken by the author)

Table 2 The number of vaccinations already performed as of 1888

Location	Date	Number	Total
Government Civil Hospital	/	180	1,666
Alice Memorial Hospital	/	206	
Tung Wah Hospital	October 23rd, 1887 to January 21st, 1888	1,055	
Villages (by Tung Wah Doctors)	From October 23rd, 1887, to January 9th, 1888	255	

Table 3 List of Hong Kong Dispensaries 1848, Hong Kong Almanack 1848

Serial Number	Name of Dispensary	Location	Apothecary/Surgeon	Remarks
1	Hong Kong Dispensary	Queen's Road	Dr. Alexander Anderson, Dr. James Young	Originated from Canton in 1828
2	Victoria Dispensary	Pottinger Road	Thomas Hunter, Geroge Barton	Originated from Macao
3	Medical Hall	Queen's Road	Alexander Taylor	All locally formed by British expatriate entrepreneurs with some of medical and pharmaceutical background
4	Stocker & Co.		Charles Stocker	
5	Farriers	Queen's Road East	George Frazar	
6	Castles & Co.	Stanley Street	Not known	

With a growing population of both expatriates and locals, the Hong Kong administration opened the Civil Hospital in 1850. Initially, the facility served only civil servants and police officers. Later, it expanded its services to include the general public for in-patient care, charging fees ranging from \$0.50 to \$1.00 in local currency (equivalent to approximately USD 120 to \$240 in 2024). These fees were often unaffordable for many local Chinese, particularly low-paid laborers working at the piers or as rickshaw pullers, which created a significant barrier to access for those in need of medical care.

The Hong Kong administration recruited British medical practitioners via the office in London for postings in Hong Kong, who received Crown Exemption for registration as a medical practitioner under the Medical Registration Ordinance of 1884 (Fig. 5). In 1888, there were two qualified medical practitioners working for the Hong Kong administration where there were twelve medical practitioners registered under the ordinance and they were in private practice, serving about 10,000-strong expatriate population (Fig. 6).

5 Western medical education

Almost all laws in Hong Kong were local adaptations of the original English Acts to ensure that the same system

of governance was in place in its Colonies. It was not surprising that one of the first known pieces of legislation was the licensing of sale of opium, in 1844. The first section of which stated the sale of opium in addition to other items required a licence.

“That no person shall within the said Island of Hong Kong or its Dependencies or the waters thereof carryon the trade or occupation of a freighter or broker of Salt, or sell or retail any Opium, Bhaang, Ganja, Paun, Betel, and Betel-leaf in a smaller quantity than one chest for consumption , without having previously obtained a licence for that purpose from the Governor for the time being in Council.” (Note 2)

In 1858, the Medical Act of the UK established a framework for the regulation of medical practitioners was promulgated in the United Kingdom. Prior to its enactment, both apothecaries and physicians provide medical advice and medications to patients. The Act empowered the General Medical Council (GMC) to regulate the qualifications of practitioners in medicine and surgery. Key features of the act included: creation of the GMC to oversee the registration of medical practitioners and maintain standards in the profession with the kind of qualifications and a system of medical education necessary for registration and the disciplinary powers of the GMC, including removal from the register.¹²

