

Western Medicine for Chinese

How the Hong Kong College of Medicine
Achieved a Breakthrough

Faith C. S. Ho



衛奕信勳爵文物信託

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130 YEARS OF
MEDICINE
IN HONG KONG
WISDOM • COMPASSION • COMMITMENT

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Cover photo: Dr. James Cantlie and students of the College of Medicine, Hong Kong, 1893. Courtesy of Wellcome Library, London.

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Foreword

「落其實者思其樹，飲其流者懷其源。」

庾信，《郊廟歌辭・徵調曲》

Remember well the tree whence fruits fall, and the stream whence water springs.

Yu Xin (513–581; North-South dynasties)

As the University of Hong Kong's Li Ka Shing Faculty of Medicine celebrates 130 years since its establishment as the Hong Kong College of Medicine for Chinese ('the college') in 1887, it is only right that we trace and remember our roots. This anniversary immediately follows the 150th anniversary of the birth of Sun Yat-sen, our first graduate, in 2016. By revisiting the evolving identity of the school, and as this book emphasizes throughout, the trials and tribulations of our early students, we uncover new lessons and revise received wisdom that will stand us in good stead as we continue making history in the next 130 years.

Faith Ho, former head and professor of pathology at the faculty, takes after Rudolf Virchow, the 'father of modern pathology' and 'pope of medicine', and shows her catholic command of letters in this revelatory volume on the life and times of the college. Her scholarly and meticulous cataloguing of how the often-haphazard interventions accrued from yesteryear had become rationalized ex post facto, then institutionalized as today's policies is eye-opening. The understanding she has brought us of these legacies may well inspire not a few brave souls to summon Alexandrian wisdom in untying the Gordian knot of the many conundrums we face.

Perhaps the greatest lesson one can draw from the roll-call of the fifty-one licentiates and the further nine who transferred and graduated from the university subsequently is the demonstrated hardy resilience against all odds. Such a spirit of tenacity is still heard in HKU 'war cries' by freshmen during orientation week, although it is sadly much less evident in the rough and tumble of daily campus life. As we retrace our history, we must recover this lost epigenetic trait, first imprinted during the difficult birth and early life of the college outlined over the following pages.

While the college forebears continue to inspire the present generation, they in fact laid much of the foundation for post-imperial China writ large and more specifically for modern healthcare in Hong Kong. This was the achievement of their era that would continue to echo 130 years on in the 'China Dream' renaissance.

Whereas localist and isolationist sentiments occupy news headlines the world over, including here in Hong Kong nowadays, this book provides a timely reminder of an age, during the early colonial years, when a few good medical men could and did make a transformative difference to the path-dependent development of Hong Kong. In fact, our students and teachers made history for the country and defined the narrative of the national dialogue for subsequent generations. It is high time that Hong Kong regain this confidence and self-belief in our role and responsibility. The task can begin with the present successors to Manson, Cantlie, Ho Kai, and Sun.

In the words of my first predecessor, Patrick Manson, founding dean of the college (reproduced in full in Appendix 1):

The old Greek cities used to boast of their great men, and claim them with jealous care. Let us hope that in the new and greater China of the future, when the learned dispute of their great men, not a few may be claimed for Hongkong and for the school to-day inaugurated.

May our faculty befit the high and prescient hopes he bestowed in 1887, and through the dedication of generations to come may these same words apply even more fittingly 130 years hence.

Professor Gabriel M. Leung
Dean, Li Ka Shing Faculty of Medicine
The University of Hong Kong

Chapter 1

Introduction to the College

To start a new medical school is not something to be undertaken lightly, at any time or place. When the aim is to introduce a ‘new’ system of medicine (i.e., Western Medicine) to a vast country whose people had been accustomed for several millennia to a radically different way of viewing disease and its treatment, the task would be immensely more difficult. If there is also little guarantee that the community to be served would support the project not only with their trust but also their patronage to the graduates from the institution, to enable them to develop their profession and earn a living, it would certainly be a challenge that only the most visionary and committed would even contemplate. That, back in 1887, the founders of the Hong Kong College of Medicine for Chinese (HKCM) did just that, even though they were fully aware of these challenges, is a testament to this vision and commitment. It is therefore interesting to look at this episode in the history of Hong Kong, examine the driving forces behind the venture, and learn something about the people who were involved.

Hong Kong, having been a British colony on the doorstep of China for over 150 years, has always been billed as a place where the cultures of East and West meet. As an example of how this has played out in the daily lives of ordinary citizens, examining how Western medicine (WM) and Chinese customs and ideas interacted in this small city can be quite enlightening. During some moments in 1894, when bubonic plague first broke out in Hong Kong, in the midst of rising tensions as dozens died each day from the epidemic, the enforcement of Western methods of disease control by the authorities was generally regarded by the unprepared population as an unwelcome intrusion to be strongly rejected or resisted. The situation is, of course, vastly different today. Hong Kong citizens now embrace modern scientific medicine as the accepted mode of treatment, and at a standard on a par with the most advanced countries. It is also taken for granted that provision of sophisticated state-of-the-art medical and health services should be a primary responsibility of the government, accessible to all. How did this change come about? What part did the HKCM play in this cultural shift? What other contributions did the HKCM make, and what impact did it have on Hong Kong society as a whole? This book attempts to examine and provide some answers to these questions.

It may be argued that by 1887 when the HKCM was started, forty-four years after the official founding of the colony, Hong Kong should no longer have been a place where Western medicine was completely foreign to its Chinese residents, even though it had yet to be widely accepted. To some extent this was true, but did this make the task any easier? To put this into perspective, we should note that the college was started not primarily with a view to meeting a local need; indeed, it was very clearly pointed out by the dean of the college at its inauguration that the object of the HKCM was to train Chinese who would blaze the trail in introducing modern scientific medicine to the whole of China. In Dr. Patrick Manson's speech on 1 October 1887 to many of the important people in Hong Kong gathered together that Saturday afternoon at the city hall, he went so far as to throw out a challenge to his students:

I can conceive no grander position or opportunity for any man to have than that we offer to each of our students. At his back the whole of European science, before him 300,000,000 to whom to give it. Such a position must fire the ambition of some of them.¹

An inspiring vision indeed. The beginning of Western medical education in Hong Kong therefore needs to be seen in the context of the broader picture of bringing Western medicine and its accompanying modernizing influences to the whole of China. In achieving this lofty aim, Hong Kong was able to offer some strategic advantages compared to similar educational efforts on the mainland. This is another interesting facet of the story—one which has been briefly introduced in an earlier publication by the author²—which will be further explored as this current account unfolds.

Modern postcolonial historians have also turned their attention to exploring the relationship between the former colonial powers and the colonized population in the introduction of Western ideas, including medicine. Was the introduction of Western medicine in Asia motivated chiefly by humanistic considerations, or could it also be considered a form of colonialism or cultural imperialism, in which the colonizers were trying to impose on their colonial subjects elements of their own culture with little regard to the sensibilities of the native population or the inherent value of their beliefs and traditions? The facts presented in this volume should be able to provide some insights in considering these questions, particularly with regard to Hong Kong.

As a start, it should be noted that Hong Kong was hardly a typical colony. Others have also pointed out the fallacy of simplifying or stereotyping the relationship between the colonizing powers and the colonized.³ Indeed, at the time the HKCM was started the colonial government of the day was not the least interested in providing Western medical services to the Chinese population of Hong Kong, let alone to take the trouble to educate Chinese youths to change the attitude of their compatriots towards WM. We will see how the HKCM was very much the work of a small group of volunteer medical professionals, in the

company of one or two missionaries and other well-meaning citizens, rather than a government-led initiative. Besides, it was mostly due to the efforts of the Chinese graduates themselves that the many obstacles to achieving acceptance of WM were slowly overcome, eventually providing strong enough incentives for an initially reluctant government to develop Western medical services for the local Chinese population. Most of the chapters in this book will be devoted to tracing the careers and contributions of these HKCM graduates to see how they were able to achieve this extraordinary feat. In order to provide some necessary background information, and to help in evaluating the work of the graduates, other chapters will introduce the college itself and the people involved and will also give an account of major events that greatly influenced the eventual outcome.

In the course of telling this story, we will also examine whether, or to what extent, the stated aim of the college to bring Western medicine to the whole of China succeeded. To set the scene, it is necessary to first examine briefly the status of Western medicine on the Chinese mainland at the end of the nineteenth century, especially looking at the efforts in medical education carried out there, before turning our attention to the Hong Kong College itself.

Western Medicine and Medical Education in Nineteenth-Century China

Although sporadic interchange of medical knowledge between China and the West had taken place earlier, for example, via the early traders along the Silk Road and later through the work of the Jesuits, who during the seventeenth century had established a presence in the imperial Chinese court,⁴ it was not until the early part of the nineteenth century that 'Western' medicine was introduced to the Chinese people in any meaningful way. Doctors attached to the East India Company, such as Alexander Pearson and Thomas Richardson Colledge, had attempted some pioneering work at the beginning of the century, particularly in the field of Jennerian vaccination for prevention of smallpox and operations for eye diseases.⁵ However, their work was distinctly limited and the provision of 'Western' medical services was started in a more substantial manner only after the arrival of medical missionaries. Dr. Peter Parker was one of the earliest medical missionaries to reach Canton (now Guangzhou) in southern China in 1834. That was before the Opium Wars, when China was still very much closed to foreigners. In 1835, Parker opened the first hospital of Western medicine on the Chinese mainland, the Ophthalmic Hospital, in what was then known as the 'Factories' district of Canton. The hospital served the Chinese population not only for eye diseases but also for other ailments.⁶ The Factories area was the only district where foreigners were allowed to reside for eight months in the year, where their trading ships could berth and unload their cargoes. Two years later, in 1837, he began recruiting local youths to train

them to assist him in the hospital and in the performance of eye surgery, but the training was in the form of apprenticeship and a formal medical education was not to start in Canton until much later.

After the Treaty of Nanking was signed in August 1842, in addition to the formal ceding of Hong Kong to the British, five treaty ports in China were opened up to foreigners for purposes of trade, Canton (the original trading port) and four new ones (viz., Amoy [now Xiamen], Foochow [now Fuzhou], Ningpo, and Shanghai), thus abolishing the monopoly of Canton in this area. This was the start of a new era in the opening up of China—not only to trade with foreign countries, but also to the influence of the Western world as a whole.

