

PLAGUE, SARS AND
THE STORY OF
Medicine
IN HONG KONG

Hong Kong Museum of Medical Sciences Society

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INTRODUCTION

This history of medicine in Hong Kong is dedicated to the late Professor Gerald Hugh Choa (蔡永業教授), who died in December 2001 at the age of 80. It is a project of the Hong Kong Museum of Medical Sciences Society, of which he was the founding chairman. Its publication marks the tenth anniversary of the opening of the museum as well as the centenary of the opening of the Bacteriological Institute.

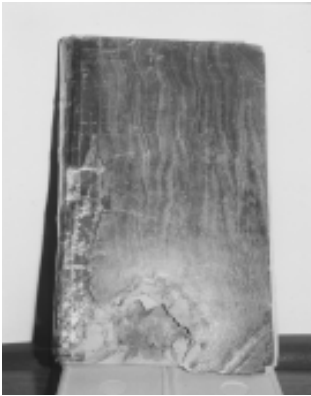
Gerald Choa was born and educated in Hong Kong and had a unique career in that he successively worked for the University of Hong Kong, the Hong Kong government and The Chinese University of Hong Kong and, after retirement from The Chinese University, was in private practice for some fifteen years. He was a former Director of Medical and Health Services of the Hong Kong government, the founding dean of the medical faculty of The Chinese University of Hong Kong, an eminent physician, an historian of note, having authored two books relating to Hong Kong's medical history, a charming person popular with his patients, his students and all who were fortunate enough to work with him and for him. He was appointed a Commander of the British Empire in 1972.

There seems no better way to introduce this narrative than to quote from an essay written and published by Professor Choa himself in 1985, which reads as follows:

Hong Kong was occupied in 1841 and became a British Colony in January 1843 when the Treaty of Nanjing signed in 1842 was ratified. This barren and rocky island was soon found to be an unhealthy place for its inhabitants because of considerable morbidity and mortality among the settlers and troops. In 1843, Sir Henry Pottinger, who had replaced the first

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Cover and pages of the first volume of the Colonial Surgeon's Report, 1845–59 (Source: Hong Kong Museum of Medical Sciences Society)

Administrator, Captain Charles Elliott as the first Governor of Hong Kong, reported that the Colony was visited by a great deal of most severe and fatal sickness. In that year it was estimated that 24 percent of the garrison force died of fever, as did 105 of the European residents. Certain aspects of the natural environment of the Colony were considered responsible for the prevalence of diseases.” The geological formation of Hong Kong,” one authority stated, “is found to consist of strata which quickly absorb any quantity of rain, which it returns to the surface in the nature of a pestiferous mineral gas. The position of the town prevents the dissipation of this gas, while the geological formation favours the retention of the morbid poison on the surface, to be occasionally called to deadly activity.” Another authority claimed that “in the intervals of rain, a nearly vertical sun acts with an intense evaporating power and a noxious steam or vapour rises from the foetid soil, yielding a gas of a most sickly and deleterious nature. This morbid gas does not arise from vegetable or animal decomposition but decomposed mineral substances yield an aeriform poison, under some circumstances of a more deadly description. The gas produces a depressing effect on mind and body which undermines and destroys the strongest constitutions. A malignant influence operates on the system in a most distressing manner.” It was also recorded that “the rain will every year keep the surface continually saturated with moisture, and also uncovers large portions of the hills, washing the putrefying substances down the deep ravines, thus generating a fruitful crop of diseases.”¹

It was under such circumstances that a medical service was instituted in 1843 with the appointment of a Colonial Surgeon. In a written statement to the governor dated 15 June 1844, Dr Alex Anderson, the first Colonial Surgeon, wrote:

This statement Your Excellency is aware, commenced in the healthiest months in the year, and ends before what is usually termed the sickly season begins, and yet the amount of sickness had been gradually increasing until among the Police, a body of 78 men no fewer than 42 have been on sick list in the month of May — and I regret to have to state, that, during the first fourteen days

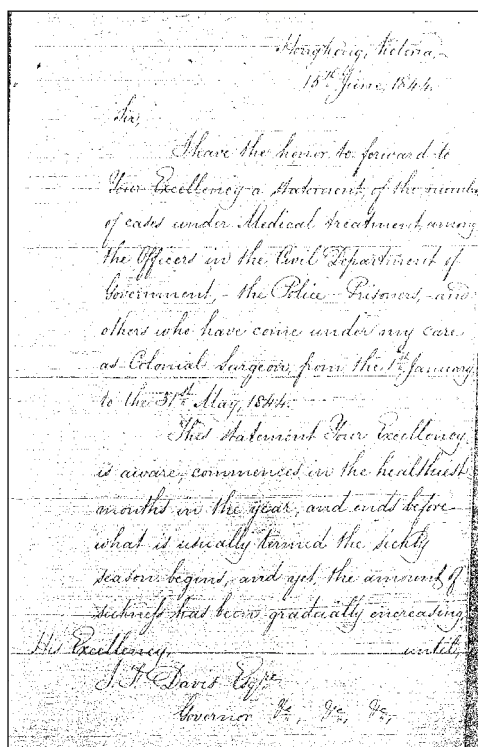
of June (up to this date), the number of Policemen ill has not only been greater, but, that two have died, with all the characters of the virulent fever of last year, — and of those remaining sick, that four are in dangerously so, with all the peculiar symptoms that, have already proved so fatal.²

The following extracts also illustrate the unhealthy conditions that were prevalent at the time:

In the first place, as the work of road-making and excavating sites for houses and terracing the hill sides proceeded, a species of malaria, to which the name Hongkong fever was given, became prevalent. It was discovered that after the ground had been opened up, exposed to the sun and then to heavy rains, this fever broke out in a very virulent form. Troops stationed at West Point suffered most of all, and among the Chinese settlers in Sai-ying-pun there was a notably severe incidence of the disease. Hospitals had to be hastily constructed and the first cemetery, near St. Francis Chapel, Queen’s Road East, was laid out.³

Dr Edward Cree, a Royal Navy surgeon, has left us a detailed account of his visits to Hong Kong. On 18 June 1841 he writes “Many men of the 18th Regiment have also died: many of the wounded from tetanus. Many a gallant fellow who escaped the field has succumbed to disease.” Then this note a few days later: “Half our ship’s company laid up with fever.” Sailing into Hong Kong again in May 1843, Cree reports: “A great deal of sickness: disease is carrying off three men a day from the 55th Regiment at West Point Barracks. The sickness is attributed to turning up the new soil for building and road making and the quantity of disintegrating granite. There are no efficient drains made yet.”⁴

The most prevalent diseases in Hong Kong are fevers of the remittent and intermittent type, dysentery, and rheumatism. There are no circumstances so favourable for the development of either of these diseases as excessive atmospherical heat and great humidity.⁵



Colonial Surgeon Report written by Dr Alex Anderson, 1844 (Source: Hong Kong Museum of Medical Sciences Society)



Map of Hong Kong Island, 1844
 (Source: Hong Kong Museum of History)

Hong Kong today is a far cry from what it was then, and the unhealthy conditions described no longer exist. High-rise buildings, which seem to get higher and higher (and make one wonder how much higher they can get), have changed the skyline; an ultramodern airport; at least a dozen of the most luxurious hotels in the world; glaring neon signs; modern shopping malls equal to anything in New York, Paris, Tokyo or London; a mixture of Asian and Western people, and a diversity of restaurants to cater for any possible taste all combine to make it a paradise for tourists and one of the major financial centres of the world. Hong Kong Island and Kowloon, which, until 1972, were virtually separate communities, are now linked by three cross-harbour tunnels and an underground railway system; several new towns have been developed and the whole territory is home to approximately 7 million people. The total area is only about 1,100 square kilometres, there are no natural resources and people are the main asset. To help the reader appreciate the development of medical services, some historical background is desirable.

After the First and Second Anglo-Chinese Wars in 1842 and 1860, Hong Kong Island and Kowloon were ceded to Britain as a colony. The territory was further expanded in 1898 from north Kowloon up to the Shenzhen River (together with 235 small islands), which became known as the New Territories, as China agreed to lease the area to Britain for 99 years. As time went by, it became clear that the future of Hong Kong after 1997 would have to be settled with the People's Republic of China. In 1984, after protracted negotiations, the Joint Declaration between the United Kingdom and China was signed, under which the sovereignty of Hong Kong would revert to China on 1 July 1997, when the lease on the New Territories was due to expire, and Hong Kong would then become a Special Administrative Region of the People's Republic of China with its own Basic Laws, the concept described as "One Country — Two Systems." The population is predominantly Chinese, but Hong Kong was under British administration for 156 years, and a mixture of cultures, laws, habits and aspirations originating from both East and West have left its mark on the way of life and the expectations of the general public.

At first, Hong Kong was not a great success. It was unhealthy, it attracted unruly elements and frequently was visited by severe typhoons that threatened life and property. Its greatest attribute is its fine deep harbour, which is obviously one of the things that impressed Captain Charles Elliot when he arrived in 1841. Even so, the number of ocean-going ships calling at the port increased every year; the population rose steadily from 32,983 (31,463 Chinese) in 1851 to 878,947 (859,425 Chinese) in 1931, by which time it had become a centre for Chinese emigration and trade with overseas communities.

Public and utility services were progressively established: the Hong Kong Gas Company was founded in 1862; the famous Peak Tram was opened in 1888; the Hong Kong Electric Company in 1889; the China Light and Power Company Syndicate was incorporated in 1901; the Hong Kong Tramway Ltd., originally called the Hong Kong Tramway Electric Company, was founded in 1902 and began operations in 1904; and the Kowloon-Canton Railway was completed in 1910.

The main medical problems were formidable. Infectious diseases were rife and included cholera, smallpox, measles and malaria, which had not been identified as such but was probably the "severe and fatal" sickness referred to by Professor Choa. Hong Kong is also renowned for the plague epidemic that raged from 1894 to 1923 and for its

relentless battle against tuberculosis, which continues to this day. Suffice it to note here that the first hospital was built on Morrison Hill on 1 June 1843 by the Medical Missionary Society of Canton and Macau; the first government hospital was opened in 1849 in converted premises; and, in 1887, the Alice Memorial Hospital was opened. This became the teaching hospital for the Hong Kong College of Medicine for Chinese, which was established later that year. A properly designed Government Civil Hospital was rebuilt on Hospital Road in 1879.

Hong Kong is and always has been a caring society, and for many years the community has enjoyed a nearly free hospital service, heavily subsidized by the government. The social and medical services have been developed jointly by the government and by various charity organizations that have been established. During the early years, several non-government hospitals were completed and were run by charitable organizations and missionary societies, the largest of these being the Tung Wah Group of Hospitals, the oldest Hong Kong charity in existence. The private sector has also played and continues to play a complementary and significant role in providing hospital and outpatient consultation services for those members of the community who can afford to pay the economic rate for the particular service rendered.

A drawing of Victoria Harbour and Hong Kong Island, looking east, 1882

(Source: Hong Kong Museum of History)



In the early years, the Chinese population was dependent for medical treatment on traditional Chinese medicine (TCM) practitioners. Western medicine was gradually introduced but for some time was not popular with the Chinese people. There was, however, a gradual swing towards Western medicine and, by the 1920s, it was generally accepted, although often patients would go to the herbalist or TCM practitioner and only resort to the Western doctor if the treatment offered was not successful, a practice which still exists today and which of course also operates in the reverse direction.