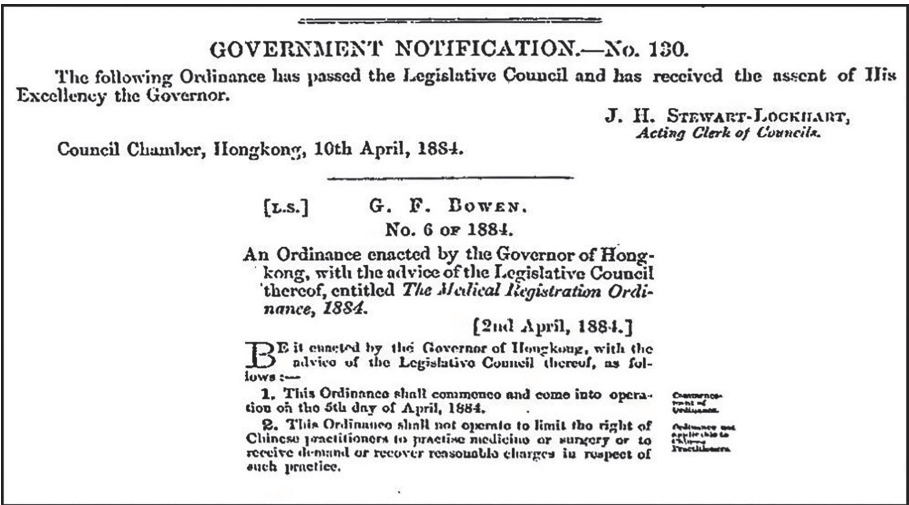


Figure 5 The Medical Registration Ordinance of 1884, Government Notification 130. *Hong Kong Government Gazette*. April 12, 1884 (source with permission from: https://sunzi.lib.hku.hk/hkgro/browseGa.jsp?the_year=1884)

THE HONGKONG GOVERNMENT GAZETTE, 5TH MAY, 1888.

NOTICE.

The following copy of the Register of Medical and Surgical Practitioners qualified to practise medicine and surgery in this Colony is published by me in accordance with the Provisions of Section 4 of Ordinance 6 of 1884.

FREDERICK STEWART,
Colonial Secretary.

Colonial Secretary's Office, Hongkong, 5th May, 1888.

PERSONS QUALIFIED TO PRACTISE MEDICINE AND SURGERY.

NAME.	ADDRESS.	NATURE OF QUALIFICATION.	DATE OF QUALIFICATION.
Adams, William Stanley,	Adams and Jordan, Pedder Street, Victoria, Hongkong.	Doctor of Medicine and Master in Surgery: also a Member of the General Council of the University of Glasgow.	15th Apr., 1862.
Hall, John,	Pedder Street.	Licentiate of the Royal College of Physicians of London: Member of the Royal College of Surgeons of England,	25th Oct., 1883, and 21st Jan., 1884.
Onallo, James,	Rocklands, Robinson Road.	Fellow of the Royal College of Surgeons of England: Bachelor Medicine and Master in Surgery, University of Aberdeen, Certificate of Health, Royal College of Physicians, London,	25th Nov., 1875.
Curvalius, Alberto Pedro,	Craigongowor, Cause Road.	Licentiate of the Society of Apothecaries of London: Member of the Royal College of Surgeons of England: Licentiate of the Royal College of Physicians, London,	23rd Dec., 1886, 26th Jan., 1887, and 28th Apr., 1887.
Gerlach, Johann Gerhard Heinrich Karl,	1, Alexandra Terrace, Victoria, Hongkong.	Passed the Prussian State Examination, entitling him to practise Medicine, Surgery, and Midwifery throughout the German Empire,	1868.
Gomes, Antonio Simplicio,	Seymour Road, Victoria, Hongkong.	Member of the Royal College of Surgeons, England: Licentiate in Midwifery of the same: Licentiate of the Royal College of Physicians, Edinburgh: Licentiate of the Faculty of Physicians and Surgeons, Glasgow,	1867.
Hartigan, William,	The Hermitage, Victoria, Hongkong.	Licentiate and Member of the King and Queen's College of Physicians in Ireland: Licentiate in Midwifery of the same: and Licentiate of the Royal College of Surgeons in Ireland,	12th July, 1876.
Jordan, Gregory Paul,	36, Cause Road, Victoria, Hongkong.	Bachelor of Medicine and Master in Surgery of the University of Edinburgh, and Member of the Royal College of Surgeons of England,	2nd Aug., 1880, and 21st Oct., 1884.
Lockhead, John H.,	15, Elgin Street, Victoria, Hongkong.	Doctor of Medicine of the University of Pennsylvania, U.S.A.,	1833.
Manson, Patrick,	Rocklands, Robinson Road, Victoria, Hongkong.	Doctor of Medicine and Master of Surgery of the University of Aberdeen, ...	11th Oct., 1865, and 8th Aug., 1866.
Young, Richard,	Woodville, Victoria, Hongkong.	Fellow of the Royal College of Surgeons, and Licentiate of the Royal College of Physicians, Edinburgh,	16th Apr., 1866.
Young, William,	Woodville, Arbutnot Road, Victoria, Hongkong.	Master in Surgery and Doctor of Medicine of the University of Bishop's College, Montreal, Province of Quebec, Canada,	11th Apr., 1878.