Medical missionary activity made significant inroads after 1842. Chinese people had, of course, long relied on traditional Chinese medicine (TCM) to serve their needs for over 3,000 years. A large body of literature related to TCM had been collected, and there was an impressive pharmacopoeia of Chinese, mainly herbal, medicines to choose from. Nevertheless, the scientific advances in medicine introduced in Europe and the West during the period of the Enlightenment from the seventeenth to the eighteenth century, all the way to the major scientific discoveries of the nineteenth century,⁷ had largely escaped the attention of Chinese doctors up until then. They were still much engrossed in concepts of yin and yang; of hot and cold; of the interaction of the five elements (metal, wood, water, fire, and earth); and the external, seasonal, as well as internal balance of these various factors within the body in the generation of disease states. The introduction of unfamiliar concepts of disease and its treatment by foreigners was at first greeted with scepticism and even suspicion. More especially, their invasive surgical methods of treatment appeared alarming, a reflection of how deeply rooted cultural factors influence people's attitude towards health and medicine.

Western doctors arriving in China, on the other hand, witnessed first-hand the enormous need for modern medical treatment for the vast Chinese population, especially in those types of illness where traditional medicine was less able to help. This was especially relevant due to the prevalence of many acute, infectious diseases at the time, aggravated by the poor hygienic living conditions and habits. They were grieved to see how, by delaying timely treatment, the traditional methods might actually cause harm and sometimes even lead to loss of life when, in their view, this might have been prevented. Even though these contrasting viewpoints by the two groups of practitioners were always lingering in the background, in time, examples of successful treatment by Western doctors where TCM treatment had failed did start to change attitudes and convinced quite a few to seek help from them. Some of the obvious types of disease showing the most impressive results of Western medicine were in the field of eye diseases and other diseases like stones in the urinary bladder causing obstruction to the flow of urine, where surgery was required, and where relief through surgery was dramatic. In Canton, Amoy, Shanghai, and elsewhere,

hospitals were built and Western medical services became available to Chinese, but the demand became much greater than the small number of doctors from the missionary community could meet. Undoubtedly this provided a very strong impetus for them to start medical education to train Chinese in WM, as the most effective strategy to increase the availability of much-needed 'modern' medical services to the vast population of China. However, these efforts were hampered by the heavy workload of the missionaries, whose supporters back home had a justifiable expectation that they would be involved in all aspects of missionary work and not just in provision of medical care. The scarcity of manpower was compounded by the difficulty of having to teach in Chinese, since they had to prepare their own teaching materials in Chinese or first translate published texts into Chinese. The training that they were able to provide was therefore limited, usually in the form of apprenticeships rather than following a structured course. It mostly served the purpose of providing assistants to the mission hospitals, with very few of the trained sufficiently qualified to undertake independent practice among the wider population.

By 1889 there were at least ninety-two medically qualified missionaries working in China,⁸ and in a survey carried out in 1896 based on 140 circulars sent out to medical missionaries throughout China, there were thirty-nine places where some form of training was being provided to students, although in the words of the author, 'scarcely half a dozen places in China have arrived at the point where they can be really considered to be a medical school'.⁹ Hong Kong was counted as one of the six. This unsatisfactory state of affairs was acknowledged and hotly debated by the medical missionary community, particularly when they had a chance to gather together at the meetings of the China Medical Missionary Association, and also through the association's journal, the *China Medical Missionary Journal*.¹⁰ In a valiant attempt to face the problems head-on, concerted plans were proposed for improvement and pooling together of resources from different missionary organizations, to prepare the personnel and facilities for a more structured mode of medical education in a few strategic cities inside China. However, this was not to materialize until the dawn of the twentieth century.¹¹

Other categories of Western medical personnel working in China in the nineteenth century were also small in number. They included the army and naval medical officers from various Western countries who were stationed in the coastal treaty ports, but they were not involved with providing services to the Chinese population. Another small group of medical professionals served with the Chinese Imperial Maritime Customs Service (IMCS). This was an unusual organization started in 1854 in which the Chinese government employed foreigners to administer the collection of customs duties on its behalf. In 1863 Robert Hart had assumed the post of inspector general of the IMCS, and he started to reorganize and expand its sphere of activities. A number of medical officers were employed by the IMCS to monitor the ships docking at the treaty

ports and to provide services for the expatriate communities who lived there. They also produced medical reports of the diseases they encountered, as well as other information of interest.¹² It was in such a post that Patrick Manson came to China in 1866, first serving in Formosa (now Taiwan) for five years, and then in Amoy for another thirteen.¹³ During his period of service with the IMCS in China, Manson also worked as a volunteer in various mission hospitals and had plenty of opportunity to observe and to treat, as a private practitioner, a large variety of diseases affecting the local population, and even to experience the opposition shown to his efforts by the local traditional practitioners. He was later to be an important player in the establishment of the College of Medicine for Chinese in Hong Kong.

We can see that compared to the vast population, the number of WM practitioners in China was extremely small. It is therefore understandable how, at the end of the nineteenth century, the provision of Western medical training for Chinese was seen to be a truly urgent task, and Hong Kong was believed to be a place where this could be done with a much greater chance of success than anywhere else in China.

Western Medicine and the Chinese Population of Hong Kong

It would not be unreasonable to expect that Hong Kong, having formally become a British colony in 1843, should have provided much better modern medical services to its Chinese population than what was available on the mainland. A colonial surgeon to look after medical matters had indeed been appointed in 1843, but for the initial forty or more years of the colony, there was in fact hardly any attempt by the authorities to provide public or private Western medical services for its Chinese population. The only exception was an early Medical Missionary Hospital offering free services for Chinese, which had been established in 1843 on Morrison Hill, on the eastern part of the island of Hong Kong. Dr. Benjamin Hobson, the medical missionary in charge, had even proposed to start a medical school attached to the hospital, but he could not get the necessary funding for such a project. Later, Hobson moved into Guangdong province in China, and when his replacement also left, the hospital had to be closed in 1853 due to lack of staff.¹⁴ No further attempt was made to start such a hospital for another thirty years. For at least the first fifty years of colonial rule it was the view of the Hong Kong government officials that the Chinese population did not favour consulting 'Western' doctors for their ailments and that their needs would be served by the TCM practitioners. Indeed, these practitioners appeared to have been popular, as there were 333 such practitioners according to the 'breakdown of occupations' in the census of the colony in 1881 (for a Chinese population of 150,690) and 463 in the 1891 census report (for a Chinese population of 210,926), which was around one for every 450 persons.¹⁵

A small number of expatriate Western medical practitioners had also set up private practice in the British colony from its early days, but they served the foreign population almost exclusively. By 1884, when Hong Kong's Medical Registration Ordinance was passed,¹⁶ and when the first register was published, there were nine persons on the list of registered medical practitioners in Hong Kong, not counting those who were in the armed forces or in full-time government service who were exempt from registration. All those on the list were foreign nationals who had received training outside Hong Kong. Included among the nine on the register was Dr. Patrick Manson, who had moved to Hong Kong in 1883 to join one of the private firms headed by Dr. William Hartigan. Another name added to the register a few weeks later was Dr. William Young, a doctor originally from Scotland who had come from Canada to take up his brother Richard's practice.¹⁷

Dr. William Young arrived in 1881 and was deeply touched by the lack of medical care for the Chinese, even though the need was obviously present. Together with other like-minded individuals who shared his concern, they formed the Medical Mission Committee (MMC). The MMC successfully started a dispensary in the notoriously crowded Chinese residential district of Taipingshan (within a chapel of the London Missionary Society [LMS]), with Dr. Young providing free outpatient services several mornings each week. The popularity of this service convinced the group that the long-held view that Chinese were not willing to seek the services of a 'Western' medical practitioner was in reality a fallacy, and led to an appeal from the MMC to the LMS to re-establish a mission hospital in Hong Kong that could provide Western medical services to the Chinese for free, while at the same time helping to train Chinese practitioners of Western medicine. Such an institution did not exist in Hong Kong at that time. The Government Civil Hospital, the major public hospital, was set up in 1854 mainly for serving civil servants and the destitute, while all other categories of persons had to pay prohibitively expensive fees (see Chapter 2 for more details). The Tung Wah Hospital (opened in 1872) provided only TCM services at that time. The MMC group believed that Hong Kong was in a unique position to make a contribution in this area, not only to serve local needs; even at that time, it was the intention that the doctors trained in such a hospital could go out to serve the whole of China. Unfortunately, the LMS directors in the mission headquarters could not undertake to fully fund such a major project.

As early as 1879, Mr. E. R. Belilios, a local merchant and philanthropist who had come to Hong Kong from Calcutta,¹⁸ had already set up a scholarship for Chinese to study Western medicine (initially suggested to be started at the Tung Wah Hospital), although this was never utilized. In 1881 he also offered to donate \$5,000 for a hospital. When Dr. Patrick Manson arrived in Hong Kong from Amoy in December 1883 he became a staunch supporter of the proposal for establishing a public 'charity' hospital for Chinese and

'Europeans in need of assistance'. He and other doctors in private practice would offer their services free at such a charity hospital. A public appeal for funds was started in February 1884, but unfortunately this appeal was also not successful, mainly due to differences in opinion on how the hospital was to be managed.¹⁹ The situation therefore reached an impasse that was not to be solved until new players arrived on the scene.

The Establishment of the Alice Memorial Hospital

In early 1882 Dr. Ho Kai (何啓) returned to Hong Kong from Britain, after gaining a medical degree from Aberdeen University, clinical training at St. Thomas' Hospital in London, and having been called to the Bar at Lincoln's Inn in London. He was the son of a Chinese pastor, Rev. Ho Fuk-tong (何福堂), who had worked with the missionary and sinologist James Legge and who was the first Hong Kong Chinese pastor to be ordained by the LMS. Ho Kai also became interested in establishing a hospital for Chinese.

Around this time, the LMS offered to provide \$14,000 from the proceeds of sale of its chapel in the Lower Bazaar, at the junction of Queen's Road Central and Jervois Street (in the district now named Sheung Wan) to go towards the purchase of a piece of land at the corner of Hollywood Road and Aberdeen Street. The site was owned by Mary Ayow, the Chinese widow of Daniel Richard Caldwell. The plan was to use part of the site for a hospital and the other part for the erection of a church building for the Chinese congregation linked with the Union Church of the LMS, of which Mrs. Caldwell was a member. The site cost \$22,000, so there was a shortfall of \$8,000 that had to be made up by public subscription.