For years, TCM practitioners were marginalized and were widely regarded as charlatans, particularly by Western practitioners. They were not registered, and anyone of Chinese origin could practise TCM. It is, however, an interesting paradox that the pendulum is now swinging in the opposite direction. In 1999, the Chinese Medicine Ordinance was passed, which requires all TCM practitioners to be registered, and TCM is clearly enjoying a resurgence. Considerable research is being undertaken into the scientific basis of some TCM practices and theories, and the two medical schools and other universities in Hong Kong are conducting research programmes in TCM. Chapter 5 discusses further the changing trends of TCM in the community.

By 1940, public health and port health services had been developed to a reasonable standard, the territory had become relatively prosperous and Hong Kong was recognized as an entrepôt for Chinese trade and, as such, was modestly successful. However, there were still a number of health hazards that required constant vigilance.

Infectious diseases, although not the menace of earlier years, remained a constant threat. Chapter 1 describes the outbreaks of the bubonic plague and of cholera, and some of the measures that have been taken to render Hong Kong a healthier place, less vulnerable to common infections, including the development of the immunization programme.

We have also devoted a chapter to the fight against tuberculosis. Tuberculosis was not a notifiable disease until 1939, but there is little doubt that it was rampant from the early part of the twentieth century. It is no longer a health hazard, but the incidence remains high compared with that in many countries.

However by 1941, storm clouds were looming to the north and were moving closer. In December 1941, Japanese forces attacked Hong Kong from the Mainland border. The Governor of Hong Kong was ordered to resist as long as possible, and there followed a fierce and bloody

battle during which many atrocities were reported and during which many brave men and women, including members of the local volunteer corps, gave their lives to no avail. The two war cemeteries at Stanley and Cape Collinson, which are under the management of the Commonwealth War Graves Commission and are the final resting place of many military personnel who were killed in action, are sad and poignant memorials to this carnage.⁶ The British garrison and local volunteers totalling about 14,000 men were completely overwhelmed by the Japanese forces, and Hong Kong was forced to surrender on Christmas Day 1941. The surrender was signed at the famous Peninsula Hotel in Kowloon, which still graces the harbour and remains one of Hong Kong's better-known landmarks.

The Japanese occupation lasted for three years and eight months — a period which older residents describe as the nadir of Hong Kong's existence. Trade disappeared, currency was depreciated, food was scarce, all public services (including medical and health) were at least seriously disrupted if not completely closed; the Japanese were hard taskmasters, and non-Chinese residents were locked up in internment camps in accommodation which was often not fit for human beings; the outlook for everyone was bleak indeed. Large numbers of the population fled to Macau and to their native village in China; at the end of hostilities, the population was thought to be about 600,000. No attempt is made in this book to portray the horrors of these three and a half years, but it is to be emphasized that, by 1945, any organized medical service had ceased to exist and the whole territory was utterly devastated.

Hong Kong was eventually liberated in 1945 and the colonial government resumed office immediately. The problems it had to face were immense — but a spectacular recovery started almost immediately which, for all practical purposes, continued right up to the change in government in 1997.

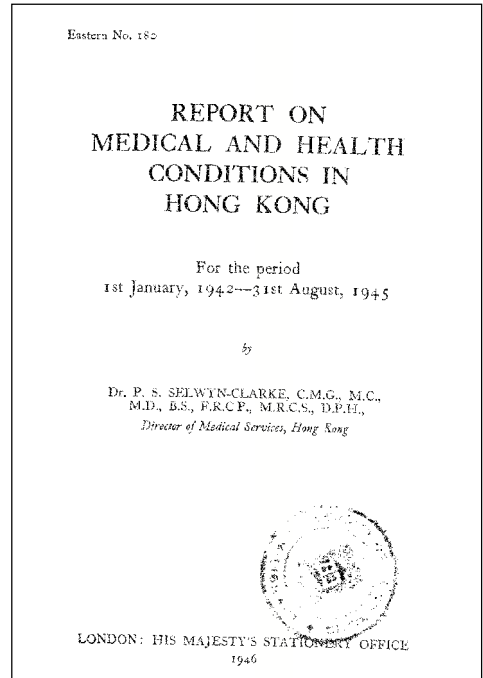
Dr P S Selwyn-Clarke was the Director of Medical Services at the time of the Japanese occupation. He was given permission by the Japanese to continue to collect the wounded, bury the dead and attend to the medical and health needs of the community, but on 2 May 1943, he was arrested and imprisoned for alleged anti-Japanese espionage and was placed in solitary confinement. He later wrote a report that was published on 31 January 1946 on the medical and health conditions in Hong Kong, which covered the period from

1 January 1942 to 31 August 1945. The report itself is of some historical significance, and the summary reads as follows:

The period January, 1942 to August, 1945 was without doubt the blackest in the whole history of Hong Kong. Although the deaths from war injuries during the actual period of hostilities in December, 1941, were comparatively few (1,100 service personnel and about double the number of civilians), the deaths from violence and from starvation, particularly in 1942, rose to appalling heights. During the Japanese occupation, the population fell from rather over one and a half millions to half a million. The invading forces made it clear that they intended to bring about a reduction in the population to this figure. They achieved their object but at what toll of pain and suffering!

The systematic starving of the bulk of the population over such an extended period — over three and a half years — is likely to exercise a serious effect on the health of the community for many years to come, including an increase in the incidence of, and deaths from, tuberculosis. Hundreds of dwellings were destroyed by bomb, shell and fire during hostilities in 1941 and as the result of aerial bombings, but thousands of dwellings and many valuable educational establishments (e.g., the University of Hong Kong, King's and Queen's Colleges etc.) were irreparably damaged by looters whose activities could have been stayed by the Japanese.

General hygiene (including water purification plants) suffered marked deterioration during the occupation of the Colony by a race which claimed to possess a higher standard of hygiene than any other in the world. The community was deprived of most of its medical and health services, its chief hospitals being taken for Japanese troops, its maternal, child welfare and social hygiene clinics closed and vital preventive work against malaria neglected. There is, however, another side to an otherwise sorely depressing picture. The ruthless invaders have given the British an opportunity of proving to young China the sincerity of their belief in the policy of co-partnership in the reconstruction of a new and better Hong Kong.⁷



*Report on Medical
and Health
Conditions in Hong
Kong by Sir Dr P S
Selwyn-Clarke
(Source: Medical
Library, the
University of Hong
Kong)*

Dr Selwyn-Clarke returned to duty in Hong Kong after his ordeal and was later appointed governor of the Seychelles. He described his wartime experiences in his book entitled *Footprints: The Memoirs of Sir Selwyn-Clarke*.⁸

This recovery was pre-empted by the unprecedented immigration from China following the Civil War of 1945–49. Hundred of thousands of people crossed the border during 1949 and 1950 to make their home in Hong Kong, and this large-scale immigration continued spasmodically for years. (It was estimated that, by mid-1950, the population had reached 2.3 million people and, that at the time of writing, it now approximates 6.8 million — a truly colossal increase over only about fifty years, an increase that must surely be of unique proportions.)

All these people needed jobs. They also needed housing, education, medical care and other services. Large squatter areas soon sprang up where huge numbers of people were living in makeshift sheds and shacks without fresh water, proper drainage or hygienic toilet facilities. These unhealthy conditions, which today can hardly be imagined, caused grave concern to the authorities, and from a medical viewpoint the problems are obvious: insufficient hospital beds, lack of outpatient facilities, shortage of professional or trained staff, and the ever-present threat of an outbreak of infectious disease, including tuberculosis which was spreading at an alarming rate in these crowded and unsanitary conditions and which, by 1949, had become a serious problem. The incidence rose to a peak of 697.2 cases per 100,000 in 1952.

During these early post-war years, when the government was having great difficulty in meeting the demands of the population for public services (including medical) many new voluntary organizations were founded to help in these rehabilitation tasks. Among them was the Hong Kong Anti-Tuberculosis Association which was incorporated in 1948. The history of the association forms part of the section on tuberculosis in chapter 4.

One of the major problems lay in the supply or the availability of hospital beds. At the time of the Japanese invasion, public services were geared for a population of roughly 1,000,000 people, a population that by the end of 1950 had already risen to about 2,360,000. As it is generally accepted that the lead-time for developing a new hospital cannot be less than five or six years, the problem of beds is self-evident.



The development of hospital services since the end of the Japanese occupation is chronicled in chapter 2. In 2002, 32,142 beds were available, as opposed to a mere 6,097 in 1956. This impressive increase was again the result of joint efforts of the government and the non-government organizations (NGOs). Three types of hospital had evolved — the government or public hospital; the subvented hospital, normally operated by an NGO but heavily subsidized by the government; and the private hospital.

In 1963, the first “Ten-Year Medical Development Plan” was prepared with the goal of providing low-cost or free medical and personal health services to the large section of the community incapable of seeking medical care from other sources.⁹ The 1964 White Paper attributed the shortage of hospital beds to the sharp increase in population, the escalating incidence of injuries due to rapid industrial development, the gradual ageing of the population, leading to greater needs in acute cardiovascular and cerebrovascular care, the sluggishness of constructing new general hospitals, and the growing popularity and demand for Western medical treatment. Therefore, more hospitals were to be built, and government-assisted hospital services expanded. The paper recommended a ratio of 4.25 hospital beds per 1,000 population for the year. These objectives had largely been accomplished in 1973.¹⁰

Admiral Sir Cecil Harcourt (first row, fifth from right), Governor of Hong Kong after liberation, and Dr P S Selwyn-Clarke (first row, third from right), Director of Medical and Health Services, on an inspection tour of Tung Wah Hospital (1950s; Source: Tung Wah Group of Hospitals)

However, one major problem for the public sector was the segregation of the government and subvented hospitals,¹¹ resulting in inflexibility and uneven use of hospital beds and resources. In 1973, the government appointed the Medical Development Advisory Committee (MDAC) to continuously review and to advise on the development and phased implementation of medical and health services. With respect to hospital services, the MDAC recommended building two general hospitals of 1,200 beds in east Kowloon and Shatin; another one of 500 beds capable of expansion in Castle Peak; a psychiatric hospital of at least 1,000 beds, on Hong Kong Island; changing some maternity beds for general, psychiatric and geriatric use; integrating subvented hospitals with government hospitals to form regional networks to maximize usage; and standardizing fees for third-class hospital beds across the government and subvented hospitals, to step up utilization.¹²

In 1974, a White Paper on “the Further Development of Medical & Health Services in Hong Kong” was published, one of its principles being to ensure the adequate provision of medical and personal health facilities for the people of Hong Kong. Among the objectives were the building of new hospitals and clinics to meet expected population growth, provision of specialist treatment for psychiatric cases and the elderly, building up medical and health services in the new towns and the New Territories, relief of overcrowding in government hospitals while securing greater use of beds in government-assisted hospitals.¹³

The paper also recommended a regional approach in the planning and administration of medical and health services. All these proposals were generally welcomed, and planning proceeded as recommended.

