

Overview

When Hong Kong was ceded to Britain after the Opium War in 1842, it was a very unhealthy place for the foreigners. The garrison was suffering from “Hong Kong Fever” which was likely due to malaria, and few soldiers were fit for duty. A Government Civil Hospital in a rented house was started around 1850 for the colonial surgeon to see all the sick patients in one place. The scant attention the government paid to sanitary services resulted in Hong Kong becoming well known for its insanitary conditions. In 1894, the horrendous plague finally descended on the city killing thousands. This appalling epidemic became the wakeup call for the administrators to overhaul the public health infrastructure. From then on sanitation and medical services gradually improved. Today, Hong Kong residents enjoy a long life, and their life expectancy leads the world. The standards of medical and health services rank similar to those of developed nations.

This book is organized into three periods—before WWII (Chapters 1–6), during the war (Chapter 7) and after the war (Chapters 8–13)—and by different categories of doctors: medical missionaries, doctors in the government medical and health services, medical educators, private practitioners, and female doctors.

Chapter 1 described medical missionaries who introduced Western medicine to Hong Kong shortly after it was ceded to the British. Two medical missionaries, Drs. William Lockhart and Benjamin Hobson of the London Missionary Society (LMS) arrived in Hong Kong in 1842 and 1843 respectively. Lockhart built the Medical Missionary Society Hospital on Morrison Hill, Wan Chai, while Hobson operated the hospital after Lockhart’s departure. The hospital was closed in the early 1850s from lack of funds. Medical missionaries would return to Hong Kong 30 years later and play a major role in propagating Western medicine by founding Alice Memorial Hospital and Hong Kong College of Medicine (HKCM) for Chinese. As a result of their efforts, Western medicine was gradually accepted by the Chinese in Hong Kong.

The cornerstone in medical and health development in Hong Kong was the establishment of a public medical and health service. It began with the appointment of a government doctor, known as Colonial Surgeon, who delivered healthcare to the civil servants, police, and prisoners. In those days, the Colonial Surgeon served both as a clinician and an administrator as exemplified by Dr. Philip Ayres in Chapter 2. He fought long and hard to improve the sanitation in Hong Kong, which only materialized after the city had been visited by the atrocious plague epidemic in 1894. In its aftermath, both the government and the people realized the significance of public health and set about to improve it. Ayres's successor, Dr. John Atkinson, with the new title of Principal Civil Medical Officer, and Dr. Francis Clark, the first Medical Officer of Health, had the formidable task of tackling reforms of both medical and sanitary services in Hong Kong. The appointment of Dr. William Hunter, the first bacteriologist in government service in 1902, and the establishment of the Bacteriology Institute to fight plague and other infectious diseases, were other outcomes of plague. In the 1930s, when Dr. Arthur Wellington became the director of Government Medical and Sanitary Services, he reorganized the structure of the services. By the beginning of World War II, the Hong Kong Government Medical and Health Services was relatively well developed as a result of these conscientious and hard-working medical doctors and administrators.

Chapter 3 tells the story of how three groups of people worked together to realize their mutual interest of educating Chinese young men in Western medicine so that they would popularize and disseminate it locally, by founding the Alice Memorial Hospital and the Hong Kong College of Medicine (HKCM) for Chinese in 1887. First, the missionaries from the LMS donated the land for the building of the Alice Memorial Hospital. The LMS also appointed Dr. J. C. Thomson, a medical missionary, to be the medical superintendent of Alice Memorial Hospital. Second, the Chinese elite in the community, including Dr. Ho Kai, who donated funds to build the hospital as a memorial to his wife, and the others who were responsible for raising operating funds for the hospital. Third, the doctors in private practice in Hong Kong who offered free professional services to the patients in the hospital and taught the students of HKCM, including Patrick Manson, James Cantlie, and Gregory Jordan—prominent doctors in the community then. HKCM produced 60 graduates during its existence, but their license was not recognized by the

General Medical Council (GMC) in Britain and they were not allowed to practice medicine in Hong Kong. Eventually they were able to serve Hong Kong by becoming employees of the government. One of them, Dr. Ho Ko-tsun included in this chapter, was a shining example of a *kai fong* (neighborhood) doctor, who devoted many years of his life to serving the residents in Wan Chai, working in one of the Chinese Public Dispensaries (CPD).