All Civil Medical Officers and all Medical Officers of Her Majesty's Army and Navy, respectively serving in Hongkong on full pay, shall be deemed to be registered under this Ordinance. (Ordinance 6 of 1884, Section 19.)

Figure 6 The 1888 Register of Medical and Surgical Practitioners, Government Notification 197. *Hong Kong Government Gazette*. May 5, 1888 (source with permission from: <https://sunzi.lib.hku.hk/hkgro/view/g1885/670297.pdf>)

In Britain's colonies, the separation of apothecary and physician came much later. Modelled after the Medical Act 1858, the British Hong Kong administration of Hong Kong promulgated the Medical Registration Ordinance in 1884. Section 12 (c) further stipulated that:

"Any person holds a medical diploma, degree, fellowship, membership, licence, authority to practise, letters testimonial, certificate, or other status or document granted by any university, corporation, college, or other body, or by the Hongkong College of Medicine for Chinese... qualifying or entitling him to practise medicine, surgery,

and midwifery in the country or place where it is granted, shall be entitled to be registered..."¹³

The College was founded in 1887. It was housed at the Alice Memorial Hospital on Hollywood Road, with Dr. Patrick Manson as its first dean. The College offered a 5-year curriculum, and the first batch with two graduates in 1892 including Dr Sun Yat-sen (孙中山).¹¹ The qualifications of the college were not recognized by the GMC in the initial years and graduate students could not practice in Hong Kong. Most went aboard to practice in Singapore until jobs opened up by the British Hong Kong administration after the plaque in 1894 (Note 3).

6 Marginalization of Chinese medicine

TWH had a philanthropy mission and would accept poor and fee-paying patients. For room and board, the range was HK\$ 0.075 to HK\$ 1.8 depending on if they chose the upstairs or downstairs. It was far lower priced than the Government Civil Hospital which was HK\$ 1.0 per day. TWH's rooms were airy, beds clean and free of odor, which was common for wards with patients having open-wounds in most Western hospitals at the time, as dry earth was used as deodorizer and sandalwood was burned to disperse any bad odor. However, surgery and medicine were of the most "antiquated and barbaric description, untouched by European science".¹⁴

From 1875 to 1893, TWH recorded high mortality rates in annual reports of Dr. B.C. Ayres, who was the longest serving as well as the last Colonial Surgeon of Hong Kong. He came to Hong Kong from India in 1873 to take up the post of Colonial Surgeon and stayed in the post for 24 years.¹⁵ He reported "the percentage of deaths to admissions, 51% for Chinese patients admitted in the TWH versus 3.7% for those (mostly Europeans) admitted in the Government Civil Hospital in 1875, an astonishing 13.8 multiples".¹⁶

At the height of bacteriology's "golden age" after the pioneering developments in the field, by Louis Pasteur and Robert Koch in the 1880s, the sudden outbreak of bubonic plague in 1894, transmitted through infected fleas with bacillus that lived on rats in Hong Kong was the biggest challenge to Chinese medicine. The epidemic started in Canton (now Guangzhou), a capital city of Kwangtung province and 75 miles or 120 kilometres away from Hong Kong, with high transmission and fatalities in February which the administration in Hong Kong ignored. Upon the urge of Liu Weichuan (刘渭川, Cantonese as Lau Waichuen), chairman of the TWH, the young Dr. James Lowson (1866–1935) who was the acting medical superintendent of the Government Civil Hospital visited Canton on May 2nd to observe the latest development of bubonic plague transmission there, which was at the height of the epidemic. Dr. Lowson returned to Hong Kong on May 8th, and the first case was reported the next day with Hong Kong declared a quarantine port on May 10th.