The majority of the public hospitals that have been established since the end of the Second World War have been criticized as being too big. Given the perpetual shortage of land and the need to maximize its use, this is logical; nevertheless, hospitals of over 1,000 beds containing a full range of medical specialties have proven to be economical and efficient by Hong Kong standards, because of the relatively small area and easy travel from point to point. It is claimed that large hospitals become impersonal. Hong Kong’s hospitals are conscious, perhaps even oversensitive of this, and compensate by placing special emphasis on public relations and staff consultations. Our hospitals now compare favourably with anything to be found elsewhere, as was noted by the late Professor Sir William Trethowan, a medical academic of considerable renown who described Prince of

Wales Hospital (the teaching hospital for the medical faculty of The Chinese University of Hong Kong) as “the splendid multi-storey Teaching Hospital — as fine as can be seen anywhere else in the world.”

Hong Kong’s medical history is a rich field for research and, after being one of the unhealthiest places to live in 1841 (as described by the late Professor Choa earlier in this introduction), is now one of the healthiest. At 2.4 per 1,000, the infant mortality rate is one of the lowest in the world, and life expectancy for both males (78.7) and females (84.7) is one of the highest. Training in medicine, nursing and all professions auxiliary to medicine is done locally, equivalent to the highest international standards. There are two medical schools — one at the University of Hong Kong and the other which opened in 1982 at The Chinese University of Hong Kong. The Hong Kong Academy of Medicine, the body which organizes and accredits postgraduate medical education, was established in 1993.

These comments do not infer that there is no need for improvement — of course there is, as indeed there is everywhere else.

One serious drawback is the absence of organized general practice or family medicine. Government operates a network of sixty-five general “outpatient clinics,” at which charges are nominal, but these do not offer the same personal service as a patient would get from his or her own “family doctor” or general practitioner. In the year 2000, over 6 million attendances were registered at these “outpatient clinics”. However, private physicians provide some seventy percent of the total outpatient services for those who are able and willing to pay the economic rate, and the government is actively considering various proposals to extend the availability of family medicine to a wider section of the community.

Drug abuse is a complex problem with medical and psychological implications. Although the number of addicts cannot be exactly determined, a treatment and rehabilitation programme is coordinated by the Action Committee Against Narcotics. Tuberculosis has already been referred to, and there is always the possibility of an infectious disease appearing in what is one of the most densely populated areas in the world. This has recently been illustrated by an outbreak of Severe Acute Respiratory Syndrome (SARS), a serious illness caused by a highly infectious virus which claimed 299 lives in 2003. SARS was first detected in Hong Kong in March 2003, and the epidemic was brought under control at the end of May. It created havoc and

precipitated a drastic reassessment of the existing control measures for infectious diseases and the provision of hospital beds that are designed and equipped for treating infected patients. However, the general health of the community remains good, and the two leading causes of death today are cancer and heart disease.

The partnership between government and NGOs, supported by contributions from the private sector, worked well particularly during the immediate post-war years. However, by the 1980s, cracks were beginning to appear in the system. The development of the new towns and the resultant relocation of huge numbers of people had created an uneven distribution of hospital beds over the territory. NGOs, despite being subvented by government in various ways, were finding the costs of operating hospitals prohibitive, and private hospitals were affordable only to a limited number. The hospitals had become fragmented, there was a perception that those operated directly by the government were superior to those operated by NGOs, an appreciable degree of public dissatisfaction regarding health care was evident, and there were persistent calls for new hospitals, for better services and for a more comprehensive service.

In 1990, after an extensive consultation exercise, government established an independent Hospital Authority (HA), which now manages and operates all hospitals except private ones, which continue as before by charging patients a sufficiently large fee to cover their operating costs. Some eighty-two percent of all hospital admissions are to the heavily subsidized public hospitals; private hospitals account for only eighteen percent.

Generally speaking, the HA has achieved a more cohesive service and a better distribution of beds and funds. The hospitals are now funded quite separately from the Department of Health, which continues to bear responsibility for all public health matters, disease prevention and control, health education, infectious disease control etc. Conversely, a schism has developed between the HA and the Department of Health which is sometimes administratively inconvenient and which may not be in the best interests of the community. It is also said that the overall health service is too heavily hospital oriented, which may be a fair comment.

Furthermore, as medical science continues to progress, as the population lives longer, as more complex technology is introduced, as the natural expectations of the population to have access to all modern methods of diagnosis and treatment become higher, and as the basic

standards of living and education continue to improve, so do costs escalate in drugs, intricate and sensitive equipment and in highly trained skilled practitioners in a multitude of disciplines. Medicine can do more and more for most people and, as a result, the cost of the health service is becoming an intolerable burden on the community's budget.

The problem is causing worldwide disquiet, and here in Hong Kong it is exacerbated by the fact that, until recently, medical insurance was a rarity. It was deemed unnecessary, as government provided a near free service for the bulk of the population and the balance were able to pay the going rate. The situation is changing; more companies now offer their staff "medical benefits" and more individuals are taking out their own insurance. Nonetheless, the change is gradual and is inhibited by the escalating costs, which in their turn are forcing insurance companies to increase their premiums beyond the means of many people.

We all aspire to better health, longer and improved quality of life for ourselves and more particularly perhaps for our children, and we have come to expect access to the latest technology and treatment as an inalienable right.

Even in the United Kingdom (arguably the pioneer of socialized medicine as we understand the term today) the much-vaunted National Health Service is facing similar problems and considerable criticism. Blank cheques either for medical research or for diagnosis and treatment are not an option (if they ever were), so how do we contain the costs of our health services without impeding progress or imposing some pernicious system of rationing? The question is rhetorical, but it seems likely that the advances in medical science will continue for the foreseeable future and thus compound the dilemma even further.

The question of health cost that Hong Kong can bear is but one of the many factors that will determine how medical care will develop. Factors other than fiscal, such as population demography, social conscience, politics and continuing medical discoveries and inventions, will also come to bear. While the future remains imponderable, an examination of how past social changes interacted with medical development, as is attempted in chapter 5, may contribute to an understanding of changes that will ensue.

This work is intended mainly for the general reader. It does not pretend to record details of the progress of clinical or scientific medicine in Hong Kong; neither does it claim to do other than provide a record

of the principal events that have influenced and accelerated the development of the health service that the community enjoys today. Inevitably, we have included more detail on some subjects than on others and omitted certain events or developments that may be considered worthy for inclusion, but we hope we have produced a history that is factual, informative, interesting and readable.

Some final remarks regarding the choice of topics in this work may be helpful. Today, Hong Kong is a cosmopolitan society, home to many different nationalities, creeds and cultures. In selecting the topics for inclusion in this book, we have been mindful of their relevance to society, their significance to Hong Kong people, the availability of material, and of course the areas of interest among members of the editorial committee and their advisers. In this Introduction, we have already noted the implications of the infectious diseases and tuberculosis and made reference to the impressive increases in the numbers of hospital beds. Medical education was a lifelong interest to Professor Choa and is a matter of great interest to the local population. The chapter on the history of the Bacteriological Institute is of particular relevance, as the Hong Kong Museum of Medical Sciences is housed in this building, which is 100 years old in 2006. It is of considerable historical value and is listed as a monument under the Antiquities and Monuments Ordinance. We believe the chapter on Health Care Issues in a Changing Society speaks for itself.

We apologize in advance for any errors which may have been made in the text and for any omissions of noteworthy events which by right should have been included. The Hong Kong Museum of Medical Sciences Society welcomes comments from readers and all contributions of historical material relating to medicine in Hong Kong to enhance its archival collections.

CHRONOLOGY

- 1841 British troops land in Hong Kong in January. The estimated population is 7,450.
- 1842 At the end of the first Opium War, China is forced to sign the Treaty of Nanjing, by which Hong Kong Island is ceded to Britain.
- 1843 The *Medical Missionary Hospital* opens on Morrison Hill. *Seamen's Hospital* is also founded on the same location by shipping firms.
Hong Kong fever causes death in twenty-four percent of the garrison and ten percent of the European population.
A *Colonial Surgeon* is appointed to provide medical service.
- 1845 The *China Medico-Chirurgical Society*, formed by doctors practising in Hong Kong, holds its first meeting, with Dr Tucker, a naval surgeon, as president.
- c. 1849 *The Government Civil Hospital* is opened.
- 1851 The *Kwong Fook I-ts'z* is built on Tai Ping Shan Street.
- 1854 Influx of immigrants from China due to riots.
- 1857 *Ordinance No. 12* is enacted to check the spread of venereal diseases.
- 1858 The government *Lock Hospital* is established.
- 1860 The southern part of the Kowloon peninsula, including Stonecutters Island, is ceded to Great Britain by the Convention of Peking.

- 1863 The first reservoir in Hong Kong, the Pokfulam Reservoir, is completed.
- 1869 The authorities order the closure of the Kwong Fook I-ts'z, due to its unsanitary conditions.
- 1870 An ordinance is enacted by the governor of Hong Kong for establishing a Chinese hospital. Thus *Tung Wah Hospital* is founded on 9 April.
- 1872 *Tung Wah Hospital* building opens on 14 February.
- 1873 *Seamen's Hospital* is sold to the British Admiralty to become *Royal Naval Hospital*.
- 1881 *Nethersole Dispensary* "for the treatment of poor Chinese" is founded on London Missionary Society premises in the Tai Ping Shan area by Dr William Young.
- 1882 The report of the sanitary commissioner, *Osbert Chadwick*, highlighting the bad sanitary conditions of the Tai Ping Shan area, is completed.
- 1883 The *Sanitary Board* is formed.
- 1884 The *Medical Registration Ordinance* requires all Western-trained medical practitioners to register.
A European Lunatic Asylum is erected.
- 1886 Dr Ho Kai is appointed to the Sanitary Board.
Dr Patrick Manson formally proposes the creation of a *Hong Kong Medical Society*. The first general meeting is held in September, with Manson as president.
Dr Manson also took the lead in setting up the Dairy Farm in Pokfulam near Aberdeen to supply pure milk to young children and the sick at an affordable price.
- 1887 *Alice Memorial Hospital*, to commemorate Dr Ho Kai's late wife, is founded on Hollywood Road.
The Hong Kong College of Medicine for Chinese is formally inaugurated with Dr Manson as first dean.
Sun Yat-sen is admitted into the college.
- 1887/8 A smallpox epidemic kills several hundred people, leading to wide-scale vaccination.
- 1889 Manson departs from the colony. Dr James Cantlie becomes dean of the medical college.

- 1890 Dr Ho Kai is the first medical professional and the third Chinese to be appointed a member of the *Legislative Council* in Hong Kong.
A serious cholera outbreak occurs in summer.
- 1891 The *Chinese Lunatic Asylum* opens in November.
- 1892 Sun Yat-sen and Kong Ying-wah graduate from the *Hong Kong College of Medicine for Chinese*.
The Vaccine Institute is opened on Kennedy Road.
- 1893 *Nethersole Hospital*, in memory of the mother of the benefactor, H W Davis, is opened. It offers the first nursing course in south China.
- 1894 In May, a bubonic plague epidemic breaks out. Alexander Yersin and Shibasaburo Kitasato independently observe and isolate the causative bacillus. Yersin is later recognized as having identified the plague bacillus.
In mid-year, out of a population of 246,000, there is an exodus of 100,000.
- 1895 A by-law is made by the Sanitary Board for the compulsory reporting of infectious, contagious or communicable diseases.
- 1898 1 January, *St. Paul's Hospital* opens.
Britain leases the New Territories from China for ninety-nine years by the Convention of Peking.
- 1902 *Tung Wah Infectious Diseases Hospital* is built to house plague patients.
The first *Government Bacteriologist*, William Hunter, takes up his post.
- 1904 *Alice Memorial Maternity Hospital* opens on 7 June, providing the first course for midwives.
The *Midwifery Board* is also established.
- 1906 *Ho Miu Ling Hospital*, named after the donor Ho Kai's sister, is opened on Breezy Path.
The *Bacteriological Institute* is officially opened.
- 1907 *Matilda Hospital* opens on Mount Kellett.
The Hong Kong College of Medicine for Chinese, renamed the *Hong Kong College of Medicine*, is incorporated on 23 May.