On 8 June 1884 Alice—Ho Kai's English wife, who had accompanied him on his return to Hong Kong—died of typhoid. According to the historian Carl Smith, she had left some funds in her estate that made it possible for Ho Kai to offer to fund the building of the hospital in her memory, on the site provided by the LMS. Dr. Ho stipulated in the conditions of his donation, as recorded in the Constitution of the Alice Memorial Hospital, that the hospital had to be under the control of the LMS, who would send a missionary doctor to supervise the work of the medical department, although the 'friendly cooperation' of the local doctors who offered their services free would be welcome. This settled the question of whether the hospital was to be a mission hospital managed by a missionary society, or a public 'charity' hospital supported from public subscriptions. Ho Kai also proposed to name the hospital after his late wife, Alice, hence the name, the Alice Memorial Hospital (AMH). With this encouraging donation and clarification of the future management of the hospital, the required shortfall of \$8,000 to complete the purchase of the parcel of land on which the hospital was to be built was collected in a short

space of time from public subscriptions from both the European as well as Chinese members of the community.²⁰

Belilios agreed to use his earlier offer of a gift of \$5,000 for a hospital towards purchase of medicines for this hospital, provided that it was open to all creeds and nationalities. His medical scholarships were also redirected to support two boys from the Government Central School for attending the College of Medicine, to be started in the hospital.

Architectural plans that included rooms for medical students were drawn up (see Figure 1.2), and building work began. In February 1887 the officer administering the government (the acting governor), Mr. W. H. Marsh, opened the hospital, which was widely reported in the English-language newspapers, and four local doctors (Patrick Manson, William Hartigan, Gregory Jordan, and William Young) were appointed to the staff of the hospital in an honorary capacity, as the LMS had not yet sent a medical missionary to staff the hospital. Dr. Jordan was one of the partners in the practice of Adams and Jordan, the 'rival' group to Manson and Hartigan's practice, although they were certainly not rivals as far as the AMH was concerned. The four honorary physicians would take turns to provide outpatient services and each had a ward in his charge. The appointment of a medical missionary to staff the hospital, as stipulated in the constitution of the hospital, was not to take place until 1889, two years after its opening.



Figure 1.1

The Alice Memorial Hospital at the corner of Hollywood Road and Aberdeen Street, showing the west and south façade, ground floor and first floor levels.

Source: Council for World Mission/LMS Archives, School of Oriental and African Studies, University of London, CWM/LMS/China/Photographs/Box 8/File 52.

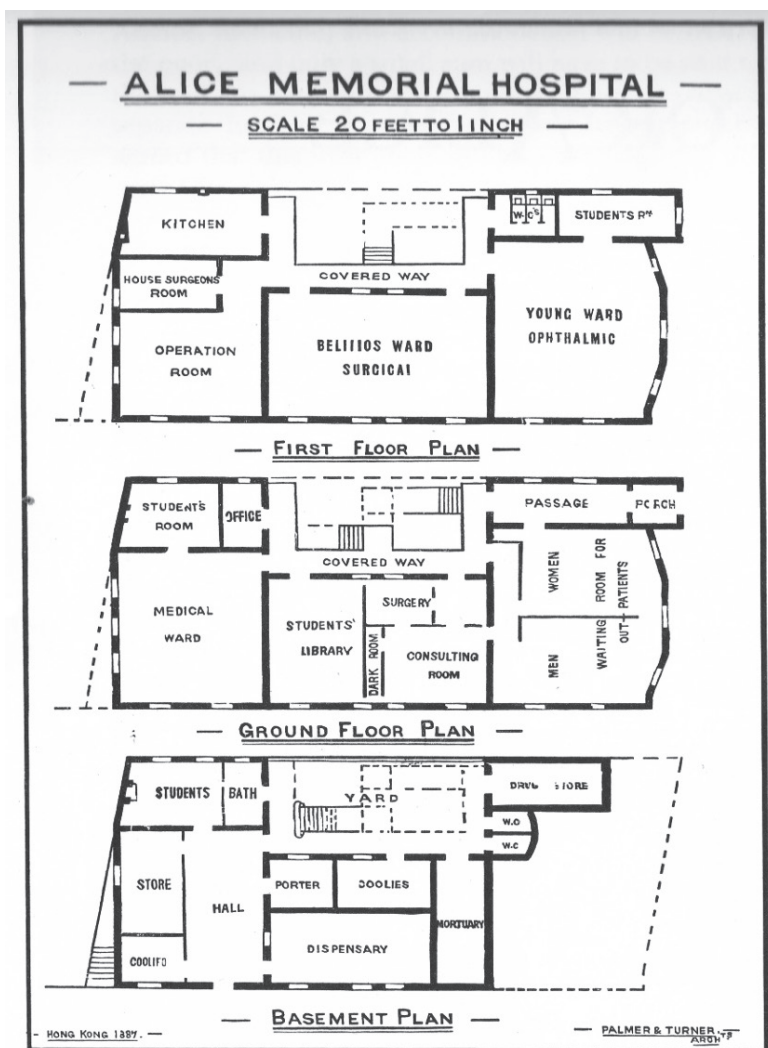


Figure 1.2

Architectural plans drawn up by the firm Palmer and Turner for the layout of the rooms of the Alice Memorial Hospital, dated 1887. In this version of the plans, several rooms were reserved for the use of students of the College of Medicine (marked on the plan as student's room and students' library). Courtesy of Hong Kong Museum of Medical Sciences Society, donated by the AHMLN Hospital.

The Start of the College of Medicine for Chinese

Although it appeared that a few ‘student dressers’ might have already been recruited to the hospital soon after the AMH was opened (as mentioned in the dean’s inaugural address to mark the opening of the college), the college proper was not started until a meeting was called by Dr. James Cantlie on 30 August 1887 at the Alice Memorial Hospital, at which eight persons were present. Cantlie had just arrived in Hong Kong on 27 July 1887 to join the practice of Manson and Hartigan, in preparation for Manson’s departure from Hong Kong on retirement. He had enjoyed teaching medical students while working at the Charing Cross Hospital and Medical School in London, and was keen to continue this teaching. In addition to Cantlie, the eight persons present included Patrick Manson, Ho Kai, William Young, and Gregory Jordan, who have been introduced already, as well as the Reverend John Chalmers, the senior missionary of the LMS in Hong Kong, Dr. Johann Gerlach, another doctor in private practice, and Mr. W. E. Crow, the government chemist and apothecary to the Civil Hospital. These persons were all expected to help in teaching in an honorary capacity. The group resolved to start the college and immediately appointed themselves as the senate for the new medical school.²¹ Besides the senate, which would deal with academic matters, it was also agreed that there would be a court that would be the main management body and a standing council headed by a rector, which would consist of all teaching staff and licentiates, together with prominent members of the community. This type of governance structure had definitely not been a feature of medical schools attached to mission hospitals in China up until then, but resembled very much the organization of Aberdeen University, the alma mater of Manson, Cantlie, and Ho Kai. The group also elected Manson as the first dean and Cantlie as secretary and decided to hold an inaugural meeting for the college at the city hall on 1 October 1887, at which the dean would give an address to explain the aims of the college and to canvass for support. (See Appendix 1.)

In the beginning the HKCM had no endowment and no buildings of its own. With the generous cooperation of the LMS, teaching was mainly conducted at the AMH and some of the students were also accommodated in the hospital.

The Structure of the Curriculum and the Teachers

The curriculum spanned five years, and each academic year was divided into an Autumn session (September–December) and a Spring session (March–June) with examinations held in January and July. Teaching was conducted entirely in English. Initially, besides the AMH, it also made use of the chemistry laboratories of Queen’s College, which was situated just across the road from the AMH at the diagonally opposite corner of Hollywood Road and Aberdeen Street.²² It was also noteworthy that botany was taught for the first six years at the public

Botanical Gardens by Mr. Charles Ford, the government superintendent of the Botanic and Forestry Department. As time passed, more facilities became available for teaching in different subjects. When the Government Bacteriological Institute was opened on Caine Lane in 1906, teaching in pathology and in physiology was also conducted there. Although it was not until 1908 that permission was given by the government to use a room in the public mortuary at Hill Road for the students to learn practical anatomy via dissections,²³ post-mortem teaching (i.e., teaching on pathological changes as demonstrated in the body after death) had been approved from 1888, using unclaimed bodies from the AMH.²⁴ Later still, in 1909, students were also permitted to attend the medical wards of the Tung Wah Hospital for teaching in clinical medicine, and permission by the governor to use the Chinese lunatic asylum for clinical instruction in mental diseases was also given in 1909.

Figure 1.3 shows a page from the calendar of the college issued in the year 1887 showing the subjects to be taught and the teachers who agreed to be responsible for the subject. Since this was merely an indication of the planned curriculum at the start of the college, as the years went by inevitably changes were made to both the subjects and the teachers. The lecturers comprised many of the doctors in private practice in Hong Kong, as well as members of the Government Medical and Sanitary Departments, medical personnel from the armed forces, and those serving in other capacities in the government, such as Mr. W. E. Crow, the government chemist. The best known of the early teachers were Patrick Manson and James Cantlie, although Manson, having left within two years of the start of the college, could not have contributed a great deal of actual teaching since there is no record that he taught any of the preclinical subjects. He did, however, examine the students in the subject of 'clinical observations' at least once before his departure.

Soon after the start of the college, it was thought necessary to add Latin to the syllabus, and this was taught by Ernest Eitel, the inspector of schools, who later authored the book *Europe in China*,²⁵ but this subject was dropped after 1892. As mentioned, the lessons in botany (which was an important subject during that period when herbal remedies were still being used widely in Western medicine), were taught in the Botanical Gardens initially by Mr. Charles Ford. Later, when he became too busy to teach, he continued to supply specimens from the public gardens to the college for teaching purposes. For several years afterwards, botany was taught by Sydney Skertchly, a naturalist and university lecturer from Britain who later settled in Australia, who was well known in his own fields of study.²⁶ Thus it could be seen that the most qualified person in the subject available in Hong Kong was often invited and agreed to teach at the college, although when necessity arose, other (possibly less qualified) lecturers were also willing to take up the various subjects. In this respect, Hong Kong did certainly hold an advantage over other cities on the Chinese mainland in the number and variety of persons it could call upon to teach.