For three months from early May to late July in 1894 the contagious disease infected 2,679 people and killed 2,485, with a mortality rate of 93.4%.¹⁷ The delay in treatment of Chinese patients at the TWH and its conservative approach of using Chinese medicine as the only therapeutic modality was open to debate. The deadly contagious disease devastated Hong Kong society for three decades, from 1894 to 1923, infecting 21,867 people and killing 20,489, with a mortality rate of 93.7%.¹⁸ Dr. Moira Chan-Yeung, a distinguished Hong Kong born Canadian physician remarked that the high mortality rates of the bubonic plagues:

"While it was true that Chinese people did not go to hospital until they were very close to death, it is also true that the failure to use antiseptics and the use of non-sterilized materials such as lard, musk, and ambergris to treat open wounds (by Chinese medicine practitioners at the TWH) must have also encouraged infection, septicaemia, and in many cases, even death. Moreover, housing the patients with infectious diseases and open infected wounds with other patients was conducive to the spread of infections."¹⁹

Dr. James Lowson, the acting medical officer in charge of the Epidemic Hospital and superintendent of the Government Civil Hospital and Lunatic Asylums, levied a pointed critique against the Hong Kong administration and Tung Wah Hospital's management of the plague epidemic, which resulted in precipitously high mortality rates.

"I have written strongly – as I feel strongly – concerning the existence and condition of the Tung Wah Hospital, but you will understand that my objections to that institution are based entirely upon professional grounds. In addition to this, I believe that it constitutes a serious menace to the health of local community. I should, however, be sorry to have it supposed that I do not recognize that the fact that where a large native population is concerned, some deference has to be paid to the inclinations, and even to the prejudices of the majority."¹⁸

The appalling conditions at TWH during the 1894 bubonic plague outbreak prompted Governor William Robinson to convene a commission in February 1896, with Colonial Secretary James Lockhart as chairman and four appointed members, to investigate the organization's operations. The December 7th, 1896 edition of *The Hong Kong Telegraph* featured notes and comments on the Government's TWH Commission Report. The editorial included commentary on the report from T.H. Whitehead, a director of Standard Chartered Bank who served as one of the four appointed members of the commission:

"Mr. Whitehead's recommendation in his very able report on the Tung Wah, that the Chinese should be required within a reasonable time to pass all their medical (Chinese medicine) men through a course of Western scientific study; no interference with their practice, no foreign doctors or foreign methods of treatment forced upon them; but only that they should take the necessary measures to become acquainted with modern medical school is established in Hongkong that programme can easily be carried out. If not, then the community and the Government are solely to blame for the daily murders in the Tung Wah and throughout Hong Kong."²⁰

After consultation with the TWH board, the leadership reluctantly accepted the Hong Kong administration's request to appoint a Chinese Western-trained physician, Dr Zhong Benchu (钟本初, Cantonese as Chung Boonchor), a graduate of the College, as "Chief" of the hospital in 1896. While his salary was covered by the Hong Kong administration, all other expenses were

assumed by TWH. This represented the second milestone in Hong Kong's medical history, with the recognition of Western medicine gaining acceptance among Chinese elites who had previously upheld Chinese medicine as the sole healing modality for the natives in Hong Kong.

7 Taking over the Chinese hospital group

As medical science and pharmaceutical technology advanced in Western nations through discoveries like the isolation of active compounds from medicinal plants—including morphine (1804), caffeine (1829), quinine (1820), codeine (1832), and cocaine (1860)—for pain relief, fever reduction, and anesthesia, Western medicine progressed beyond the conservative approaches of traditional practitioners. In the second half of the 19th century, advances in the research of “germ theory” and sterilization, and the routine use of antiseptics to prevent hospital-acquired infections, the use of ether and chloroform as anesthetics in surgical operations, and the discovery of vaccines for cholera, and widespread vaccination of smallpox improved infant mortality. The installation of the first diagnostic X-ray system in Alice Memorial Hospital in the early 20th century further distinguished Western clinical practice from Chinese medicine.