- 1908 Frederick Lugard, the governor of Hong Kong (1907–12) proposes to set up a university and declares the Hong Kong College of Medicine will become the medical faculty of the new university.
The licentiates of the College of Medicine are authorized to sign death certificates.
- 1910 The first X-ray equipment in Hong Kong is installed in Nethersole Hospital.
- 1911 *Kwong Wah Hospital* is established.
- 1912 *The University of Hong Kong* is established, and the *Faculty of Medicine* is its premier faculty. Dr F W Clark, dean of the Hong Kong College of Medicine, becomes the first dean of the faculty.
- 1913 The *United Kingdom General Medical Council* extends full recognition to the medical degree to be awarded by the University of Hong Kong.
- 1914 The outbreak of the *First World War*.
George Harold Thomas, a licentiate of the Hong Kong College of Medicine, is the first graduate to be awarded the degree Bachelor of Medicine and Bachelor of Surgery (MBBS) from the new faculty.
- 1915 *The Hong Kong College of Medicine* is formally dissolved on the graduation of its last two students.
- 1919 *Pok Oi Hospital*, a community-based hospital, is founded by a group of residents in Yuen Long.
- 1920 The inception of the *Hong Kong Chinese Medical Association* (HKCMA), with Dr Wan Man-kai as president. The association stands for proper medical standards in Hong Kong.
Dr Wang Chung-yik is appointed professor of pathology, the first Chinese professor of the University of Hong Kong.
- 1921 *Alice Memorial Hospital* on Hollywood Road is closed, and a new one is built on Bonham Road.
- 1922 *Tsan Yuk Hospital* is established by the Chinese Public Dispensary Committee, under the guidance of Dr Tso Seen-wan, to provide maternity services and offer training to the midwives.

In June, *Yeung Wo Hospital*, formerly called “Yeung Wo Nursing Home” and later known as Hong Kong Sanatorium and Hospital, is founded to provide a place for the local community to be treated by its own medical practitioners.

- 1925 *Kowloon Hospital* is opened.
- 1926 *The University of Hong Kong Obstetric Unit* takes over the supervision of the clinical work of *Tsan Yuk Hospital*, and medical students are admitted for training.
- 1927 Eva Hotung is the first female medical graduate from the University of Hong Kong.
- 1929 Inauguration of the *Hong Kong Branch of the National Medical Association (NMA) of China*.
Government Radiological Service officially commences in the Government Civil Hospital.
The New Alice Memorial Hospital on Bonham Road is opened.
Tung Wah Eastern Hospital is opened.
- 1930 *The Malaria Bureau* is established.
- 1931 The amalgamation of *Tung Wah Hospital*, *Kwong Wah Hospital* and *Tung Wah Eastern Hospital* to form the *Tung Wah Group of Hospitals*.
The Nurses Registration Ordinance is enacted.
Japanese invasion of China begins on September 18.
- 1932 Amalgamation of *HKCMA* and *Hong Kong Branches of NMA of China*.
The establishment of the *Nursing Board*.
- 1934 *General Medical Council* renews its recognition of the *MBBS* degree, after a visit by Sir Richard Needham.
- 1936 *The Hong Kong Eugenics League* is established and family planning begins.
- 1937 Influx of immigrants arrives from China, doubling Hong Kong's population to 1.6 million.
Queen Mary Hospital opens in June and becomes the clinical teaching hospital of the Faculty of Medicine of the University of Hong Kong.
The *Government Civil Hospital* becomes an infectious disease hospital, later named *Sai Ying Pun Hospital*.

- 1938 *Lai Chi Kok Hospital* is founded.
- 1940 *The Federation of Hong Kong Nurses and Midwives*, the first territory-wide nurses association, is established.
- 1941 Japanese invasion of Hong Kong begins on 8 December, occupying the Kowloon peninsula from 12 December, and Hong Kong Island from 25 December. Hong Kong capitulates on 25 December.
Dr Selwyn-Clarke secures permission to carry on as Director of Medical Services from the Japanese military governor.
- 1942 Before his own internment, Dr Selwyn-Clarke persuades the Japanese to set up the main civilian internment camp in an area around the village of Stanley and transfer the civilian internees there, to help contain malaria.
Royal Naval Hospital, Canossa Hospital, Matilda Hospital and St. Paul's Hospital are bombed.
Queen Mary Hospital is turned into a military hospital under Japanese rule, and Nethersole Hospital requisitioned as a casualty clearing hospital.
The Bacteriological Institute remains operational during the period of the Japanese occupation.
- 1945 The population has been reduced to 610,000.
The first and only batch of nursing students in Hong Kong to graduate under Japanese administration receive their certificates.
On 15 August, the Japanese surrender. Japanese occupation of Hong Kong ends.
HKCMA members staff the first post-war clinics in Sai Ying Pun and the Tung Wah Group of Hospitals. They are granted the right to sign and issue smallpox vaccination and cholera inoculation certificates.
Wartime degrees are awarded to medical graduates of the University of Hong Kong who have completed their education in China.
- 1948 Mr Jehangir Ruttonjee and his son, Dhun Ruttonjee, with Sir S N Chau, Ngan Shing-kwan, Shum Wai-yau, D Benson, and Lee Lu-cheung found the *Hong Kong Anti-Tuberculosis Association*.

- The Faculty of Medicine of the University of Hong Kong reopens after the war.
- 1949 In February, *Ruttonjee Sanatorium* becomes fully operational.
- 1950 The population is 2 million.
Lai Chi Kok Hospital is converted into an infectious disease hospital.
The Family Planning Association of Hong Kong is established.
- 1952 Formation of the Hong Kong Red Cross.
BCG vaccination against tuberculosis is offered to the people of Hong Kong for the first time.
- 1955 The new *Tsan Yuk Hospital* is opened on Hospital Road, to meet the demand for specialist maternity services.
Haven of Hope Hospital is established in Junk Bay, to serve the community with a holistic approach.
Professor A R Hodgson and Professor F E Stock of the University of Hong Kong pioneer the anterior approach for the surgical treatment of spinal tuberculosis, which comes to be known as the “Hong Kong operation.”
- 1956 Large influx of immigrants.
Duchess of Kent Children’s Hospital, originally run by the Society for the Relief of Disabled Children, is set up at Sandy Bay, Pokfulam.
- 1957 *Grantham Hospital*, operated by the Hong Kong Tuberculosis, Chest and Heart Diseases Association, is opened.
The Medical Board is enlarged to become the *Medical Council of Hong Kong*, the chairman is by law the Director of Medical and Health Services, and most of the members are official members of the government.
- 1961 Outbreak of cholera begins in Lau Fau Shan. The Government Medical and Health Department and the HKCMA launches the *anti-cholera immunization campaign*.
Castle Peak Hospital, the first psychiatric hospital in Hong Kong, is opened.

- 1962 Influx of immigrants from China.
Margaret Trench Medical Rehabilitation Centre is opened by The Hong Kong Society for Rehabilitation as a specialist rehabilitation centre for persons with disabilities.
The *Hong Kong Eye Bank and Research Foundation* is set up.
- 1963 *Queen Elizabeth Hospital*, a major acute general hospital in Kowloon, is in operation in December.
The *Government Virus Unit Laboratory* at Queen Mary Hospital is designated by WHO as one of the National Influenza Centres.
- 1964 The population is 3.5 million.
The first government medical development plan was drawn up to offer heavily subsidized or free medical and personal health services to the large section of community unable to seek medical care.
The Federation of Hong Kong Nurses and Midwives splits into the *Hong Kong Nurses Association* and the *Hong Kong Midwives Association*.
- 1965 The inauguration of the *Federation of Medical Societies of Hong Kong* to coordinate all the medical societies and seek out talents to organize postgraduate training for local doctors.
The *School Medical Service* is formed to provide examinations and treatment of school children at very low cost.
Wong Tai Sin Hospital of the Tung Wah Group of Hospitals is established to treat severely disabled elderly people.
- 1967 *Nam Long Hospital*, the first hospital in Hong Kong serving cancer patients exclusively, is founded by Professor John H C Ho and a group of specialist doctors, under the auspices of the Hong Kong Anti-Cancer Society.
- 1968 Outbreak of the *Hong Kong Flu* in July.
Professor G B Ong and his team of the Department of Surgery of the University of Hong Kong perform the first open-heart surgery operation in Hong Kong.
- 1969 *Tang Siu Kin Hospital* is established to replace Eastern Public Dispensary and other clinics. It also provides accident and emergency service for the eastern area of Hong Kong.
The first kidney transplant in Hong Kong is performed.

- 1970 In October, the Hong Kong Chinese Medical Association is renamed the *Hong Kong Medical Association*.
- 1972 The Medical and Health Department starts a *methadone treatment programme* for drug addicts on an outpatient basis. *Siu Lam Hospital* is opened to provide integrated rehabilitative and infirmary services to adult patients with severe mental disabilities.
- 1973 *Yan Chai Hospital* is founded in Tsuen Wan, to provide convalescent service. *United Christian Hospital*, an acute general hospital, is opened in Kwun Tong. Launching of the “*Keep Hong Kong Clean Campaign*,” which continues until 1999.
Closing of the Old Pathological Institute. All vaccine production is shifted to the Institute of Immunology at Pokfulam.
The *Medical Development Advisory Committee* (MDAC) produces a ten-year development programme for medical services in Hong Kong.
- 1974 The population is 4.3 million.
The White Paper on “The Further Development of Medical and Health Services in Hong Kong” is published, its emphasis being the continued provision of medical services at a normal charge for those relying on heavily subsidized medical care. It also proposes to establish a second medical school in Hong Kong and endorses the recommendation of the 1973 MDAC report that a dental school be established at the University of Hong Kong.
The Hong Kong Red Cross is designated by the government to provide *blood transfusion service* on a territory-wide basis.
- 1975 The launching of the Licentiate Scheme of the Medical Council of Hong Kong, LMC [HK] Scheme, to allow non-local medical graduates with qualifications not recognized by the General Medical Council of the United Kingdom to achieve registration in Hong Kong.
Princess Margaret Hospital, an acute hospital, is opened to provide specialist service.
After the opening of an *infectious disease unit* in Princess Margaret Hospital, Lai Chi Kok Hospital becomes a

convalescent hospital for psychiatric patients and patients with special skin disorders.

Influx of Vietnamese refugees in boats begins in May.