PRIZES.

PRIZES ARE AWARDED IN ALL THE CLASSES.

APPOINTMENTS OPEN TO STUDENTS.

All Students of the College are eligible for election as Clinical Clerks and Dressers in the ALICE MEMORIAL HOSPITAL.

THE PROFESSORIAL.

<i>Ambulance and duties in the Field,</i>	{	DEF. SURGEON-GENERAL LEWER AND THE OFFICERS OF THE ARMY MEDICAL STAFF.
<i>Anatomy,</i>	{	JAMES CANTLIE, M.A., MB., F.R.C.S.
<i>Botany,</i>	{	CHARLES FORD, F.L.S.
<i>Chemistry,</i>	{	W. E. CROW, Esq.
<i>Dental Surgery,</i>	{	HERBERT POATE, D.D.S.
	{	JOSEPH W. NOBLE, D.D.S.
<i>Demonstrator of Anatomy,</i> ..	{	A. DE C. SCANLAN, M.R.C.S., L.R.C.P., A.M.S.
<i>Demonstrator of Physiology,</i> ..	{	M. T. YARR, M.R.C.S., L.R.C.S.I., A.M.S.
<i>Demonstrator of Practical Surgery,</i>	{	H. N. THOMPSON, B.A., M.B., C.M., A.M.S.
<i>Forensic Medicine,—</i>		
<i>Medical Jurisprudence,</i> ..	{	HE KAI, M.D., C.M., M.R.C.S., BARRISTER-AT-LAW.
<i>Toxicology,</i>	{	W. E. CROW, Esq.
<i>Hygiene and Public Health,</i> ..	{	HUGH MCCALLUM, Esq.
<i>Materia Medica and Therapeutics,</i>	{	D. GERLACH, M.D.
<i>Medicine (Principles and Practice of)</i>	{	PATRICK MANSON, M.D., LL.D.
<i>Midwifery and Diseases of Women,</i>	{	WILLIAM YOUNG, M.D.
<i>Military Hygiene,</i>	{	OFFICERS ARMY MEDICAL STAFF.
<i>Ophthalmic Surgery,</i>	{	G. P. JORDAN, M.B., M.R.C.S.
<i>Pathology and Morbid Anatomy,</i>	{	G. P. JORDAN, M.B., M.R.C.S.
<i>Physics,</i>	{	REV. JOHN CHALMERS, M.A., LL.D.
<i>Physiology,</i>	{	HO KAI, M.B., M.R.C.S.
<i>Surgery (Principles and Practice),</i>	{	JAMES CANTLIE, M.A., M.B., F.R.C.S.
<i>Surgery (Pathological and Special),</i>	{	G. P. JORDAN, M.B., M.R.C.S.
<i>Surgery (Military),</i>	{	OFFICERS OF ARMY MEDICAL STAFF.

Figure 1.3

A page from the Calendar of the College of Medicine for Chinese, 1887, showing the subjects to be taught and the list of teachers. Source: Council for World Mission/LMS Archives, School of Oriental and African Studies, University of London, CWML A3/2, Vol. 1886-7.

Most lectures were held early in the morning or late in the evening, to fit in with the schedule of the part-time teachers who were busy with their practices or other work during the day.²⁷ During other times students were required to help with the work of the Alice Memorial Hospital for both inpatients as well as outpatients, assisting in the operation theatre where 'each student has his post, one in charge of instruments, a second of sponges, a third of dressings etc.'²⁸ They also learned to dispense medicines and perform minor surgical procedures. The 1890 annual report of the AMH gives some idea of what this involved:

A very large number of minor surgical operations, such as opening of abscesses, catheterization, reduction of simple dislocations and of fractured bones, removal of nasal polyps and other small tumours etc., [were] performed in the Out-patient department by the visiting medical officers, the house surgeon, and the senior students.

They also assisted in the work of the Taipingshan and Sai Ying Pun dispensaries run by the LMS. Later, the resident medical staffs of the AMH and its affiliated hospitals were appointed as tutors for the students. In 1901 tutorials in physiology, surgery, medicine, and tropical medicine were provided by the resident and former resident staff, which included some of the graduates from the college; they also gave lectures to the students when the appointed lecturer was temporarily absent. This type of teaching through lectures and tutorials together with practical training in the hospitals and dispensaries would have given the students a good theoretical foundation, together with ample exposure to patients and diseases. Through treating patients under supervision, they were able to gain valuable clinical experience during their training.

There were professional examinations at the end of each year. In the calendar of the HKCM published in 1893, the subjects for examination in each year were listed as follows: for the first year, botany, chemistry, elementary anatomy, and physiology; for the second, anatomy and physiology; for the third, materia medica, pathology, elementary surgery; for the fourth, midwifery, medical jurisprudence, public health; and for the final examination, medicine, surgery, therapeutics, clinical medicine, and clinical surgery. Passes in each of the examination subjects were required before the student could be awarded the diploma of the college, the Licentiate in Medicine and Surgery of the College of Medicine for Chinese, Hong Kong, abbreviated as LMSH. For the first graduation ceremony in 1892, a special graduation diploma was designed that included a college seal with two notable features.

James Cantlie, who was dean at the time, explained the significance of the crest shown on the seal at the graduation ceremony as follows: 'The Crest we have adopted for this College is a dragon and the quartering of the Royal Standard of Britain. We mean this to be a national work; it is no mean attempt but one worthy of an Empire.'²⁹ What is equally notable was the Chinese name

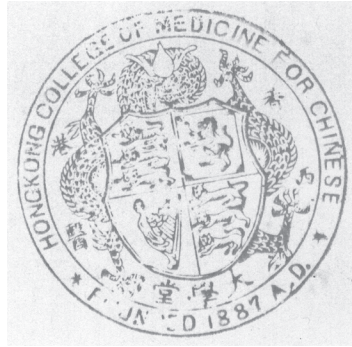


Figure 1.4

Seal of the Hong Kong College of Medicine for Chinese. Courtesy of Hong Kong University Archives.

of the college appearing in the seal: 香港西醫大學堂. The use of the words 大學堂 shows that in the minds of its founders, the standing of the college would be equivalent to that of a university.

All the teachers gave their services voluntarily without remuneration until 1901, fourteen years after the start of the college, when a grant from the government enabled the college to award a small honorarium of \$150 to the lecturers for the long (Autumn) session and \$100 for the short (Spring) session, with \$75 for the long session and \$50 for the short sessions to tutors.

Schools and Places of Origin of the Students

Another strategic advantage of starting medical education in Hong Kong was the availability of students whose command of the English language was of a sufficient standard to enable them to take up such studies. Table 1.1 shows a summary of the schools and the places where the students of the college were recruited from. Altogether there were 128 students who enrolled in the college in the twenty-five years from 1887 to 1912. Of these 128, there were 118 for whom we have information on the school they attended.

Eighty-six of the 118 students (73%) came from seven Hong Kong schools, with the largest number (46%) coming from Queen's College, also known by its earlier names, the Government Central School and Victoria College. The Government Central School had been the first government school specifically set up to provide teaching in English to a high standard, with a British headmaster supervising the school.³⁰ By the time the HKCM opened, the Central School had been in operation for twenty-five years, and a cohort of Chinese students with sufficient command of the English language to undertake medical studies in English was being built up. Other schools teaching in English to the required standard had also been established during that time. It is interesting

Table 1.1

Hong Kong College of Medicine: Schools and places of origin of students*

	Name of School/ Country	Location at the Time	Numbers		Degree/ Diploma Awarded**
			Entered	Graduated	
A. In Hong Kong					
1	Queen's College (including Central School, Victoria College)	Gough Street and later, Hollywood Road, Hong Kong	54	29	23 LMSH; 6 MBBS
2	Diocesan School	Eastern Street, Hong Kong	14	4	2 LMSH; 2 LMSH + MBBS
3	St. Paul's College	Glenealy, Hong Kong	8	6	6 LMSH
4	St. Stephen's College	Bonham Road, Hong Kong	4	0	
5	St. Joseph College	Robinson Road, Hong Kong	3	1	1 LMSH + MBBS
6	Sai Ying Pun Anglo- Chinese School (Mr. Fung Fu's School, later King's College)	3rd Street, Sai Ying Pun, Hong Kong	2	1	1 LMSH
7	Ellis Kadoorie School	Sai Ying Pun, Hong Kong	1	0	
	Total from Hong Kong		86	41	
B. Outside Hong Kong					
1	Great Britain, Colonies, and Dependencies	Norwich, England; Singapore; Malacca; Penang; Burma; Ceylon; India	14	9	7 LMSH 2 MBBS
2	Anglo-Chinese (AC) College, Foochow	Corresponding city on Chinese mainland	8	5	4 LMSH 1 MBBS
	Peiyang College/ University, Tientsin		2	1	1 LMSH
	AC College, Canton		1	0	
	Canton Hospital Medical School		1	1	1 LMSH

(continued on p. 17)

Table 1.1 (continued)

Name of School/ Country	Location at the Time	Numbers		Degree/ Diploma Awarded**
		Entered	Graduated	
Railway College, Tientsin		1	0	
Total China		13	7	
3 USA†		4	2	2 LMSH
4 Philippines		1	1	1 LMSH
Total from outside Hong Kong		32	19	
C. Unknown		10	0	
GRAND TOTAL		128	60	

* Based on Information from Chapter 5 of Professor Lo Hsiang-lin’s book 國父之大學時代 (臺北：臺灣商務印書館，增訂臺灣二版，1967). According to Prof. Lo, the list of student names and other information that appeared in this chapter was derived from the roll of students of the college to which he had access. Unfortunately, the roll, now in an archive in Taiwan, is not freely available for study by researchers.

** LMSH = Licentiate in Medicine and Surgery, Hong Kong; MBBS = Bachelor of Medicine and Bachelor of Surgery, University of Hong Kong. Note: Only diplomas awarded by the HKCM or degrees awarded by the University of Hong Kong are included.