The merging of HKCM with the University of Hong Kong (HKU) to become the Faculty of Medicine led to the arrival of another breed of medical educators from the United Kingdom. These full-time professors, as described in Chapter 4: Drs. Kenelm Digby (anatomy, surgery), H. G. Earle (physiology), Wang Chung-yik (pathology), John Anderson (medicine), and Richard Tottenham (obstetrics and gynecology), were appointed by HKU at various times. They laid the foundation of the new faculty. Unlike the graduates of HKCM, the graduates of the Faculty of Medicine, HKU, were recognized by the GMC in Britain and could practice in Hong Kong.

Before the twentieth century, European doctors were the main providers of medical care in the private sector, serving mainly the European population. Graduates of HKCM and HKU only emerged as an important force in the private sector after the 1920s. Two important events revealed the rise in influence of the local practicing Chinese doctors: 1) the establishment of Hong Kong Chinese Medical Association, and 2) the founding of Yeung Wo Home, the first private hospital run by Chinese doctors. Yeung Wo Home was later transformed into Hong Kong Sanatorium and Hospital, which is an ongoing concern today. Among the medical graduates before World War II, three selfless doctors in the private sector contributed greatly to public services in education and social welfare, in addition to providing medical service. They were Dr. Li Shu-fan, Dr. Arthur Woo, and Dr. Tseung Fat-im described in Chapter 5.

Chapter 6 is devoted to female doctors who appeared rather late on the local medical scene. Dr. Alice Hickling (née Sibree), the first female doctor arrived from England in 1904 to work in Alice Memorial Maternity Hospital and introduced Western method of delivery. She also pioneered in maternal and child health services in Hong Kong. The first local female medical student, Lai Po-chuen, was admitted in 1921 to HKU. Eva Ho Tung entered the university the following spring but graduated in 1927 as the first female medical graduate. All three female doctors specialized in obstetrics

and gynecology, an area considered socially acceptable for female doctors.

Japanese invasion of Hong Kong began in December 1941. After Hong Kong government surrendered to the Japanese Army, the medical system collapsed. All European doctors, including many government doctors and university educators, were interned in civilian or prison-of-war (POW) camps. Many local doctors fled to Free China. During this difficult period, three exceptional European doctors chose different paths and served Hong Kong in diverse ways as depicted in Chapter 7. Dr. Percy Selwyn-Clarke, prewar Director of Medical Services, chose to stay in the job to maintain basic public health service despite the risk of allegation of collaboration with the enemy by the British. Dr. Lindsay Ride, Professor of Physiology at HKU, escaped from the POW camp to Free China, where he formed the British Army Aid Group (BAAG). Dr. Gordon King left the HKU Relief Hospital for Free China secretly before he was interned and helped students from HKU to further their education in universities in the mainland.

The postwar period witnessed a rapid development of diagnostic technology and proliferation of new drugs. The advent of antibiotics revolutionized the treatment of infectious diseases, including tuberculosis. Drugs effective in the treatment of mental illnesses resulted in a major paradigm shift in the management of mental illnesses. At the same time Hong Kong underwent transformation in many areas: population, demographics, economic status, lifestyle, and disease patterns. The population explosion in the immediate postwar period overwhelmed all social services in Hong Kong. As Hong Kong transformed from an entrepôt to a manufacturing center, its economy improved in the late 1950s, and really took off in the late 1960s. The progressive affluence enriched the standard of living and the diet. This, in turn, brought alterations in disease patterns with noncommunicable diseases replacing infectious diseases as major threats to health at the dawn of the 1970s. The doctors who greatly influenced the development of medical and health services after World War II also discussed under the same categories as they were before the war.

In the Government Medical and Health Department there were Drs. Yeo Kok-cheang (1952–1957), Gerald Choa (1970–1976), and Lee Shiu-hung (1989–1994), as recounted in Chapter 8. Yeo, the first Chinese Director of Medical and Health Service, led the fight to overcome the many prevalent infectious diseases. When Choa took the baton in 1970,

he reorganized the hospital services to meet the increasing demand in a rapidly developing Hong Kong. Lee became the first Director of Health after the Medical and Health Department split into two services: the Hospital Services Department and the Department of Health. He promoted the much-needed primary healthcare.