- 1977 A White Paper entitled “Integrating the Disabled into the Community: A United Effort” is published, and a Rehabilitation Development Coordinating Committee is set up to advise, coordinate and give recommendations on the development of rehabilitation services in Hong Kong. The Medical Council initiates a licentiate examination scheme for non-commonwealth medical graduates.
- 1978 The Hong Kong Polytechnic begins to provide full-time training courses leading to registrable qualifications for paramedical professionals, including physiotherapists, occupational therapists, radiographers, medical laboratory technicians, optometrists and dental therapists. The government’s *Central Registry of Drug Addicts* comes into operation.
- 1979 The Hong Kong College of General Practitioners is formally inaugurated.
- 1980 The establishment of the *Dental Faculty* at the University of Hong Kong. *The Supplementary Medical Professions Ordinance* is enacted to legislate for the registration, training, and qualification of paramedical professionals in Hong Kong.
- 1981 *The Faculty of Medicine of The Chinese University of Hong Kong* admits its first students. *Prince Philip Dental Hospital*, the teaching hospital for the Dental Faculty of the University of Hong Kong, is established. *Kwai Chung Hospital* is opened to provide psychiatric services. AIDS is first reported in the United States.
- 1983 AIDS education programme starts in Hong Kong.
- 1984 The population is 5.3 million. *The Sino-British Joint Declaration* is signed, allowing the whole territory of Hong Kong to be returned to Chinese sovereignty in 1997.

Prince of Wales Hospital, an acute general hospital and the teaching hospital of the medical faculty of The Chinese University of Hong Kong, is opened in Shatin.

In November, an *Expert Advisory Committee on AIDS* in the Medical and Health Department is established to monitor arrival and progress of the disease and establish guidelines for its management.

- 1985 The first case of AIDS in Hong Kong is recorded.
- 1986 Cholera affects over 30 people. The government declares Hong Kong an infected port.
The government sets up a *working party on postgraduate medical education* to prepare for the imminent change of sovereignty.
- 1987 Hong Kong celebrates 100 years of medical education. Alice Ho Miu Ling Nethersole Hospital celebrates the centenary of its founding.
- 1988 A universal *hepatitis B vaccination programme* for all newborn infants is introduced.
The *Hong Kong Government Working Party on Postgraduate Medical Education and Training* proposes an overall organization to oversee the postgraduate education and training to be provided by all hospitals, clinics and university faculties. An education committee of the *Hong Kong Medical Council* is to be responsible for the control of standards.
- 1989 *The Medical and Health Department* is dissolved, and its work is taken over by the *Hospital Services Department* and the *Department of Health*.
The Secretary for Health and Welfare appoints the Working Party on Chinese Medicine to examine and make recommendations on the current practice of traditional Chinese medicine in Hong Kong.
- 1990 *Tuen Mun Hospital*, an acute general hospital, is opened.
The Expert Advisory Committee on AIDS is reconstituted and upgraded as the *Advisory Council on AIDS* with expanded objectives to increase community participation. An NGO, *AIDS Concern*, is also formed.

In March, the Bone Marrow Transplantation Centre is set up at Queen Mary Hospital and in May, doctors of the University of Hong Kong Department of Medicine carry out the first bone marrow transplantation in Hong Kong.

In June, the *Old Pathological Institute* is listed as a monument. On 1 December, the *Hospital Authority* (HA) is formally inaugurated. The operational functions of the Hospital Services Department are transferred to the HA.

1991 *Shatin Hospital* is opened.

The *Hong Kong AIDS Foundation* is inaugurated.

On 1 December, the HA formally takes over the management of the fifteen government and twenty-three subvented hospitals and institutions to provide an integrated public hospital service.

The world's first all-Chinese bone marrow registry starts in Hong Kong.

1992 *Hong Kong Eye Hospital* is opened.

The *Hong Kong Academy of Medicine Ordinance* is enacted on 25 June, and the *Hong Kong Academy of Medicine* is founded as a statutory body with twelve foundation colleges. The first liver transplant in Hong Kong is performed by Professor Fan Sheung-tat and his colleagues of the University of Hong Kong in Queen Mary Hospital.

The first heart transplant is performed by a transplant team led by Professor Mok Che-keung, Consultant Surgeon in Graham Hospital.

1994 The population is 6 million.

The Community Charter on AIDS is formed by the Department of Health and Lions Club International to fight discrimination and prejudice against AIDS.

The University of Hong Kong Hepatobiliary and Pancreatic Surgery team, led by Professor Fan Sheung-tat, performs the world's first successful liver transplant involving a live unrelated donor.

Union Hospital starts operation.

The Working Party on Chinese Medicine recommends the establishment of a preparatory committee with members from

the TCM profession supported by the Department of Health, to advise on legislation for the promotion, development and regulation of TCM in Hong Kong.

- 1995 *Wong Chuk Hang Hospital* is established to provide extended care to elderly patients.

The Chinese University of Hong Kong begins to offer a *bachelor's degree programme in pharmacy*, with an expected annual output of about thirty-two graduates who will then be required to do one year of pre-registration training. (Previously, Hong Kong's pharmacists obtained a bachelor's degree overseas.)

Professor William Wei of the Department of Surgery, the University of Hong Kong, pioneers a new surgical approach, the maxillary swing approach, to the removal of nasopharyngeal cancer.

Dr Chiu Shui-wah, chief of service in surgery of the Grantham Hospital, performs the first lung transplant in Hong Kong in July and first heart-lung transplant on another dying patient in December.

- 1996 In March, the Hong Kong Museum of Medical Sciences (HKMMS) opens in the Old Pathological Institute.

Professor Fan Sheung-tat and his team of the University of Hong Kong carry out the world's first successful liver transplant in an adult, using the right lobe of the liver from a live related donor.

- 1997 Establishment of the Hong Kong Special Administrative Region on 1 July.

Outbreak of avian influenza; the bird flu virus H5N1 from chickens infects humans for the first time. Millions of chickens are slaughtered to control the disease. Scientists in Hong Kong start a surveillance programme on H5N1 in birds and humans.

The new Alice Ho Miu Ling Nethersole Hospital at Tai Po starts operation in phases.

- 1998 *Northern District Hospital*, the first hospital completely planned and built by the HA, starts operation in phases from 27 February.

WHO and eighteen other top world experts on influenza signed a joint proclamation to express their profound gratitude and appreciation toward Hong Kong's effort in containing the avian flu (H5N1) that "may have saved the world from an influenza pandemic."

- 1999 The Harvard Report, "Improving Hong Kong's Health Care System – why and for whom?" is released in April for public consultation.

The Chinese Medicine Ordinance is passed to govern the registration, examination and discipline of Chinese medicine practitioners as well as the licensing and regulation of Chinese medicine traders and the registration of proprietary Chinese medicines. Under the ordinance, the Chinese Medicine Council of Hong Kong, a statutory body, is set up to implement regulatory measures for Chinese herbal medicine and Chinese medicine practitioners.

- 2001 Tsan Yuk Hospital inpatient obstetric services ceases to operate, reflecting the changing demographic trends.

The Tobacco Control Office of the Department of Health is established in February to strengthen the government's tobacco control efforts.

The list of Chinese medicine practitioners compiled by the Chinese Medicine Council is gazetted in December.

- 2002 The Hospital Authority begins to impose charges on accident and emergency services in November.

- 2003 SARS outbreak in March. 1,775 persons are infected, and 299 die of the disease.

Microbiologists in the University of Hong Kong succeed in isolating the coronavirus responsible for SARS.

The government's policy on fees and charges revision on hospital services is implemented in April.

The licensing system for the Chinese medicine traders is implemented in May and the registration system for proprietary Chinese medicines in December.

In December, three Chinese medicine outpatient clinics are set up in Tung Wah Hospital, Yan Chai Hospital and Alice Ho Miu Ling Nethersole Hospital in accordance with the target of the Chief Executive's policy address in 2000.

- 2004 The population is 6.88 million.
The Centre for Health Protection starts its work.
A new infectious diseases unit is planned at the Princess Margaret Hospital compound.
- 2005 The Chief Executive announces in the Policy Address that the Administration will reconstitute the Health and Medical Development Advisory Committee to set strategic directions for the development and financing of health and medical services in Hong Kong.
The Hospital Authority proposes to set up three more Chinese medicine clinics in 2005–06 in Yuen Long, Tseung Kwan O and Wan Chai.
The Smoking (Public Health) (Amendment) Bill 2005, which endeavours to tighten the control on smoking, is gazetted in April and introduced into the Legislative Council in May.
- 2006 “One hundred years of health protection”: Celebration of the centenary of the founding of the Bacteriological Institute and tenth anniversary of the opening of the HKMMS.

NOTES

INTRODUCTION

1. Gerald H Choa, "A history of medicine in Hong Kong," in Hong Kong Federation of Medical Societies (ed.), *The Medical Directory of Hong Kong* (Hong Kong: Hong Kong Federation of Medical Societies, 1985), p. 12.
2. Alex Anderson, "Report to J. F. Davis, Governor, 15 June 1844," CO129/6, no.16, pp.141–2.
3. Winifred A. Wood, *A Brief History of Hong Kong* (Hong Kong: South China Morning Post Limited, 1940), p. 32.
4. Caroline Courtauld and May Holdsworth, *The Hong Kong Story* (Hong Kong: Oxford University Press, 1997), p. 15.
5. William Morrison, *The Colonial Surgeon's Report of 1848, Hong Kong Blue Book 1848*, p. 184.
6. It has been estimated that about 1,500 servicemen of all ranks were killed in the battle and that up to a further 3,000 died in captivity.
7. P S Selwyn-Clarke, *Report on Medical and Health Conditions in Hong Kong for the Period 1st January, 1942–31st August, 1945* (London: His Majesty's Station Office, 1946), p. 18.
8. P S Selwyn-Clarke, *Footprints: The Memoirs of Sir Selwyn-Clarke* (Hong Kong: Sino-American Publishing Co., 1975).
9. Thong Kah-leong, "Medical and health systems with special reference to Hong Kong," *Journal of the Hong Kong Society of Community Medicine*, Vol. 17, No. 2 (Sept. 1987), p. 31.
10. Working Party on the Development of Medical Services, *Development of Medical Services in Hong Kong* (Hong Kong: Government Printer, [1964]), pp.4–6, 19.
11. Colin Grant and Peter Yuen, *The Hong Kong Health Care System*. (Sydney: School of Health Services Management, University of New South Wales, 1998), p.169.
12. Hong Kong, Medical Development Advisory Committee, *Report* (Hong Kong: Government Printer, 1973), pp. 49–51.
13. Hong Kong Medical Development Advisory Committee, *The 1979 Review of the Medical Development Programme* (Hong Kong: Medical Development Advisory Committee, 1979), p. 3.