† Students of Chinese descent who studied in schools in the USA.

to note that all seven Hong Kong schools shown in Table 1.1 are still in operation today, although some under different names, and are still among the best-known schools in Hong Kong. Two of these were government schools, Queen’s College and its predecessors, and the Anglo-Chinese School in Sai Ying Pun, later King’s College. The others were grant-in-aid schools operated by church or missionary organizations, with the exception of the Ellis Kadoorie School, which was funded at that time by the Ellis Kadoorie Chinese Schools Society.³¹ The ‘Fung Fu’ school in Sai Ying Pun was quite unusual as it was one of a number of small government-funded Anglo-Chinese schools located in various Chinese-populated districts or villages throughout the Hong Kong island and Kowloon, which were said to be doing the same work as the corresponding classes of the Central School. When its two students were admitted to the HKCM, this particular school was run by a headmaster, Mr. Fung Fu, a college graduate who had returned from the United States. It was mentioned in the report of the inspector of schools that the standard reached at that school was high.³² Later, this school was renamed King’s College when it was moved to new premises on Bonham Road in 1926.³³

It is also significant that as many as 27 per cent, or 32 out of 118 entrants, with known place of origin came from schools outside Hong Kong. Due to the language of instruction being English, the largest number of these students (fourteen in all) came from the British colonies or protectorates, mostly from the neighbouring Asian countries. The second largest group (thirteen in total) was from the mainland of China, and again, these could only come from schools or colleges that provided a suitable education in English. It is not surprising, therefore, that of the thirteen students coming from the mainland, other than the three who came from Tientsin (now Tianjin), where English education was spearheaded by the Chinese government officials (pre-eminently Li Hung-chang as viceroy), the remaining ten were all from the Anglo-Chinese colleges or medical colleges run by missionary societies in China. The Anglo-Chinese College of Foochow, started by the American Methodist Mission, is of particular interest since it was one of the first in China to be established (in 1881) as a school teaching not only English but also other subjects in the English language, including mathematics, botany, chemistry, physics, geology, and astronomy to a senior level.³⁴ The standards reached by the students were high, and it is not surprising that of eight students who came from this college, five were able to complete the course successfully. The four students from the US schools were all of Chinese descent, and were either childhood migrants or progeny of the migrants to the States who originally were from China. In addition to these, three other students (John Wong, Sun Yat-sen, and Hsu Tsak-tsan) had studied in the United States or Hawaii and then returned to Hong Kong or China to finish their education before entering the college.

Initially, there was no entrance examination for the HKCM, and students whose English or other academic standards were not up to standard would be eliminated through failure in their professional college examinations.

In 1904 a preliminary examination was established as a requirement for entry into the HKCM³⁵ or, alternatively, a corresponding pass in the Oxford Senior Local Examinations, which was also accepted by the General Medical Council in Britain.³⁶ The college preliminary examination required a pass in English, elementary mathematics, geography, history, and Latin (although later, classical Chinese could be substituted for the latter), all subjects to be passed at the same time. Failure in one subject required re-examination in all the subjects. This tightening of the entry requirements was related to the college's renewed application to gain the recognition of the British General Medical Council for its licentiate diploma; at the same time plans for building of the college premises were also taking shape.³⁷

Funding for the College

The HKCM was started with a great deal of enthusiasm, but sustaining it was more of a problem as it had no endowment, and it was necessary to find the

funds for its continued operation through donations. As mentioned in an earlier section, at its inception, E. R. Belilios had generously provided for two scholarships for students coming from the Central School. Later, two 'Watson' scholarships were also established by Mr. John Humphreys, the proprietor of the company Watson's the Chemist, after he had been nursed by two of the students following an operation performed on him by James Cantlie. (At that time, European nursing sisters had not yet arrived in Hong Kong.) The first two recipients of this scholarship were Sun Yat-sen and John Wong, as reported by the *China Mail* on 1 October 1888. At the opening ceremony of the college on 1 October 1887, an appeal for subscriptions had been made by the dean (see Appendix 1), and at the same event, it was announced that an annual contribution had been promised by the German consulate, and also a sum of \$1,000 had been donated by the TWH Board for purchase of equipment. As reported by the *Daily Telegraph*, the acting governor who officiated at the opening also generously responded to the dean's appeal by a promise to send in his personal subscription. Despite these sporadic acts of generosity, lack of funding remained a constant problem that plagued the college. The initial fee of \$50 per session charged to the students (later raised to \$60 per session in 1905) could by no means cover the expenses. Prizes were donated by the honorary teachers, as well as items of teaching equipment, like a set of human skeleton, which was donated by Ho Kai, and a microscope that was donated by Major General Sir William Gascoigne, then commander of the British troops for China and Hong Kong. When matters related to finance came to a head in 1891, James Cantlie was reported in the minutes of a court meeting to have personally guaranteed \$500 a year for five years, to keep the college running while its governing body endeavoured to secure a site for building the college facilities and to solicit donations.³⁸ There is no record of whether Cantlie did have to make good on this promise.

Mr. E. R. Belilios, a member of the court of the college, who had provided several scholarships, did come forward with the promise of funding a building, if the government could be persuaded to grant a site and a matching grant. Unfortunately, the government had delayed a decision for too long and this offer was later withdrawn.

After another appeal for support was made to the colonial government, a major step forward was achieved in 1901 when it was reported at the senate meeting of 6 August that the secretary of state for the colonies had approved an annual grant of \$2,500 to provide for an honorarium for teachers, as well as \$2,500 for maintenance of the dispensaries used by the college for training purposes.³⁹ At a subsequent senate meeting on 23 October 1901 it was also reported that the governor, Sir Henry Blake, had authorized members of his government departments 'to render such assistance as they may see fit to the College and to receive such honoraria as may fall due in consideration of such service'. This was a discerning decision on the part of the governor, as it could

have been considered unfair for non-government servants among the teaching staff to receive honorariums, while the government servants were prevented from doing so. In fact, this might have reduced the support for teaching at the college from many who had hitherto been most helpful. Two government scholarships named 'Blake scholarships', after the name of the then governor, were also provided.

College Premises and Final Incorporation into the University of Hong Kong

It was evident from the beginning that there was a need for the college to have a building of its own to accommodate proper teaching facilities and to release the rooms used by the students in the AMH to relieve overcrowding at the hospital. By the beginning of the twentieth century, with increase in student numbers, this need became more acute. With the support of the rector, Henry May, who was also colonial secretary at the time, two plots of land in the Taipingshan resumed area of the city were made available by the government in 1907 for erecting the college buildings, provided they could raise sufficient funds for the purpose. Another appeal was made for subscriptions among the local philanthropists, and a fundraising committee was instituted as far away as London, with Dr. Cantlie as the convener, and with many old Hong Kong hands like Thomas Jackson, former chairman of the Hongkong & Shanghai Bank (whose statue still graces Statue Square in Hong Kong's Central District) as members. A response from Mr. Ng Li-hing, a successful Hong Kong businessman, to provide \$50,000 to erect two buildings, and another contribution consisting of property from the estate of Mr. Tang Chuk-kai were promising starts. A contract had been signed and construction was about to go ahead on one of the buildings when Frederick Lugard, the new governor, approached the college to consider giving up their scheme and amalgamating it with his grander proposal for a university for Hong Kong. The court of the college eventually agreed to give up their building programme and to accept Lugard's proposal, and Mr. Ng agreed to redirect his endowment to add to the university funds, to build a school of anatomy for the university instead. Thus, the college was incorporated into Hong Kong's first university, the University of Hong Kong, as its Faculty of Medicine when it opened its doors to students in 1912. This marked the close of one chapter and the beginning of a new one in the story of medical education in Hong Kong. The transition to university status and its impact will be described in greater detail in Chapter 6.

Notes

1. See Appendix 1 for a reproduction of the dean's speech at the inauguration of the college.

2. Faith C. S. Ho, 'The Beginning of Medical Education in Hong Kong 125 Years Ago . . . Its Unique Features in Comparison to Similar Efforts in China', *Hong Kong Medical Journal* 18 (2012): 544–50.
3. See, for example, John Carroll's review of modern scholarship on the subject of Hong Kong and colonialism in his book *Edge of Empires: British Elites and British Colonialists in Hong Kong* (Hong Kong: Hong Kong University Press, 2007), 6–13.
4. Ma Kan-wen, 'East-West Medical Exchange and Their Mutual Influence', in *Knowledge Across Cultures: Universities East and West*, ed. Ruth Hayhoe (Wuhan: Hubei Education Press; Toronto: Ontario Institute for Studies in Education (OISE) Press, 1993), 154–81. For a more general account of the early development of Chinese medicine and of Western medicine in China, see also Wong K. Chimin and Wu Lien-teh, *History of Chinese Medicine*, 2nd ed. (Shanghai: National Quarantine Service, 1936; repr., Southern Materials Center, Taipei, 1985).
5. Gerald Hugh Choa, 'Heal the Sick' Was Their Motto: *The Protestant Medical Missionaries in China* (Hong Kong: Chinese University Press, 1990), 1–9.
6. William Warder Cadbury and Mary Hoxie Jones, *At the Point of a Lancet: One Hundred Years of the Canton Hospital 1855–1935* (Shanghai: Kelly and Walsh, 1935), 33.
7. Readers interested to read about these scientific advances and discoveries may find more information in Roy Porter's book *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present* (London: Harper Collins Publishers, 1997).
8. See Corea and Siam, 'List of Medical Missionaries in China', *The China Medical Missionary Journal* 3 (1889): 26–29.
9. James Boyd Neal, 'Medical Teaching in China', *The China Medical Missionary Journal* 11 (1897): 89–91.
10. The Medical Missionary Association provided a forum for forthright discussions on this important topic, not only in its meetings but also through the *China Medical Missionary Journal* (CMMJ). See, for example, the following articles that record some of these discussions: J. K. Mackenzie, 'Medical Education in China', *CMMJ* 1 (1887): 127–29; Robert C. Beebe, 'Our Medical Students', *CMMJ* 3 (1889): 1–4; H. W. Boone, 'Presidential Address: Medical Education for the Chinese', *CMMJ* 4 (1890): 109–14; J. B. Neal, 'Training Medical Students and Their Prospects of Success', *CMMJ* 4 (1890): 129–30; J. G. Kerr, 'Training Medical Students', *CMMJ* 4 (1890): 135–40.
11. For an account of the formation of Union Medical Colleges in China early in the twentieth century, see Wong K. Chimin and Wu Lien-teh, 'Period 1900–1910 Formation of Proper Union Medical Schools and Systematic Training of Nurses', in *History of Chinese Medicine*, 538–88.
12. Charles Alexander Gordon, *An Epitome of the Reports of the Medical Officers to the Chinese Imperial Maritime Customs Service, From 1871 to 1882* (London: Bailliere, Tindall, and Cox, 1884).
13. Philip H. Manson-Bahr and Alfred Alcock, *The Life and Work of Sir Patrick Manson* (London: Cassell, 1927).
14. Hong Kong Museum of Medical Sciences Society, 'The Evolution of Hong Kong's Hospitals: Prevention or Cure?', in *Plague, SARS and the Story of Medicine in Hong Kong* (Hong Kong: Hong Kong University Press, 2006), 82–84.