The high infant mortality rates in Hong Kong in the early 1890s became worsened at the turn of the century, due to the expanding population of Chinese migrants and their young families from Kwangtung, was a result of the expanded geography of the New Territories leased by the British in 1898. The Hong Kong administration discussed with the TWH and recruited the graduates of the College to staff the first two clinics sponsored by the TWH in 1905. Once the two were in full operations, they became detached from the TWH and called themselves Chinese Public Dispensaries (CPDs). The primary responsibility is to issue death certificates, and their secondary responsibility is to provide Western medical treatments. The funding of CPDs came from two sources: the local committee comprising Chinese elites responsible for the operating costs such as purchase of medicines and the Registrar General, not the Medical Department, paid the Doctors and other dispensary staff.

By 1906, the Chinese population residing in Kowloon and the New Territories comprised 158,461 out of Hong Kong's total population of 421,499. With medical services for both Chinese medicine and Western practices now crucial, the CPD initiative proved highly effective—establishing more clinics close to newly arrived migrant communities in outlying areas. Graduates from the College reached out to the poor through affordable outpatient services, filling needs not met by costly private traditional practitioners or distant government hospitals. The dispensaries also provided health education and maternal/child clinics, helping reduce infant mortality.

By 1938, there were 6 CPDs in Hong Kong Island, 3 in Kowloon and 7 government dispensaries in the New Territories. The CPDs delivered 474,827 Western medicine out-patient consultations out of 760,018 or 62% of all government sponsored or owned hospitals including the TWH and clinics in 1838.

Slow progress was made in Chinese medicine until 1929, when debates in the Nationalist government's National Health Assembly in Shanghai regarding the “abolition of Chinese medicine” led to the formation of the Central Medical Hospital for Chinese Medicine (CMHCM) in Nanjing in March 1930. Six months ago, the Wall Street crash on October 24th, 1929 had a substantial impact on the global economy and Hong Kong's re-export of commodities was hard-hit with port activities and large number of dock workers were laid off. TWH faced unprecedented financial setbacks as wealthy philanthropists became far and few. For cost saving purposes, the three hospitals of the TWH group; Tung Wah (东华), Kwong Wah (广华), and Tung Wah Eastern (东华东) hospitals built in 1872, 1911 and 1929, respectively, amalgamated under one consolidated board of directors in 1932.

By 1938, the TWH group comprised 1,096 of Hong Kong's 2,538 total hospital beds (43%). The remaining 868, 322 and 252 beds (34%, 13%, 10%) belonged to government, missionary and private, and /military hospitals. As the single largest Chinese medicine provider, TWH's decision carried consequences—Chinese medicine inpatient services were abolished with only symbolic outpatient care for the poor, after 65 years. This milestone established Western medicine as the mainstream therapeutic system until 1997.

The inflection point came with the War of Resistance against Japanese Aggression. When Canton fell on October 21st, 1938, Hong Kong faced a massive influx of refugees fleeing wartime atrocities, swelling the population from 1.05 million to 1.8 million by mid-1939, with 750,000 needing medical care. By then, the TWH board agreed to relinquish its authority over medical services, transferring control to the Hong Kong administration. Only three of the ten medical committee members concurrently served as TWH directors; the chairman and six others were appointed by the Hong Kong administration (Fig. 7). This represented the first time TWH sought financial support from the government.

From 1930 to 1938, the Hong Kong administration completely ignored the renaissance of the Chinese medicine, as it fell outside the purview of the TWH group. This presented a golden opportunity for the Hong Kong administration to tap into the large pool of Chinese medicine practitioners in Hong Kong, by upgrading their clinical skills and techniques with minimal investments, in order to better serve the community-at-large. This represented the first time TWH sought financial support from the government.