CHAPTER 1

1. Anne Hardy, *The Epidemic Streets: Infectious Disease and the Rise of Preventive Medicine, 1856–1900* (Oxford, Clarendon Press, 1993), p. 293.
2. Henry Charles Sirr, *China and the Chinese: Their Religion, Character, Customs and Manufactures* (London: Orr, 1849), vol. 1, p. 13.
3. *Ibid*, p. 8.
4. *Ibid*, p. 12.
5. David R Phillips, *The Epidemiological Transition in Hong Kong: Changes in Health and Disease since the 19th Century* (Hong Kong: Centre of Asian Studies, University of Hong Kong, 1988), p. 30.
6. Examples and figures can be found in reports of the Colonial Surgeon for 1844–87, *Hong Kong Administrative Reports*.
7. Alex Anderson, “Report to J. F. Davis, Governor, 15 June 1844”, CO129/6, no. 16, pp. 142.
8. William Morrison, “Report by the Colonial Surgeon for 1847,” CO133/4, p. 102.
9. J I Murray, *Report of the Colonial Surgeon for 1868*, in *Hong Kong Blue Book*, p. 129.
10. Philip H Manson-Bahr, *Patrick Manson, The Father of Tropical Medicine* (London: L Thomas Nelson and Sons, 1962), pp. 48–57.
11. *Ibid*, pp. 80–94.
12. A G M Severn, “The mosquitoes of Hong Kong,” *The Caduceus*, vol. 5, no. 1 (May 1926), pp. 5–9.
13. J Anderson, “The present position of malaria,” *The Caduceus*, vol. 6, no. 2 (July 1927), pp. 105–15.
14. David Hughes Charles Given, *Report no. 1 on Malaria in Hong Kong* (Hong Kong: South China Morning Post, 1928), p. 35.
15. *Ibid*, p. 27.
16. Lennox A Mills, *British Rule in Eastern Asia: A Study of Contemporary Government and Economic Development in British Malaya and Hong Kong* (London: Oxford University Press 1942), p. 484.
17. David R Phillips, *The Epidemiological Transition in Hong Kong: Changes in Health and Disease since the 19th Century*, p. 28.
18. Department of Health, *Statistics on Infectious Diseases in Hong Kong, 1946–2001* (Hong Kong: Disease Prevention and Control Division, Department of Health, 2002), p. 27.
19. Details can be found in *Reports of Colonial Surgeon for 1844 to 1897*.
20. William Hunter, *Report of the Government Bacteriologist for 1902*, in *Hong Kong Administrative Report, 1902*, p. 15.
21. Elizabeth Sinn, *Power and Charity: The Early History of Tung Wah Hospital* (Hong Kong: Oxford University Press, 1989), p. 65.
22. K H Uttley, “The epidemiology of bubonic plague in Hong Kong,” *The Caduceus*, vol. 17, no. 1 (Feb. 1939), pp. 1–20.
23. Gerald H Choa, *The Life and Times of Sir Kai Ho Kai* (Hong Kong: Chinese University Press, 2000, 2nd ed.), p. 278.

24. A G M Severn, "An outline of the history of the plague in Hong Kong," *Journal of the Royal Sanitary Institute*, vol. XLVI, no. 2, reprinted in *The Caduceus*, vol. 5, no. 2 (Aug 1926), pp.116–27.
25. Osbert Chadwick, *Reports on the Sanitary Condition of Hong Kong, with Appendices and Plans* (Hong Kong: printed for the use of the Colonial Office, 1882), pp. 4–5.
26. As recorded in Lowson's diary, a copy of which has been donated by his granddaughter, Mrs F Ashburner, to the Hong Kong Museum of Medical Sciences Society.
27. James A Lowson, *The Epidemic of Bubonic Plague in Hong Kong 1894*, in *Hong Kong Government Gazette*, 13 April 1895, p. 394.
28. Edward H Paterson, *A Hospital for Hong Kong: The Centenary History of the Alice Ho Miu Ling Nethersole Hospital* (Hong Kong: Alice Ho Miu Ling Nethersole Hospital, 1987), p. 37.
29. *Ibid.*
30. Letter from William Robinson to the Secretary of State for the Colonies, 20 June 1894, CO129/263, no.12777, p. 462.
31. *Ibid*, p. 470.
32. *Ibid*, p. 469.
33. Paterson, *A Hospital for Hong Kong*, p. 37.
34. Sinn, *Power and Charity*, pp. 159–208.
35. "The plague in Hong Kong (from our Special Correspondent)," *British Medical Journal*, 8 September 1894, p. 539
36. Mills, *British Rule in Eastern Asia*, p. 484.
37. "The plague in Hong Kong," *The Lancet*, 18 August 1894, pp. 391–2.
38. Tom Solomon, "Hong Kong, 1894: The role of James A Lowson in the controversial discovery of the plague bacillus," *The Lancet*, vol. 350, no. 9070 (1997 July), pp. 59–62.
39. A Yersin, "La peste bubonique a Hong-Kong (The bubonic plague in Hong Kong)," *Annales de L'Institut Pasteur (Annals of Institute Pasteur)*, no. 8 (1894), pp. 662–7.
40. "The plague, the antitoxin serum," *British Medical Journal*, 6 February 1897, p. 358.
41. "The plague in Hong Kong," *The Lancet*, 18 August 1894, p. 392.
42. B C Ayres, *The Colonial Surgeon's Report for 1896*, in *Hong Kong Administrative Report 1896*, p. 419.
43. *Ibid.*
44. W J Simpson, *Preliminary Memoranda on Plague Prevention in Hong Kong* (Hong Kong: Noronha & Co. Government Printers, 1902).
45. T A Chaldecott, *The Colonial Surgeon's Report*, CO133, no.15, p. 84.
46. Lee Shiu Hung, *Prevention and Control of Communicable Diseases in Hong Kong* (Hong Kong: Government Printer, 1994), pp. 31–40.
47. *Report on the Outbreak of Cholera in Hong Kong* (Hong Kong: Medical and Health Department, 1961).
48. M A Kane Brooks, "A new immunization initiative and progress toward the global control of hepatitis B," *Current Opinions in Infectious Diseases*, no. 15 (2002), pp. 465–69.

49. *Public Health and Epidemiology Bulletin, Special Edition: Recommendations of the Advisory Committee on Immunization* (Hong Kong: Department of Health, December 2002).
50. Kenneth F Kiple (ed.), *Plague, Pox and Pestilence* (London: Weidenfeld & Nicolson, 1997), p. 148.
51. Karl G Nicholson, Robert G, Webster and Alan J Hay (eds.), *Textbook of Influenza* (Oxford: Blackwell Science Ltd., 1998), p. 15.
52. Influenza viruses are classified according to two sets of antigens on the viral surface. H stands for the haemagglutinin antigen, an essential virulence factor; N stands for the neuraminidase, a smaller protein responsible for transport of the virus in and out of a cell. Sixteen different H antigens and nine N antigens have been identified to date.
53. W K Chang, "National influenza experience in Hong Kong," *Bulletin of the World Health Organization*, vol. 41 (1968), pp. 349–51.
54. Karl G Nicholson *et al.*, *Textbook of Influenza*, p. 14.
55. P Palese, "Influenza: old and new threats," *Nature Medicine*, vol. 10, no. 12 (December 2004), pp. 582–7.
56. W C Cockburn, "Influenza — the world problem," *Medical Journal of Australia*, vol. 1 (1973), pp. 6–10.
57. J H Kao and D S Chen, "Global control of hepatitis B virus infection." *The Lancet Infectious Diseases*, vol. 2 (2002), pp. 395–403.
58. M F Yuen, W L Lim, A O Chan, D K Wong, S S Sum, C L Lai, "18-year follow-up study of a prospective randomized trial of hepatitis B vaccinations without booster doses in children," *Clinical Gastroenterol Hepatol*, vol. 2, no. 10 (2004), pp. 941–5.
59. Advisory Council for AIDS, *The forgotten tragedy — the unforgettable trauma — addressing the needs of people affected by haemophilia and HIV infection in Hong Kong, Final report of the Hong Kong Advisory Council on AIDS* (Hong Kong: Advisory Council for AIDS, Hong Kong Government, 2004), p. 15, downloaded from <http://www.info.gov.hk/aids/pdf/g137.pdf>.
60. <http://www.info.gov.hk/aids/english/surveillance/quarter.htm>
61. J C de Jong, E C J Claas, A D M E Ostertaus, R G Webster, W L Lim, "A pandemic warning," *Nature*, no. 389 (1997), p. 554.
62. K Y Yuen, P K S Chan, M Peiris, D N C Tsang, T L Que, K F Shortridge *et al.*, "Clinical features and rapid viral diagnosis of human disease associated with avian influenza A H5N1 virus," *The Lancet*, no. 351 (1998), pp. 467–71.
63. K Subbarao, A Klimov, J Katz, H Regnery, W L Lim, H Hall, *et al.*, "Characterization of avian influenza A (H5N1) virus isolated from a child with a fatal respiratory illness," *Science*, no. 279 (1998), pp. 393–6.
64. J M Katz, W Lim, C B Bridges, T Rowe, J Hu-Primmer, X Lu, *et al.*, "Antibody response in individuals infected with avian influenza A (H5N1) viruses and detection of anti-H5 antibody among household and social contacts," *Journal of Infectious Diseases*, vol. 180 (1999), pp. 1763–70.

65. S Y Lee, K H Mak, T A Saw, "The avian flu (H5N1): one year on," *Public Health and Epidemiology Bulletin*, 8 (1999), pp. 1–7.
66. Paul K S Chan, "Highly pathogenic Avian Influenza," *Medical Progress*, vol. 31, no. 11 (November 2004), 525–8.
67. K F Shortridge, J S Peiris, Y Guan, "The next influenza pandemic: lessons from Hong Kong," *Journal of Applied Microbiology*, no. 94 suppl (2003), pp. 70s–79s.
68. Initially reported in a WHO website alert and subsequently published as J S M Peiris, S T Lai, L L M Poon, Y Guan, L Y C Yam, W Lim, J Nicholls, W K S Yee, W W Yan, M T Cheung, V C C Cheng, K H Chan, D N C Tsang, R W H Yung, T K Ng, K Y Yuen and members of the SARS study group, "Coronavirus as a possible cause of severe acute respiratory syndrome," *The Lancet*, published online on 8 April 2003 and in print in vol. 361, no. 9366 (19 April 2003), pp. 1319–25.
69. R Fouchier, T Kuiken, M Schutten *et al.*, "Koch's postulates fulfilled for SARS virus," *Nature*, no. 423 (15 May 2003), p. 240.
70. D Heymann, Executive Director of the Communicable Diseases section, WHO, speaking at the WHO Press Briefing of 11 April 2003: "Just so you're clear. The virus was first found in Hong Kong, first identified in Hong Kong. And then it was identified at CDC. And now it's been identified by all the other laboratories."
71. Yuen K Y, "The SARS attack on Hong Kong." *Hong Kong Medical Journal*, vol. 9 no. 4(Aug 2003), pp. 302–3.

CHAPTER 2

1. Gerald H Choa, "A history of medicine in Hong Kong," p. 20.
2. The actual year of the establishment of Government Civil Hospital is obscure.
3. William Morrison, *Report of the Colonial Surgeon for the Year 1849*, in *Hong Kong Blue Book 1849*, p. 81
4. Thong Kah-leong, "Medical and health systems with special reference to Hong Kong," p. 23
5. *Ibid*, p. 25.
6. *Ibid*, p. 28.
7. James A Lawson, *Report of the Acting Superintendent of the Civil Hospital*, in B C Ayres, *Report of the Colonial Surgeon for 1894*, in *The Hong Kong Government Gazette*, 17 August 1895, p. 949.
8. Reference Table to Professor Simpson's Recommendations laid before the Legislative Council of Command of His Excellency the Officer Administering the Government, 1902.
9. Secretary for Health and Welfare, *Towards Better Health: A Consultation Document* (Hong Kong: Secretary for Health and Welfare, 1993), p. 10.
10. *Ibid*, p. 13.
11. "Art. III Journal of Occurrences" *The Chinese Repository*, vol. XIII, no. 11 (November 1844), pp. 603–4.