The Government Medical and Health Department also developed specialty services in public hospitals after the war. In addition to the traditional branches of medicine, such as internal medicine, surgery, obstetrics and gynecology, pediatrics and orthopedics, new specialties arose with recent progress in medical knowledge and innovations in technology. Chapter 9 captured the fascinating stories of pioneers in radiology and radiotherapy (Dr. John Ho), mental health (Dr. Yap Pow-meng), and anesthesia (Dr. Zoltan Lett), who developed their respective services from scratch after World War II to modernity, commensurate with those in developed economies.

In Chapter 10, we summarized the achievements of the postwar university professors who rehabilitated the faculty and developed new specialty areas. They included Professor Hou Po-chang (Chair 1947–1960) and Professor James Gibson (1963–1983) in pathology; Professor A. J. S. McFadzean (1949–1974) and Professor David Todd (1975–1994) in medicine; Professor Arthur Hodgson (1961–1975) in orthopedics, and Professor G. B. Ong (1964–1982) in surgery. They expanded their departments to include new subspecialties to provide up-to-date clinical services to patients and training opportunities for postgraduates. Each of them placed Hong Kong on the world map in his research area of interest.

After the war, the number of doctors in private practice grew with an increasing number of graduates from HKU and later also from the Chinese University of Hong Kong. The three distinguished doctors in the private sector narrated in Chapter 11, Drs. Albert Rodrigues, Harry Fang, and Lee Chung-yin, contributed greatly to the advancement of medical services. Rodrigues and Fang were specialists and they contributed by serving on the Legislative Council and Executive Council, advising the government on the development of medical services during the first two decades after the war. Lee founded the College of General Practitioners (later renamed Family Physicians) to raise the standards of general practice.

Today, there may be slightly more female students (female to male, 1.18:1 in 2020) admitted to the medical faculties of the two universities

in Hong Kong, and female doctors are represented in traditionally male-dominant specialties such as orthopedics and heart surgery. It was only after World War II that female doctors were appointed to higher academic or professional positions. Professor Elaine Field and Professor Daphne Chun were the two heroines in Chapter 12. Professor Elaine Field organized and inaugurated the Pediatrics Department of HKU. Professor Daphne Chun, born and educated locally, succeeded Professor Gordon King to become the first female professor of obstetrics and gynecology in HKU. Chun raised the standard of maternity service in Tsan Yuk Hospital and in Hong Kong.

Although the missionary doctors introduced Western medicine in Hong Kong, their role gradually waned (see Chapter 13). Dr. Edward Paterson was the last in the long line of medical missionaries of the LMS when he joined Nethersole Hospital after the war. He built his dream hospital, “hospital without walls”—United Christian Hospital in Hong Kong. The Columban Sisters were medical missionaries invited to operate Ruttonjee Sanatorium in Hong Kong in 1949, and they led the fight against tuberculosis in Hong Kong. The departure of Paterson and the Columban Sisters from Hong Kong in 1989 and 2015 respectively closed an important chapter of medical missionaries in Hong Kong as well as our book. Their invaluable selfless devotion and hard work in caring for the people of Hong Kong for over 150 years will long live in our memories and in our medical history books.

This book on notable doctors from the past focuses on one of the important driving forces behind the evolution of medical and healthcare besides socio-political and economic factors. In addition to providing medical care, their other roles in medical education, research, and in formulating healthcare policies have been pivotal in advancing medical and healthcare in Hong Kong.

1. The Medical Missionaries

Introducing Western Medicine to Hong Kong

The introduction of Western medicine to China is a story of faith, charity, and dedication of missionaries, particularly medical missionaries, from Europe and North America. These missionaries attempted to introduce Christianity to China by packaging it with medical services. Even though Christianity arrived in China as early as 635 C. E., and intermittently thereafter, it had never really taken root until the nineteenth century, when a large number of missionaries arrived in China as a result of a combination of three elements in the Western world—university education, personal Christian awakening, and the call to missionary service.¹ In England itself, the evangelical revival coincided with the imperialistic expansion of the British Empire, leading to a proliferation of overseas missionary activities.

During the early part of the nineteenth century, several medical missionaries reached China. Among them was Dr. Peter Parker, a gifted doctor from the United States, who established a hospital in Guangzhou and performed surgeries mostly on the eyes but also on other organs. The aims of the medical missionaries were to heal the sick and at the same time to introduce the Gospel of Christ to China, by cultivating confidence and friendship. After Hong Kong became a colony in 1842, it was a stepping stone for entering China rather than a mission field. This chapter is devoted to the work of the first two medical missionaries in Hong Kong. Dr. William Lockhart, of the London Missionary Society (LMS) arrived in Hong Kong in 1842 and built a hospital, Medical Missionary Society Hospital. He was succeeded by Dr. Benjamin Hobson, who also left for China after a few years. The hospital did not last long and was closed in 1853 because of funding difficulties.