No. 974.—His Excellency the Governor has been pleased to appoint the following to be members of a Committee to be known as the Medical Committee, Tung Wah Hospitals, to act as the executive authority in all matters relating to the medical administration of the Tung Wah Hospitals:—

The Honourable the Director of Medical Services (Chairman), *Ex officio*.

* The Honourable Mr. Lo Man-kam (羅文錦)

* The Honourable Dr. Li Shu-fan (李樹芬)

† Chau Shiu-ng, Esq., (周兆五)

† Lo Min-nung, Esq., (勞冕儼)

† Yeung Wing-hong, Esq., (楊永康)

The Visiting Medical Officer, Chinese Hospitals and Dispensaries, *Ex officio*,

The Medical Superintendent, Tung Wah Hospital, *Ex officio*,

The Medical Superintendent, Tung Wah Eastern Hospital, *Ex officio*,

The Medical Superintendent, Kwong Wah Hospital, *Ex officio*.

* To hold office for three years.

† To hold office during their terms of office as Directors of the Tung Wah Hospital.

16th December, 1938.

Figure 7 Medical Committee of Tung Wah Hospital Group (source with permission from: <https://sunzi.lib.hku.hk/hkgro/view/g1938/477990.pdf>)

In addition to those Western medicine practitioners in private practice, with most received their education at the Medical School of the University of Hong Kong since 1887, the government had 54 Western medical practitioners including the director and deputy director of medical services under its payroll in 1939, 9 more than the previous year, to cope with additional workload, though never was enough with the influx.

By 1941, Hong Kong had 310 medical practitioners registered to practice Western medicine. Of these, 198 (64%) were educated and trained locally, with the remainder from the UK, and the British Commonwealth countries. After a century under British Hong Kong administration, Hong Kong had evolved with its own hybrid East-West approach to medical services for its population. Dr. Moria Chan-Yueng observed:

“It appears that the Chinese chose the option that seemed most fitting for them. In the Chinese hospitals (referred to the TWH), they frequently chose Western medicine, with its significantly lower mortality rates than Chinese medicine for inpatient care, but for milder health problems requiring only outpatient care, more sought Chinese medicine treatment. These findings suggest that from milder ailments and outpatient care, Chinese medicine would not likely be displaced by Western medicine.”²⁰

With a population of around 1.8 million residents, including 750,000 refugees, by mid-1939, Hong Kong's medical system was strained to meet the growing demand. Most Chinese residents still preferred traditional Chinese medicine as their primary form of healthcare. However,

the largest provider of Chinese medicine services had withdrawn from serving the communities from which the directors of the TWH Group of Hospitals had originated a few decades earlier. The structure of medical services in Hong Kong at the time can be represented by the division of labor (Fig. 8). Ironically, the Chinese hospitals and dispensaries was a sub-division of the Health Division despite more than 95% of Hong Kong population preferred Chinese medicine and pharmacy as their first choice of therapy.

8 Conclusion

In the first one hundred years of British Hong Kong administration in Hong Kong, Western medicine evolved from a handful of lay apothecaries serving a couple of hundred British and European expatriates in the 1840s into 310 Western medical practitioners serving the medical needs of 20,000 expatriates and a measurable proportion of the 1.8 million Chinese community in 1940. Likewise, hundreds of Chinese medicine practitioners and apothecaries providing their medical and dispensary service to their fellow residents who formed the majority of the patient base.

The early years of Western medicine in Hong Kong Hong Kong went through a process and followed a path aptly described by Stuart Anderson regarding the Straits Settlements:

“The person responsible for medicines initially was usually a ship's surgeon. This generally transferred to