12. Gerald H Choa, *Heal the Sick was their Motto: The Protestant Medical Missionaries in China* (Hong Kong: The Chinese University Press, 1990), p. 25.
13. William Lockhart, *Medical Missionary in China, a Narrative of 20 years' Experience* (London: Hurst and Blackett, 1861), pp. 203–4.
14. "Art. IV Report of the Medical Missionary Society's hospital at Hongkong under the care of B. Hobson, M.B. In a letter to the acting secretary," *The Chinese Repository*, vol. XIII no. 7(July 1844), p. 378.
15. "Art. III Journal of Occurrences," *The Chinese Repository*, vol. XIII, no. 11(November 1844), pp. 603–4.
16. Alex Anderson, report to J F Davis, Governor, 15 June 1844, CO129/6, no.16, pp.152–3.
17. An assessment report written by Dr Ph B C Ayres for his twenty years' work in the Medical Department, *Report of Colonial Surgeon for 1894*, in *The Hong Kong Government Gazette 1 December 1894*, pp. 1008–11.
18. *A Hand-book to Hong Kong* (Hong Kong: Kelly & Walsh, 1908), pp. 54–6.
19. "Extract of a Report from Mr. Bridges (Acting Colonial Secretary) to Governor Sir J. Bowling, Colonial Secretary's Office on 20 March 1858," in R L Jarman, ed., *Hong Kong Annual Administration Reports, 1841–1941* (Farnham Common: Archive Editions, 1996), vol. 1, p. 242.
20. J I Murray, *Report of the Colonial Surgeon for the Year 1862*, *The Hong Kong Government Gazette 7 March 1863*, p. 74.
21. J I Murray, *Report of the Colonial Surgeon for the Year 1869*, *Hong Kong Blue Book 1869*, p. 250.
22. B C Ayres, "Lock Hospital," *The Report of Colonial Surgeon for the Year 1873*, *Hong Kong Blue Book 1873*, Sundry papers and returns for 1973, n.p.
23. According to Chinese custom, having someone die in the house made it unclean. The moribund person not related to the family would be removed to another place to await death, and thus the I-ts'z was eventually turned into a place to house the dying.
24. T H Whitehead, *Report on the Tung Wah Hospital, 17th October, 1896*, in *Hong Kong Sessional Paper 1896*, p. xvix.
25. The governor expected the Chinese would raise \$12,000 to \$15,000 for the erection of the Chinese hospital.
26. The special fund was raised from the Gambling License.
27. *The Chinese Hospital Ordinance*, No.3 of 1870, Section III.
28. Sinn, *Power and Charity*, p.51
29. G Dods, *Report of Acting Colonial Surgeon Report for the Year 1872*, *Hong Kong Blue Book 1872*, n.p.
30. B C Ayres, *Report of Colonial Surgeon Report for the Year 1875*, *Hong Kong Blue Book 1875*, n.p.
31. G Dods, *Report of Acting Colonial Surgeon Report for the Year 1872*, n.p.
32. Chap Sien Hospital was the only Chinese charitable organization in the eastern district of the Colony at the time.

33. P S Selwyn-Clark, *Annual Medical Report for the Year 1938*, in *Hong Kong Administrative Report of 1938*, p. M-45.
34. *Ibid*, p. M-48.
35. Tung Wah Group of Hospitals, Board of Directors 1970-71, *One Hundred Years of the Tung Wah Group of Hospitals, 1870-1970* (Hong Kong: TWGH, 1971), Book I, p. 77.
36. Gerald H Choa, *The Life and Times of Sir Kai Ho Kai*, p. 58; Michael H M Ho (何興民), *When Science and Compassion Meet — A Turning Point in the History of Medicine in Hong Kong — The Alice Ho Miu Ling Nethersole Hospital 110th Anniversary Exhibition 1887-1997* (矜憫為懷—香港科學醫療轉捩點〔一八八七至一九四一年間雅麗氏何妙齡那打素醫院對香港市民的貢獻〕) (Hong Kong: Hong Kong Museum of Medical Sciences Society, 1997), pp. 4-5.
37. Paterson, *A Hospital of Hong Kong*, p. 48.
38. *Ibid*, p. 26.
39. *Ibid*, p.41; *Alice Ho Miu Ling Nethersole Hospital, 1887-1957* (Hong Kong: AHMLN Hospital, 1957), n.p.
40. Ho, *When Science and Compassion Meet*, p. 14.
41. *Alice Ho Miu Ling Nethersole Hospital, 1887-1967* (Hong Kong: AHMLN Hospital, 1967), pp.16-20.
42. Paterson, *A Hospital of Hong Kong*, p.87.
43. *Administrative Report 1993-1994*, in *Move of the Century: Alice Ho Miu Ling Nethersole Hospital Annual Report, 1993-1994* (Hong Kong: Hospital Authority, 1994), pp. 9-18
44. *Alice Ho Miu Ling Nethersole Hospital Relocation Magazine 1993* (Hong Kong: AHMLN, 1993), p. 17.
45. "Service Brief," in *New Faces of Hospital: Alice Ho Miu Ling Nethersole Hospital Annual Report, 1995-1996*, (Hong Kong: Hospital Authority, 1996), p. 10.
46. "Relocation of Inpatient Services from Tsan Yuk Hospital to Queen Mary Hospital," Press Release on 30 October 2001, Hospital Authority, p. 1.
47. Gordon King, "The history of the Tsan Yuk Hospital 1922-55," *The Bulletin of the Hong Kong Chinese Medical Association*, vol. 8, no. 1 (July 1956), p. 31.
48. Interview with Professor Ma Hoi-kei on 10 November 2004.
49. "Mission of Tsan Yuk Hospital", website of Tsan Yuk Hospital, Hospital Authority, http://www.ha.org.hk/hesd/nsapi/?MIval=ha_visitor_index&intro=ha%5fview%5ftemplate%26group%3dOSR%26Area%3dHNL.
50. "Kowloon Hospital," *Hong Kong Hansard*, 26 October 1922, p. 30.
51. *Medical Report of Hong Kong for the Year 1926*, Hong Kong Administrative Report 1926, p. M (1)-8.
52. A R Wellington, *Medical & Sanitary Report of Hong Kong for the Year 1935*, *Hong Kong Administrative Report, 1935*, p. M-75.
53. *Hong Kong Annual Report 1963* (Hong Kong: Government Printer, 1963), p.159.

54. Fung Chi-ming, *A History of Queen Mary Hospital Hong Kong, 1937–1997* (Hong Kong: Queen Mary Hospital, 1997), p. 118.
55. *Annual Medical Report for the Year 1938, Hong Kong Administrative Report, 1938*, p. M–37.
56. Interview with Dr S C Hu on 9 October 2003.
57. Queen Mary Hospital, *Annual Report 1993–1994* (Hong Kong: The Hospital, 1994), p. 69.
58. Queen Elizabeth Hospital, *Care, Our Business* (Hong Kong: Hospital Authority, 2001), p. 5.
59. *Hong Kong Annual Report, 1963* (Hong Kong: Government Printer, 1964), p. 158.
60. “Hospital admits its millionth patient,” *South China Morning Post*, 19 January 1976.
61. “Giving our medical care the treatment,” *South China Morning Post*, 1 August 1987.
62. “Hospital still needs camp beds,” *Hong Kong Standard*, 21 February 1984.
63. “The Queen Elizabeth is opened: Twelve years of planning come to an end,” *Hong Kong Standard*, 11 September 1963.
64. Edward H Paterson, *An Urban Community Health Project* (London: British Medical Association, 1980), p. 3.
65. Edward H Paterson, *The Kwun Tong Community Health Project of the United Christian Hospital* (Hong Kong: s.n., 1937), pp. 1–2.
66. *Annual Report of the United Christian Medical Services, 1974–75* (Hong Kong: The services, 1975), p. 11.
67. Community nursing service is a programme that trains nurses to provide hospital-quality care in peoples’ homes.
68. Hong Kong Legislative Council, *The Further Development of Medical and Health Services in Hong Kong* (Hong Kong: Government Printer, 1974), p.24.
69. A E Starling, *The Chance of a Lifetime: The Birth of a Medical School in Hong Kong* (Hong Kong: The Chinese University Press, 1988), pp. 81–5.
70. Joyce Stevens Smith, *Matilda: Her Life and Legacy* (Hong Kong: Matilda and War Memorial Hospital, 1988), p. 88.
71. “Institutions not supported by Government,” *Hong Kong Administrative Report 1916*, p. 22; Smith, *Matilda: Her Life and Legacy*, p. 89.
72. Smith, *Matilda: Her life and Legacy*, p. 92.
73. *The Matilda Hospital Hong Kong, Thirty Second Annual Report, 1938* (Hong Kong: Matilda Hospital, 1938), p. 17.
74. Smith, *Matilda: Her Life and Legacy*, p. 13.
75. Li Shu Pui, *Reflections at 90* (Hong Kong: the author, 1996), p. 37.
76. Li Shu Fan, *Hong Kong Surgeon* (Hong Kong: The Li Shu Fan Medical Foundation Ltd., 1964) p. 183.
77. Castle Peak Hospital, *Brief History of Psychiatric Service in Hong Kong* (Hong Kong: Castle Peak Hospital and Hospital Authority, 2003).

CHAPTER 3

1. Geoffrey R Sayer, *Hong Kong 1862–1919* (Hong Kong: Hong Kong University Press, 1975), p. 60.
2. *Historical and Statistical Abstract of the Colony of Hong Kong, 1841–1930* (Hong Kong: Noronha & Co., government printer, 1932). See also, Sayer, *Hong Kong 1862–1919*, p. 140.
3. Henry A Blake to Joseph Chamberlain, CO129/ 305 no. 25363, p. 353.
4. “Bacteriologist,” CO 129/ 305 no. 25363, p. 350–1.
5. “Bacteriological laboratory,” CO 129/306 no. 35249, p. 298.
6. *Ibid*, p. 298.
7. *Ibid*, p. 298.
8. “Bacteriological laboratory,” CO129/306, no. 35249, p. 304
9. *Ibid*, p. 305.
10. William Hunter, *Report of the Government Bacteriologist for the Year 1902*, in *Hong Kong Administrative Report 1902*, p. 211.
11. *Ibid*.
12. *Ibid*, p. 212
13. Paterson, *A Hospital for Hong Kong*, pp.23–5.
14. The results of this research were published by W J Simpon in his monograph, *A Treatise on Plague Dealing with the Historical, Epidemiological, Clinical, Therapeutic and Preventive Aspects of the Diseases* (Cambridge: Cambridge University Press, 1905).
15. William Hunter, *Report of the Government Bacteriologist for the Year 1902*, in *Hong Kong Administrative Report 1902*, p. 212.
16. “27th August 1894,” *Hong Kong Hansard, Report of the Meeting of the Legislative Council Session 1893–94* (Hong Kong: Government Printer, 1894), p. 51.
17. *Ibid*.
18. *Ibid*, p. 52.
19. “No. 7 Report of Proceedings of the Public Works Committee at a Meeting held on 17th September 1903,” *Hong Kong Sessional Papers, 1903*.
20. William Hunter, *Report of the Government Bacteriologist report for the year 1906, Report on the Health and Sanitary Condition of The Colony of Hong Kong, for the Year 1906, Hong Kong Government Gazette 12 July 1907*, pp. 414–5.
21. *Ibid*, p. 414.
22. William Hunter, *Report of the Government Bacteriologist, for the Year 1904*, in *Hong Kong Administrative Report 1905*, p. 487.
23. Robert Kirk, “Plague and Hong Kong.” *Elixir*, no.1 (1961), pp.9–12.
24. The original Chinese version of the poem is as follows: 東死鼠，西死鼠，人見死鼠如見虎。鼠死不幾日，人死如圻堵：晝死人，莫問數，日色慘悽愁雲護。三人未行十步多，忽死兩人橫截路。夜死人，不敢哭，疫鬼吐氣燈搖綠，須臾風起燈忽無，人鬼屍棺暗同屋。烏啼不斷，犬泣時聞，人含鬼色，鬼奪人神。白日逢人多是鬼，黃昏遇鬼反疑人。人死滿地人煙倒，人骨漸被風吹老。田禾無