William Lockhart (1811–1896)

MD, MRCS

William Lockhart was the first medical missionary to set foot in Hong Kong. He was born in Liverpool, trained as a physician at Guy's Hospital, London, and Heath Hospital, Dublin. After he became a member of the Royal College of Surgeons of England, he joined the LMS, arriving in Macau in 1839. In Macau, Lockhart reopened the hospital that was closed by Dr. Peter Parker, an American physician and missionary, when Parker returned to Guangzhou. Soon Lockhart, too, had to leave Macau, when British subjects were evacuated because of preparation for the First Opium War. Lockhart spent the next two years studying Chinese in Batavia (present-day Jakarta), Guangzhou, and Chusan (Zhoushan). He returned to Macau in 1841 when Chusan was evacuated. In 1842, he received orders to return to Chusan via Hong Kong, which by then was ceded to the British as a result of the First Opium War. He was detained in Hong Kong, where he supervised the building of Medical Missionary Society Hospital, planned by the LMS. Although Lockhart was the first medical missionary to arrive in Hong Kong, he did not work as a doctor because, after the completion of the hospital, he was told by the LMS to continue his journey to China for a more important assignment. Lockhart subsequently established a number of hospitals in China, including the ones in Shanghai and Beijing.

After 20 years' experience as a medical missionary,² he wrote a book, *The Medical Missionary in China: A Narrative of Twenty Years' Experience*.³ He concluded that the medical and the missionary work should not be carried out by the same individual, as the doctor could hardly find time for "saving the soul."

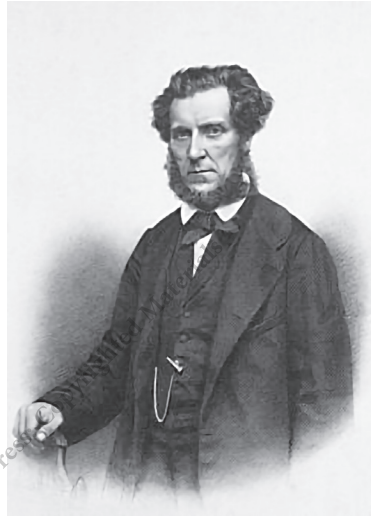


Figure 1.1 Dr. William Lockhart
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Benjamin Hobson (1816–1873)

MB, MRCS

The next medical missionary to reach Hong Kong was Benjamin Hobson, a distinguished graduate of the University of London with a MB and a Member of the Royal College of Surgeons (MRCS). He arrived in Macau in December 1839 as a LMS medical missionary and was in charge of a missionary hospital there.⁴ When Lockhart left Hong Kong in 1843, Hobson was ordered to close the hospital in Macau and move the facilities to the newly completed Medical Missionary Society Hospital in Hong Kong. The 42-bed hospital was situated at Morrison Hill, where a school had been established by the Morrison Education Society. At the end of three years, Hobson returned to England on leave, as his wife developed



Figure 1.2 Dr. Benjamin Hobson
Source: Wellcome Collection. Attribution 4.0 International (CC BY 4.0)

intermittent fever. While on board, she passed away. Before he returned to Hong Kong in 1847, he married the daughter of Robert Morrison, the first Protestant missionary to Macau. However, shortly after his return to Hong Kong, Hobson was reassigned to Guangzhou, and he left Medical Missionary Society Hospital. In Guangzhou, he opened a hospital in Kam-li-fau, a place where no foreigners had taken up residence. Between 1854 and 1855, Guangzhou was under siege because of fighting between the government troops and the Taiping rebels. Hobson was forced to leave for Shanghai. It was just as well, because the hospital in Kam-li-fau was destroyed by fire in 1856. In Shanghai, Hobson took over the management of a hospital from Lockhart, who was due to go on leave. Hobson did not stay in Shanghai for long. He left China in 1859 and remained in England until he died in 1873.⁵

Hobson achieved a great deal during the time he was in Hong Kong and China and under very unsettling political conditions. He was a highly