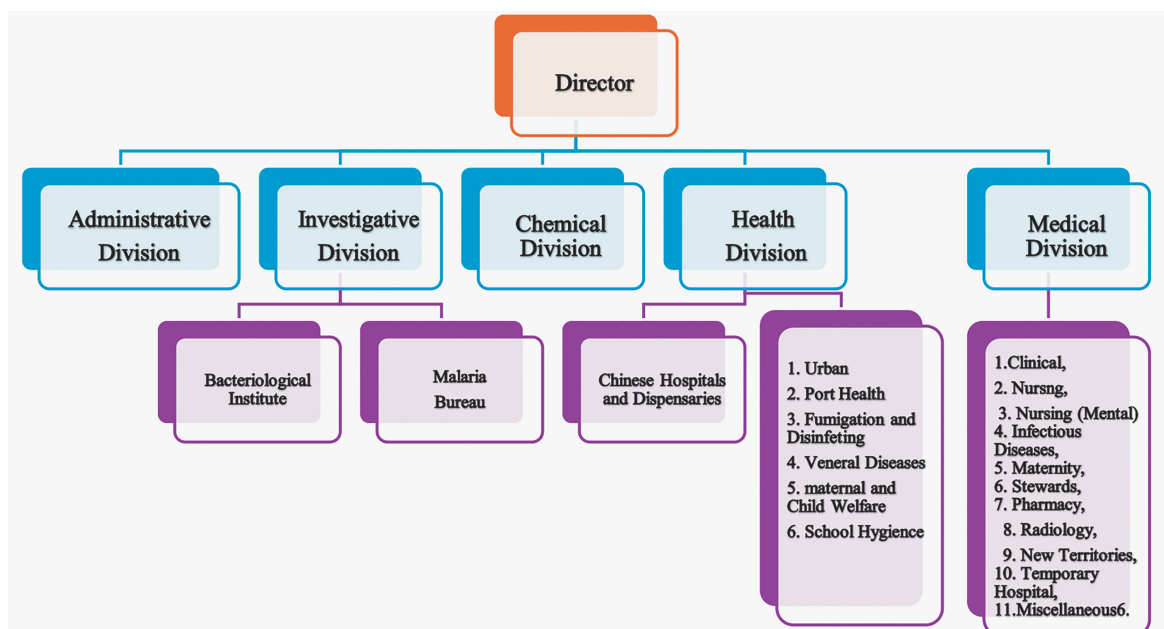


Figure 8 Organization Structure of Medical and Sanitary Department, Medical and Sanitary Department Report for 1938 (source with premission from: adaptation by the author)

military surgeons on land, and the role was soon delegated to subordinates, often apothecaries or apothecary's assistants. As the apothecaries took on increasingly medical roles, responsibility for medicines passed first to chemists and apothecaries and later to pharmacists.”²¹

Since Hong Kong fell under the British occupation in 1841, the Hong Kong administration followed the laissez-faire policy of Great Britain closely until health disasters such as the bubonic plague forced changes to be made towards the end of the 19th century. Mark Harrison summarized the British policy:

“Each individual was expected to take care of his or her own health, and high mortality was tolerated as part of the natural order.”²²

The 1894 bubonic plague outbreak revealed the shortcomings of British Hong Kong administration that both Western and Chinese forms of medical care and pharmaceutical provision proved woefully inadequate to meet the needs of impoverished migrants from Kwangtung living in overcrowded squatter settlements lacking sewage infrastructure. Swarming mosquitos and rats abetted the plague's spread. The pandemic caused over 2,500 deaths within a six-month period in 1894. Mortality rates among the Chinese population significantly exceeded those of Europeans for a variety of reasons, including crowded dwellings, broken sanitation systems, and cultural factors influencing late seeking of medical care only as a last resort in terminal cases.

The bubonic plague outbreak and its ongoing threats served as an impetus for change in the Hong Kong administration's approach to public health governance in Hong Kong. It underscored the necessity of cooperative leadership with Chinese elites to deliver free medical

and social initiatives to the rapidly growing Chinese populace nearing the turn of the 20th century, constrained as resources were by the Hong Kong administration's limited budget.