人收，官租向誰考。我欲騎龍上天府；呼天公，乞天母，灑天漿，散天乳，酥透九原千丈土。地下人人都話歸，黃泉化作回春雨。(黃啟鐸教授藏本)。

25. Mary P Sutphen, "Not what but where: bubonic plague and the reception of germ theories in Hong Kong and Calcutta, 1894–1897," *Journal of History of Medicine and Allied Sciences*, vol. 52 no. 1 (1997), pp. 81–113.
26. William Hunter, *A Research into Epidemic and Epizootic Plague* (Hong Kong: Noronha & Co., 1904).
27. W G Liston, "Plague, rats and fleas," *Indian Medical Gazette*, no. XI (1905), pp.43–9.
28. *Medical and Sanitary Reports for the Year 1913*, in *Hong Kong Administrative Report 1913*, pp. L25–L26.
29. William Hunter, *Report of the Government Bacteriologist, for the Year 1902*, in *Hong Kong Administrative Report 1902*, p. 212.
30. H MacFarlane, *Report of Bacteriological Institute 1910*, in *Hong Kong Administrative Report, 1910*, p. L65.
31. Douglas M Anderson et al., *Dorland's Illustrated Medical Dictionary* (Philadelphia: W. B. Saunders Company, 2000, 29th ed.), p. 1924.
32. H H Scott, *Report of Bacteriological Institute*, in *Hong Kong Administrative Report 1920*, p. M66.
33. *Ibid*, p. M68.
34. C Y Wang, *Report of Bacteriological Institute*, in *Hong Kong Administrative Report 1922*, p. M(1)41.
35. A V Greaves, *Government Bacteriological Institute Report for the Year 1931*, in *Hong Kong Administrative Report 1931*, p. M96.
36. William Hunter, *Report of the Bacteriologist*, in *Hong Kong Administrative Report, 1906*, p. 479.
37. William Hunter, *Report of the Government Bacteriologist for the Year 1902*, in *Hong Kong Administrative Report, 1902*, p. 211.
38. Lindsay Ride, "Fifty years of medical education in Hong Kong," *The Caduceus*, vol.16, no.2 (May 1937), pp. 45–66.
39. Wang Chung Yik, *Handbook of Pathology* (London: John Bale, Sons & Danielsson Ltd., 1925).
40. A Shaw, *Report of Bacteriological Institute 1909*, in *Hong Kong Administrative Report 1909*, p. K65.
41. Liu Shuyong 劉蜀永, ed., *Yi zhi yi ye zong guan qing 一枝一葉總關情* (Hong Kong: Hong Kong University Press 香港大學出版社, 1993), pp. 30–4.
42. William Hunter and W V M Koch, "Experimental beri-beri in monkeys," *The Journal of Tropical Medicine and Hygiene*, 1 November 1907, p. 351.
43. William Hunter and W V M Koch, "The aetiology of beri-beri," *The Journal of Tropical Medicine and Hygiene*, 15 October 1907, pp.331–35; William Hunter and W V M Koch, "Experimental beri-beri in monkeys," pp. 346–51.

44. E P Minett, "A pathologist's first impression of Hong Kong," *The Caduceus*, vol. 2, no. 3 (1923), pp.136–7.
45. The "Club" refers to The Hong Kong Club in Central.
46. Interview with Mr Leung Kwok-tok on 22 December 2004.
47. R B Jackson, *Annual Report of the Work of the Malaria Bureau for the Year 1930*, in *Hong Kong Administrative Report, 1930*, p. M89.
48. J B Mackie, *Annual Report of Malaria Bureau, 1938*, in *Hong Kong Administrative Report 1938*, p. M63.
49. Ibid.
50. D J Valentine, "An account by the Deputy Director of Medical Services of the organisation of the medical services in Stanley internment camp, January, 1942–August, 1945," in Selwyn-Clarke, *Report on Medical and Health Conditions in Hong Kong, For the Period 1st January, 1942–31st August, 1945*, p. 23.
51. A V Greaves, "Amblyopia due to a vitamin deficiency," *The Lancet*, 12 Aug 1944, p. 227.
52. For an account of the activities of the British Army Aid Group, see Edwin Ride, BAAG, *Hong Kong Resistance, 1942–1945*, Hong Kong: Oxford University Press, 1981.
53. Selwyn-Clarke, *Report on Medical and Health Conditions in Hong Kong, For the Period 1st January, 1942–31st August, 1945*, p. 13.
54. "Annex (F), Report of the Pathological Institute, Hong Kong," in Hong Kong Medical and Health Department, *Annual Department Report 1947* (Hong Kong: Government Printer, 1947), p. 43.
55. Put-up is a technical term describing the inoculation of culture media with samples taken from patients or from other sources in order to grow the bacteria contained within the sample.
56. Edward Pigott Minett, *The Diseases of Bacteria and Blood Parasites* (London: Balliere Tindall & Cox, 1920), and Edward Pigott Minett, *Practical Tropical Sanitation: A Pocket Book for Sanitary Inspectors in the Tropics* (London: Bailliere, Tindall & Cox, 1927).
57. Licentiate in Medicine and Surgery, Society of Apothecaries, London.
58. Written information submitted by former staff of the Old Pathological Institute in response to a questionnaire issued in 2003.
59. *The report for the Medical and Health Department for 1952–1953*.
60. "Annexure Q, Annual Report — Pathological Institute," in Hong Kong Medical and Health Department, *Annual Department Report 1949–1950* (Hong Kong: Government Printer, 1950), p. 176.

CHAPTER 4

1. Department of Health, *Annual Departmental Report for the Financial Year 2000–2001*, (Hong Kong: Hong Kong: Department of Health, 2001), p. 17.

CHAPTER 5

1. Rance P L Lee and Yuet-wah Cheung, "Health and health care", in Lau Shiu-kai (ed.), *Indicators of Social Development: Hong Kong 1993* (Hong Kong: Hong Kong Institute of Asia-Pacific Studies, The Chinese University of Hong Kong, 1995), p. 87.
2. J Murray, "The Report of the Superintendent of Civil Hospital" in B C Ayres, *Annual Report of Colonial Surgeon for the Year 1881, Administrative Reports 1881*, n.p.
3. Elizabeth Sinn, *Power and Charity: A Chinese Merchant Elite in Colonial Hong Kong* (Hong Kong: Hong Kong University Press, 2003), p. 204.
4. Interview with Dr Hans Tang on 13 October 2003.
5. Interview with Professor Rosie T T Young on 22 August 2003.
6. Interview with Dr Joseph Y C Pun on 24 and 25 November 2003.
7. Interview with Dr S C Hu on 9 October 2003.
8. *Hong Kong Report for the Year 1960* (Hong Kong: Government Press, 1961), p. 123.
9. Colin Grant and Peter Yuen, *The Hong Kong Health Care System*, p. 126.
10. Rosie T T Young, "The interaction of primary health care and hospital services," *Hong Kong Practitioner*, vol. 13, no. 7 (July 1991), p. 1560.
11. Lee Shiu Hung, "The development and vision of primary health care," Keynote speech at Primary Health Care Conference 2005, Hong Kong, p. 1.
12. Stephen K S Foo, "The rebirth of an old specialty — general practice, The Hong Kong College of General Practitioners", in *30th Anniversary Jubilee Publication of the Federation of Medical Societies of Hong Kong* (Hong Kong: The Federation of Medical Societies of Hong Kong 1995), pp. 94–7.
13. Lee Shiu Hung, "The development and vision of primary health care," pp. 4–6.
14. Working definition used by the WHO Department of Reproductive Health and Research.
15. Gordon King, "Message from Professor Gordon King," *The Family Planning Association of Hong Kong — Silver Jubilee (1950–1975)* (Hong Kong: The Family Planning Association of Hong Kong, 1975), pp. 6–8.
16. Ellen Li, "Improving family life, in Ellen Li, *My Way* (Hong Kong: the author, 1998), p. 52.
17. Family Planning Association of Hong Kong, *Family Planning Association of Hong Kong Annual Report of 1957* (Hong Kong: Family Planning Association, 1957), p. 13.
18. United Nations Economic and Social Commission for Asia and the Pacific, *The Demographic Situation in Hong Kong* (Bangkok: ESCPA, 1974), p. 96.
19. Parity indicates the number of viable pregnancies a woman has.
20. Chan Kai Cheong, *Family Planning Knowledge, Attitude & Practice in Hong Kong: A Survey Report Based on a Colony-wide Random Sample of Selected*

- Households, 1977* (Hong Kong: Family Planning Association of Hong Kong, 1978), p. 18.
21. The Task Force on the Survey of Family Planning Knowledge, Attitude and Practice in Hong Kong 1997 of the Family Planning Association of Hong Kong, *Report on the Survey of Family Planning Knowledge, Attitude and Practice in Hong Kong 1997* (Hong Kong: Family Planning Association of Hong Kong, 1997), p. 19.
 22. "Appendix B, Report of the Colonial Surgeon for 1893," in *The Hong Kong Government Gazette 1st December 1894* (Hong Kong: Hong Kong Government, 1894), p. 1011.
 23. *Ibid.*
 24. C N Chen, *et al.* "The Shatin Community Mental Health Survey in Hong Kong: Major findings," *Archives of General Psychiatry*, 50 (1993), pp. 125–33; K Y Mak, "Different perspectives in setting priorities for development of psychiatric services in Hong Kong," *Hong Kong Journal of Psychiatry*, 5 (1995), p. 45.
 25. Hong Kong Red Cross Society, *Annual Report 1983* (Hong Kong: Hong Kong Red Cross Society, 1983), p. 9.
 26. 〈本港「吸血鬼」〉, *Sing Tao Daily*, 12 April 1965; 〈兩血庫爭血液, 廣華出錢買涓滴, 紅會深恐受影響〉, *Sing Tao Daily*, 12 April 1965.
 27. Patrick C P Ho, "Thirty years of eye banking in Hong Kong," in Hong Kong Eye Bank and Research Foundation, *Annual Report* (Hong Kong: The Foundation, 1992), n.p.
 28. S F Lui, P S F Chan, I K P Cheng, K N Lai, "Cadaveric organ donation in Hong Kong," *Journal of Hong Kong Medical Association*, vol. 45, no. 2 (1993), p. 87.

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