15. These figures are taken from the report of the government census taken in 1881 and in 1891, as reported in the *Hong Kong Government Gazette* of 11 June 1881 and 22 August 1891. The occupation was listed as 'doctor' in the list of occupations, and is interpreted by the author as meaning traditional medical practitioners.
16. *Hong Kong Government Gazette*, 10 April 1884, announcing the passing of the Medical Registration Ordinance, 1884, and the setting up of a Medical Board and a register of persons qualified to practise medicine and surgery in the colony.
17. *Hong Kong Government Gazette* published 3 May 1884, with a list of the names on the register of those qualified to practise medicine and surgery. A supplement was published on 27 May, 1884, adding the name of Dr. William Young.
18. See 'Emanuel Raphael Belilios', in *Dictionary of Hong Kong Biography*, ed. M. Holdsworth and C. Munn (Hong Kong: Hong Kong University Press, 2012), 24–25.
19. Carl T. Smith, 'Sun Yat Sen's Middle School Days in Hong Kong and the Establishment of Alice Memorial Hospital', in *A Sense of History: Studies in the Social and Urban History of Hong Kong* (Hong Kong: Hong Kong Educational Publishing, 1995), 320–38.
20. Smith, *Sense of History*, 335.
21. Minutes of the first meeting of the Senate, Hong Kong College of Medicine, held on 30 August 1887.
22. This college was known by its earlier name, Victoria College, when it moved into this site on Hollywood Road in 1889, and was renamed Queen's College in 1894. See Gwenneth & John Stokes, *Queen's College: Its History, 1862–1987* (Hong Kong: Queen's College Old Boys' Association, 1987).
23. Minutes of the 64th meeting of the Court, Hong Kong College of Medicine, held on 20 August 1908.
24. Minutes of the 24th meeting of the Senate, Hong Kong College of Medicine, held on 21 August 1893.
25. Ernest Eitel, *Europe in China: The History of Hong Kong from the Beginning to the Year 1882* (Hong Kong: Kelly and Walsh, 1895).
26. E. N. Marks, 'Skertchly, Sydney Barber Josiah (1850–1926)', in *Australian Dictionary of Biography*, vol. 11 (Melbourne: Melbourne University Press, 1988), 621–22, accessed on 3 June 2011, <http://www.adb.online.anu.edu.au/biogs/A110638b.htm>.
27. E. 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), 29.
28. See 'Report for 1890 of the Alice Memorial Hospital to the London Missionary Society, written by John Thomson, Medical Missionary Superintendent', in *Council for World Mission Archives Collection* (London: School of Oriental and African Studies, University of London, CWM/LMS/South China A3/2, volume 1890)
29. As reported in the *China Mail* on 23 July 1892, the day the graduation ceremony was held.
30. For an account of the history of the Government Central School, see Gillian Bickley, *The Golden Needle: The Biography of Frederick Stewart (1836–1889)* (Hong Kong: David C. Lam Institute for Chinese Studies, Hong Kong Baptist University, 1997).

31. Anthony Sweeting, *Education in Hong Kong Pre-1841 to 1941: Fact & Opinion; Materials for a History of Education in Hong Kong* (Hong Kong: Hong Kong University Press, 1990), 336.
32. Gillian Bickley, *The Development of Education in Hong Kong 1841–1897* (Hong Kong: Proverse Hong Kong, 2002), 256–57.
33. ‘Two historic school buildings declared monuments’, press release of the Government Antiquities and Monuments Office on 2 December 2011, the date the building of King’s College was declared a public monument, accessed 28 July 2014, <http://www.heritage.gov.hk/en/online/press2011/20111202.htm>.
34. Ryan Dunch, ‘Mission Schools and Modernity: The Anglo-Chinese College, Fuzhou’, in *Education Culture & Identity in Twentieth Century China*, ed. Glen Peterson, Ruth Hayhoe, and Lu Yung-ling (Ann Arbor: University of Michigan Press, 2001), 115.
35. Minutes of a special meeting of the Senate, Hong Kong College of Medicine for Chinese, held on 29 September 1904.
36. A government department of education in Hong Kong had been established in 1865, after the arrival of Frederick Stewart in 1862 to take up the posts of headmaster of the Central School and inspector of schools. The standard of education provided by the government and other Anglo-Chinese schools at the time of his arrival would have been rather patchy. However, by the time the HKCM started, these standards were steadily improving, especially given the impetus of the introduction to Hong Kong of the Cambridge Senior Local Examinations in 1886, later replaced by the Oxford Senior Local Examinations in 1889. According to Ernest Eitel, the inspector of schools, in his annual report for 1887, these examinations were said to have had an immediately positive effect on many of the better schools in Hong Kong. With time, more pupils were presented for these examinations and in an increasing number of subjects. The development of education in Hong Kong has been well documented, including the annual education reports of the government published in the Hong Kong Government Gazette, collated and annotated by Gillian Bickley in her book *The Development of Education in Hong Kong 1841–1897* and also in Sweeting, *Education in Hong Kong Pre-1841 to 1941*.
37. See the account of the development of the Hong Kong College of Medicine in *Hong Kong College of Medicine: Appeal for an Endowment Fund*, issued by Henry May (Rector) and John Thomson (Secretary), on behalf of the Court of the Hong Kong College of Medicine, 1907. Cantlie papers MS 7937/18, Wellcome Library, London.
38. Minutes of the 7th meeting of the Court, Hong Kong College of Medicine, held on 14 March 1891.
39. Minutes of the Senate, Hong Kong College of Medicine, held on 6 August 1901.

Chapter 10

Conclusions

Although this story revolves around a group of people, the institution that linked them together and the place where it all happened are also important players in the story. In drawing our lessons from the stories, we cannot separate the people and the institution from the place. The key *people* are those who taught, studied, and graduated from the *institution*, the Hong Kong College of Medicine (HKCM), at a significant period in the development of a small but unique *place* called Hong Kong. In concluding, we hope to be able to recap and to review: first, whether the institution was able to achieve the objects for which it was established; second, how it was able to achieve it; and last, the wider benefits and implications of what was achieved, particularly for Hong Kong.

Bringing Western Medicine to Chinese

The Hong Kong College of Medicine for Chinese was started with the lofty aim of bringing Western medicine and medical science to Chinese in Hong Kong and the whole of China.

The aims of the HKCM's founders were spelled out eloquently in the dean's inaugural address, which is reproduced in full in Appendix 1. From the speech, the founders made it clear that they were embarking on a mission to equip a small band of men to take the benefits of Western medicine to the Chinese people—not only in Hong Kong, but for the whole of China.¹ Looking at the record of what the graduates of the college did, as recounted in the previous chapters, we can say with confidence that the HKCM graduates did succeed in bringing Western medicine to the Chinese people, particularly those residing in Hong Kong. By their personal efforts, whether through their pioneering work in the early hospitals and dispensaries, in the remote outposts of the New Territories, along the railway lines under construction, working in the laboratory, delivering babies on floating homes, in medical teaching and academic work, or as private practitioners in the centre of town, they had not only brought relief to suffering for many individuals, they also succeeded in breaking down cultural barriers and generating confidence in Western medicine among the community as a whole. Throughout the several decades when their influence was most felt, they helped to change attitudes among the Chinese

in Hong Kong to the acceptance of Western ideas of hygiene and prevention of disease, and Western methods of treatment for disease. At the same time, they also changed the attitude of the Hong Kong government towards providing health services to the Chinese population, and towards the employment of Chinese practitioners of Western medicine. Of course, they could not have done all this alone. As we mentioned at the beginning, the teachers and senior officers of the HKCM, together with the staff of the Alice Memorial and its affiliated hospitals, also made great personal efforts in promoting the objects of the college. The population of Hong Kong was also gradually evolving into a more pluralistic society that welcomed new advances. But the graduates themselves were the public face of this endeavour, in direct contact with the people of Hong Kong whom they were serving and the key to its success. Through all these efforts, they were able to lay the foundations of Hong Kong's present medical and health services. Improving the health of the whole community was fundamental to the continued economic development of the city, so as to reach its status as the major centre for international commerce that it is today. This was especially important for a trading port, as it was essential to prevent epidemics that imposed unwelcome quarantine restrictions on the free movement of goods and people, which was part of the lifeblood of the city. This contribution to Hong Kong by the HKCM through its graduates would unlikely be challenged, and we can safely say that the college had achieved a breakthrough in bringing the benefits of Western medicine to Chinese in Hong Kong.

Bringing Western Medicine to China

If we have to assess in quantitative terms how much the graduates had achieved of that greater object that the founding dean, Patrick Manson, had challenged them to do, in improving the health of the huge populace in China and in helping with the modernization of the country, we would have to admit that it was not substantial. As originally envisaged, it was perhaps too ambitious a scheme for a small institution, as their numbers were small and China is a vast country. This does not mean, however, that the college failed entirely.

The accounts that have been given in earlier chapters do indicate many genuine attempts to bring the benefits of Western medicine to China, starting with the first two graduates, Sun Yat-sen and Kong Ying-wah, who, with the encouragement of their dean, James Cantlie, offered their services to Viceroy Li Hung-chang but were not able to overcome the bureaucratic barriers that were put in their way. Later on, with the establishment of the Chinese Republic, there were others like Li Shu-fan and Chan Tsun-kon who left promising positions in Hong Kong to work in the mainland either in government positions or in medical schools, but were later compelled to leave by changes in the political scene. We might also take note of the later successful integration of Wong Kat-man and Lim Chong-eang into important positions in the medical

profession and in medical education inside post-Manchu China, even up to the period where they had to suffer the vicissitudes of the Cultural Revolution of the 1960s. Their small number and the special social and political situations at the time tended to obscure the significance of their efforts. Those individuals gave their best through their skills and hard work in spite of the unfavourable conditions, and the seeds sown by their efforts may still bear fruit in a way we are not yet able to imagine.