The Hong Kong College of Medicine for Chinese was established in 1887 and Dr. Sun Yet-san was one of the two graduates who completed the medical course in 1892. More local students were recruited in subsequent years, and the Hong Kong administration seized the opportunity to introduce Western medicine to the community by appointing Dr. Zhong Benchu, the first Chinese Western medicine practitioner, in the Tung Wah Hospital in 1897.²³ A reasonable interpretation of the anomaly of this situation is perhaps better articulated by Pratik Chakrabarti:

“The expansion of European commercial and cultural dominance led to the pre-eminence of European traditions and practices were part of establishments. As Europeans collected specimens in the tropics in the seventeenth century, they often extracted the materials used in the local drugs for their own medicines, but discouraged among the Europeans and the locals the use of their own medicines. Along with that, European authorities controlled medical universities, degrees and licensing. These often linked to the marginalization of traditional forms of medicine.”²⁴

A strategic move by the British Hong Kong administration to consolidate its position as a de facto cultural hegemony was to advance Western medicine and pharmacy as the mainstream therapeutic system. This was shown by the Secretary Department notification that the new edition (1914) of the British Pharmacopoeia became “Official” as from 1st January 1915, in Hong Kong.²⁵ Stuart Anderson, an authority in imperial

pharmacy history, summarized on the disregard of indigenous medicine:

“It has illustrated the (fact that the) function of the British Pharmacopoeia in the early part of the twentieth century went far beyond specifying standards and rationalizing formulas. It played a part in regulating trade in drugs and medicines, by promoting western medicines at the same time as suppressing the use of indigenous education and practice. The issues encountered in India were repeated in many other provinces and settlements across the empire, with diverse climates, cultures, and religions. For imperial powers such as Britain, pharmacopoeias became instruments of imperialism.”²⁶

Traditional Chinese medicine remained as the first choice with 519,459 out of 597,225 or 87% of local patients than those who opted for western medicine in the TWH Group in 1938.²⁷ The situation changed in 1938 when the philanthropists were not financially sound enough to provide subsidized Chinese medicine and pharmacy to the public. The Hong Kong administration bailed out the TWH Group in late 1938 with one condition that the Medical Committee of the TWHs appointed by the Hong Kong Governor functioned as executive committee of the hospital in 1939.²⁸

Despite the Hong Kong administration's systematic promotion of Western medicine as the dominant therapeutic system, Chinese medicine persisted as the preferred choice for the majority of Hong Kong's population. The 1938 statistics from the Tung Wah Hospital Group revealed that 87% of patients still relied on traditional treatments, underscoring its deep cultural roots and enduring efficacy. However, the financial instability of philanthropic support for Chinese medicine and the Hong Kong government's eventual intervention—tying aid to Western medical oversight—marked a pivotal moment in its marginalization.

The arduous journey of Chinese medicine in Hong Kong reflects both resilience and coercion. While it thrived as a grassroots practice, Hong Kong policies deliberately suppressed its institutional legitimacy. The British imposition of the British Pharmacopoeia, the control of medical licensing, and the strategic appointment of Western-trained Chinese doctors like Chung Boon Chau exemplify efforts to dismantle indigenous therapeutic traditional systems in favor of imperial hegemony. Its survival, despite systemic marginalization, speaks to its irreplaceable role in the community—a testament to the tension between Hong Kong modernity and the tenacity of traditional knowledge.

Notes

1. “Opium Cures” sold by Western dispensaries in 19th-century China's treaty ports referred to a range of products and treatments that claimed to help individuals overcome opium addiction. These remedies often contained varying amounts of opium or other narcotics,

which worsened addiction despite their purported purpose of curing addiction.

2. An Ordinance for licensing the sale of Salt, Opium, Bhaang, Ganja, Paun, Betel, and Betel-leaf, within the Colony of Hong Kong, and for the licensing of Pawnbrokers and Auctioneers, with a Table of Fees on Official Licences and Signatures, No. 21 of 1844, Anno Octavo Victoriae Regime (in the Eight Year of Victoria Region), Hong Kong. *The Friend of China and Hong Kong Gazette*. Dec 28 1844; Sect: 624.

3. The Hongkong College of Medicine for Chinese became part of the University of Hong Kong, when founded by Hormusjee Mody, a local Parsee merchant broker in 1908.

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