None of those who toiled in China were to achieve vast personal wealth or fame. In the case of Sun Yat-sen, the college's most famous son, it cannot be said that fame was what he aimed for, and despite collecting millions in the form of donations for his cause, no one has denied that Sun died without a personal fortune. Different historians may give different evaluations of his achievements, but it has to be admitted that, whatever shortcomings he had as a political theorist or even as a revolutionary or political leader, he undoubtedly inspired many to make tremendous personal sacrifices for the country, and furthered the cause of the modernization of China. For the other licentiates who followed with their less spectacular careers, by their simple everyday deeds they were adding to the building up of a society that was not afraid of embracing new advances that would bring health and other practical benefits to the people around them, and to the country as a whole.

Looked at from another angle, the difficulties and barriers encountered by the college licentiates that prevented them from working inside China led instead to spreading the benefits of their training to other countries in the region where Chinese people had moved to, such as Singapore and the Federated Malay States (which helped to stimulate the start of local medical colleges in those places). Later, it led to a significant concentration of talent and manpower within Hong Kong itself. It could be said that China's loss became Hong Kong's gain. The loss, however, may not be forever. The building up of a world-class medical and health system in Hong Kong that followed on from the early beginnings initiated by the college, and the development of centres of learning and research within the city would still be a potent force to contribute to the process of the continued modernization of China, as we will come back to later in this chapter.

Other Benefits Brought About by Western Medicine

It was also a clear object of the HKCM at the start that, together with medicine, there would be other benefits that would follow. As enunciated in the dean's inaugural address, he stressed the importance of introducing science to China through the medium of medicine:

Medicine might be called the mother of the sciences; from her have sprung anatomy, physiology, botany and biological science in general; besides

much of chemistry and a host of subsidiary sciences. As these followed her in Europe, so will they follow her in China. It would be hopeless to introduce them on their own merits, but they can be smuggled in with medicine.²

But acquisition of scientific knowledge alone might not be what he had in mind. Equally important would be the introduction of the important attitudes that science brings.

Introducing Science and Ethics along with Medicine

Western medicine, like traditional Chinese medicine (TCM), has a long tradition; its roots can be traced back to the teaching of Hippocrates and Galen, working in Europe in the fifth century BC and the second century AD, respectively. In those times, Western medicine and TCM shared quite a few similarities—for example, in their views that disease originates from an imbalance of certain humours and the use of herbal remedies. The major divergence in the two traditions did not start until revolutionary scientific discoveries were made, especially in the eighteenth and nineteenth centuries, following the Renaissance in Europe.³ In the realm of TCM we cannot find a comparable development. Thus, modern Western medicine is usually equated with the adoption of scientific methods. Medical education in Hong Kong brought into existence a group of Chinese physicians who embraced not only the science but also the philosophical traditions and ethics of Western medical practice. One may argue that what distinguishes modern Western medicine from other traditional systems of medicine is not merely (perhaps not even mainly) the adoption by Western medicine of a scientific method in the study of disease and its treatment but, more significantly, a basic philosophical approach to evaluating knowledge that science requires, and the accompanying ethics of practice that underpins the disciplines of science and medicine.

Implicit to 'science' is a culture of sharing knowledge as the accepted norm; a commitment for one's findings to be made public (e.g., no secret remedies proudly kept in the family) and to be made available for criticism and validation by others; willingness to admit errors and to discard theories that go against the available evidence; and the emphasis on evidence for guiding practice. By inculcating these attitudes in the training of doctors, a fundamental transformation of the ethos of the profession also follows. These attitudes are the prerequisite to advancing scientific learning, and need to be firmly rooted for any community to be able to contribute to the worldwide expansion of useful knowledge in scientific medicine. If we examine the Hong Kong of today, it can be acknowledged that such a culture has taken root within its medical profession in general, a cultural transformation building on the foundation of its early institutions of learning. As a consequence, Hong Kong can claim to be a centre for advancing the frontiers of modern medical science, and not just for

the delivery of high-quality medical care. At least some of the credit should go to the HKCM for laying the foundation for this transformation. Manson's wish has at least in part come true.

Social and Cultural Changes Introduced along with Western Medicine

The HKCM had provided the foundation for the development of Hong Kong's advanced medical and health services and for its contributions to scientific achievements in medicine. But the impact of the college graduates on Hong Kong did not end there. They were among the earliest of a new class of elites, of a different genre from the compradors of old who acted mainly as go-betweens for the European traders and their Chinese staff and business associates. The new group, as represented by the college graduates, was educated not just with a working knowledge of English, but was able to master the language to the extent of continuing their lifelong education, and interaction with the global community, in that language. They were receptive to new ideas, moving in and out of European society at ease, but remained firmly part of the Hong Kong Chinese community.

Even though some of the graduates of the college adopted Western lifestyles and pastimes more than others (e.g., playing poker and reading English newspapers), virtually all identified themselves as Chinese and supported Chinese institutions in Hong Kong as well as on the mainland with passion and commitment. They adapted (rather than copied) Western institutions like the Hong Kong Club or the Hong Kong Branch of the British Medical Association to a Chinese version that best suited their needs and started other institutions that specifically targeted Chinese interests, like the 'Cutting The Queue But Retaining Chinese Dress Association'. They engaged in public service in Hong Kong alongside Westerners, took up leadership roles in their churches on equal terms with Western pastors and missionaries, and immersed themselves in institutions that were established along Western traditions like the St. John's Ambulance Brigade, and supported their compatriots in mainland China with their humanitarian activities under the banner of local branches of international organizations such as the Red Cross. Without necessarily being conscious of the fact, they were the pioneers of a new generation of cross-cultural advocates who were to characterize Hong Kong.

Embracing Western Culture or Cultural Imperialism?

In considering these cultural changes described above, we may need to look more closely at another aspect modern medical historians have highlighted. The social aspects of medical history have received a great deal of attention from scholars in recent years, including the study of the social and cultural

aspects of colonial expansion, and how it relates to medicine.⁴ As declared by Roy Macleod in his introduction to the book *Disease, Medicine and Empire: Perspectives on Western Medicine and the Experience of European Expansion*,⁵ 'Western medicine as we know it, is a cultural force. At the same time, it has become a culture in itself. For these reasons, the interplay between medicine and culture, today figures prominently on the research agenda of modern medical history. . . . Nowhere is the reciprocal process more evident than in the history of western medicine transmitted overseas . . . "medical imperialism", in the colloquialism of our day, . . . implies the extension of western cultural values to the non-western world.'⁶ Others have also proposed that since 'medical training provided the first, sometimes only exposure of the colonized elite to science'; it also shaped anti-colonialism and nationalism, as shown in the predominance of medical personalities in postcolonial development of former colonies, such as India or the Philippines.⁷

One has to admit that the start of a school of Western medicine targeted at recruiting students from a nineteenth-century Chinese community to introduce something distinctly Western to an Eastern society could be seen as an attempt to replace that society's own culture with something quite foreign. The changing of that society's attitudes, building confidence in a different system despite centuries-old customs and beliefs traditionally held by the community, certainly amounts to a major cultural shift. But should this be equated to cultural imperialism? Even though the definition of imperialism is still a matter of debate, it carries with it the idea of one group using its position of power to impose its culture on another group that is in a less favourable position. Although this is not the main theme of this story, it may be useful to consider briefly whether the motivation for starting the HKCM fits in with current notions of cultural imperialism.

We have already noted that at the time the HKCM was started, the government of the day had little interest in providing Western medical services to Chinese in Hong Kong, let alone Western medical education for Chinese. In fact, the first institution in Hong Kong that received government support to specifically provide medical care to the Chinese population was the Tung Wah Hospital (TWH), and this 'Chinese Hospital' was established to provide TCM services rather than Western medical services. Even after the outbreak of bubonic plague in 1894, when a commission of enquiry into the TWH had recommended, and the TWH Board was persuaded to accept, the placing a government-funded resident surgeon qualified in Western medicine on its staff, this service was still to be offered on a voluntary basis.⁸ The only exception was in cases where there was clear danger to public safety involved (e.g., in the management of patients diagnosed with the plague). This lack of coercion and rather passive approach the authorities had taken to the provision of Western medical services to Chinese in Hong Kong had been well documented. If there was any element of cultural imperialism involved in promoting Western

medicine to Chinese in Hong Kong, it certainly did not originate from the colonial government itself.

But what about the small band of volunteer medical and other professionals who had started the college? Were their actions tainted with imperialistic intentions? One has to admit that some of the characters who featured in this story more than others could have been motivated by imperialistic ideas. Frederick Lugard, who established Hong Kong's first university was quite forthright in advocating for the spread of British influence in the Far East through his university scheme, and might have qualified best for this label; after all, he was a career servant of the British Empire, and that was his job. But that does not mean that imperialism was necessarily the only motivation for his actions. Nor does it mean that others who joined him in his projects necessarily shared his imperialistic motivations. Recently, the label of 'imperialist' has also been placed on Patrick Manson;⁹ as some historians have painted him and much of his actions as having been motivated by imperialistic motives, even going as far as labelling the specialty of 'tropical medicine', which he is credited with founding, as an imperialistic concept. However, that referred mostly to the period of his life when he was working in London, after he left Hong Kong. Although the description of Manson as an altruistic hero by some of his biographers may have been a little overdone, it is entirely reasonable to believe that, for his earlier career in China and Hong Kong, he was basically very much a physician (albeit one with a bent for scientific research), someone whose mission was to relieve suffering and pain. It was obvious that in being surrounded by these states of humankind all around him during his long sojourn in China, and knowing the inadequacy of the help at hand, he was genuinely moved to bring the benefits of Western science to provide relief from disease, suffering, and economic backwardness that poor health and inadequate medical facilities are inevitably associated with.

In the case of James Cantlie, we know from his biographers that he had a long interest in medical education starting from his career at the Charing Cross Hospital Medical School in London, and it was something that he enjoyed doing. It was very much with this in mind that he had thrown himself wholeheartedly into helping to start the medical school that Manson and others had already subscribed to. We also know from the speech he gave at the first prize-giving of the college in 1888, exactly one year after Manson's inaugural speech, that he felt that bringing science to the Chinese people was a moral duty, and urged:

the people of the British Empire to see the importance of having a medical and scientific educational establishment in Hong Kong; to consider this attempt to introduce science amongst the Chinese as a civilising agency of primary importance and to look upon it as their moral duty to extend the advantages science has brought themselves. . . . Will not the people of the Western Empire send an emblem of peace to this ancient people instead of

implements of war, will they not send the blessings of modern research for the alleviation of human suffering.¹⁰

We may detect in both Cantlie and Manson a firm belief in the superiority of Western science, and possibly of Western civilization as a whole, but their main motivation for sharing Western science was because of the benefits which they both knew science could bring, plus whatever goodwill this might engender between the Chinese and the British peoples, rather than as a tool for dominance. Certainly Cantlie was keen not only to share his scientific knowledge with his students but also his values stemming from his cultural background, which is something no one can avoid. As noted earlier, his biographer even remarked that he taught the HKCM students how to play cricket as an example of two-party government!¹¹ He was also keen to impart to his students his long-held interest in first aid and ambulance service, and certainly started this training in Hong Kong. This may again be a foreign notion, but it was also considered part and parcel of the humanitarian work of a doctor.

What can we say about Ho Kai, Francis Clark and the many others, who were also intimately involved? It was obvious that Ho Kai, even though he was a loyal Hong Kong citizen, was no blind follower of British traditions.¹² He had very much the interests of the whole of China at heart and wrote a great deal on the need for reform. In supporting the start of the HKCM and later of a university in Hong Kong, he could see the benefits they would bring to Hong Kong as well as China, quite apart from whatever imperialistic intentions that Lugard had openly advocated. So the many people (of various nationalities) who were involved in the college and in the later university might have been united in their efforts but should not be lumped together in their intentions.

Recent historians of Hong Kong have also been quick to point out that Hong Kong as a colony was far from comparable to other colonies resulting from European expansion in Asia, including its settlement colonies like Australia, and had its own unique features. In the case of Hong Kong, neither the view of a forced imposition of Western ideas on the Chinese population nor the view of a complete non-interventionist approach could be considered entirely accurate. Instead, there was a great deal of interaction between the Westerners and the local population that formed the majority group. This interaction between the cultures paved the way to the creation of a slowly emerging Hong Kong identity.¹³ The Chinese population of colonial Hong Kong very much helped shape the cultural landscape of Hong Kong, in the same way that Chinese entrepreneurs in Hong Kong helped shape its commercial success. Nor were the Chinese population a homogeneous group. As pointed out by Carroll, 'Colonies were not just about exploitation; they were also about how people learned to work within the cracks.'¹⁴

So even though acknowledging the fact that the imparting of medical knowledge carried with it a lot of cultural baggage, this did not necessarily add up to

cultural imperialism. This study of this group of professional elites who graduated from the HKCM could be seen to provide additional material to help us understand how Hong Kong's unique identity slowly came into being.

Hong Kong can therefore rightfully take pride in its role as a meeting place for things East and West, and in the case of medicine, the many practical and lasting benefits that Western medicine brings should be a justifiable cause for celebration. We have seen how improbable it would be that the students of the HKCM were merely unwittingly exploited to achieve the aims of others. As has been pointed out in earlier chapters, there were plenty of other more lucrative careers available at that period for Chinese youths in Hong Kong who had a good command of the English language. Conversely, the HKCM students had to undergo a five-year course at their own expense to obtain a qualification that did not guarantee any firm prospects at its conclusion. If they and their families had not been convinced of the merits of what they were doing, why should they have embarked on such a course of study?

Pluralism and Nationalistic Pride

This account of the graduates of the HKCM also provides examples to show they were by no means a homogeneous group. Among them, it was only the rare exceptions that went on to become revolutionaries and national heroes (as in the case of Sun Yat-sen, who was totally dedicated to his work for the Chinese nation). For many others, we have seen how their loyalties were both to Hong Kong and to China. Where opportunities arose for them to be of help to China, quite a few of them willingly offered their services in the mainland, for shorter or longer periods. For the majority, they were content to be of service to their compatriots in Hong Kong and to contribute to the welfare of the city (although they might have contributed to the revolutionary or national cause in other ways). Their heterogeneity was also reflected in their very different interests and hobbies, as individual members of the group showed distinct differences in their lifestyles (and even mode of dress) that reflected their Chinese roots and culture, as well as aspects of the West that they personally embraced. Indeed, we have also seen how the group was able to spearhead the development of institutions and associations that were very much focused on specific needs of the Chinese community in Hong Kong and on the mainland.

From the graduates' point of view, did they consider themselves to be unwitting tools or passive agents in the process to inculcate Western ideas in the Chinese race to the ultimate benefit of a culture other than their own? Or did they embrace their new profession with full conviction that this was the way of advancement for their country and its people? One should not expect all the graduates to have been consciously motivated by these high ideals, and many of them may have held more mundane ambitions. Nonetheless, they would have shared the conviction that what they had learned and what they were doing

was of real benefit to their countrymen, and many educated persons in China would have shared this view.

Besides, the fact that they embraced Western learning and ideas did not necessarily mean it would be followed by discarding of their Chinese heritage. Whether they were engaged in Western medical practice or in TCM practice should not be a matter of national pride, nor should this influence their choice. Science demands a pursuit of truth that transcends national boundaries and cultures, and real science cannot serve other ulterior motives. In the same way, the practitioner of scientific medicine aims to embrace whatever is the best for the patient, without reference to race or nationality or tradition. It should not be forgotten that, among the graduates, there were also representatives of the smaller ethnic communities of Hong Kong, such as the Portuguese and the Indian communities. All were able to find their place and their own niche in Hong Kong while sharing similar aims in bringing the benefits of Western medical science to the local community.

Could the University of Hong Kong Have Been Started without the College, and Brought about the Same High Standard of Medicine in Hong Kong Today?

The existence of the HKCM was only for a short period of twenty-eight years, and although it laid the foundation, its seminal work had to be continued and consolidated by the institution that it had been incorporated into, the University of Hong Kong. This being so, we need to also ask whether the now-century-old University of Hong Kong could have delivered such an outcome as mentioned in the previous paragraphs on its own, without the help of its antecedent, the College of Medicine? But before we attempt to answer this question, we may even have to ask another question first: Could the university have even been started when it did if the College of Medicine had not agreed to amalgamate with it? For this we can take a clue from the mastermind of the university himself: Sir Frederick Lugard, who wrote the following for the 'Souvenir' distributed at the university's foundation stone-laying ceremony on 16 March 1910:

Though the moment seemed inopportune—owing to the serious trade depression which has affected the Colony for the past two years—for launching a scheme involving the collection of a large capital, it will be seen from the account given of the history of the project that there were two reasons which forced it to the front.

- a) Mr. Mody's offer to erect the buildings was one which if refused was not likely to recur.
- b) The Hong Kong College of Medicine was about to build at once on a site which admitted of no extension. If it carried out this intention, amalgamation with the University would be practically impossible, and

*the project of establishing a University—shorn of one of its principal objects, viz. the teaching of medicine—would have been relegated to the distant future, probably never to be realised.*¹⁵ [Italics added]

The phrase ‘relegated to the distant future, probably never to be realised’ is critically important. Lugard was correct in his assessment that without the Faculty of Medicine it would have been very unlikely the university project could have been realized; at very least, it would have been ‘relegated to the distant future’. And if the founders of the university imprudently tried to start with its own separate medical faculty in 1912, in competition with the college, the presence of two medical schools competing with each other within a small community such as Hong Kong at the beginning of the twentieth century would have led to a costly waste of resources and continued weakness of both institutions without the chance of gaining the standards that were required for real progress. That this competition should be avoided at all costs was something that Lugard was well aware of, as we had related in an earlier chapter. Besides, without the stated aim of amalgamating with the HKCM, would the university committee have been able to harness the full-hearted support of people like Sir Kai Ho Kai leading the large group of Chinese benefactors, which comprised the 100-strong Chinese fundraising committee, quite a number of whom had been involved in fundraising for the college already? Without the contribution from this group, the target for the size of the endowment that had to be reached for Sir Hormusjee Mody to commit the promised funds for the university building would not likely have been met.¹⁶

If the university proposal had failed to materialize in 1912 and Hong Kong had to wait for another attempt to start a university ‘in the distant future’, say twenty years later in 1932, what would have been the outcome? Not only might there not have been a willing donor for the building, as Lugard cautioned in the first paragraph quoted above, but also the situation in China would have been so much different in 1932 that the impetus for starting a university in Hong Kong to help in China’s modernization would have carried much less weight. Besides, there would not have been sufficient time to build a solid foundation for the university before the advent of the Japanese hostilities within the same decade. This would in turn have meant that there would be a much weaker basis for Hong Kong’s post-war development and expansion, or for coping with the massive influx of refugees swelling the population and putting so much additional demands on its healthcare services during those times.

The fact that Western medical education started in Hong Kong *when it did* in the latter part of the nineteenth century was of strategic importance to maximizing its impact. It gave Hong Kong the necessary time to develop this important process, in time for meeting the challenges of the twentieth century. It provided the basis on which the university could build its medical faculty on a much stronger footing, rather than starting from scratch. Besides, the presence in Hong Kong of such heavyweights as Manson and Cantlie gave

the college the head start that it needed, galvanizing support from the community to get it going with a reasonable hope of success. At the same time, the college licentiates had acted as trailblazers to stimulate the government to develop its medical services to make use of the available manpower, which in turn provided the opportunities for the graduates to remain in Hong Kong to serve the local Chinese community, and to help in the process of transforming Chinese attitudes towards Western scientific medicine. Thus, despite whatever deficiencies one might point out in the college curriculum, or in the lack of full-time teachers, in the less-than-optimum standard of teaching accommodation, or the standard of research and academic excellence, the *timing* of the start of the educational process was probably of equal if not greater importance, and the College of Medicine was there to perform this role at a strategic time. By the time of its amalgamation with the university, it had already done much of the necessary groundwork to prepare the way for the university to take the process to the next step of its development, international recognition and academic standing.

Western Medicine and Chinese Medicine

The success of the graduates from the HKCM in popularizing Western medicine in Hong Kong had spearheaded the increase in provision and utilization of such services, in both the public as well as the private sectors. How did this affect the role of the TCM practitioner and the use of TCM services in Hong Kong? The idea had often been broached that the ‘ascendancy’ of Western medicine had led to the decline of Chinese medicine, but is there evidence to support this?

Unfortunately, there are few scholarly studies of these aspects covering the early period when Western medicine was introduced to the Hong Kong Chinese population. However, if we take a look at the increasing number of TCM practitioners practising in Hong Kong from 1901 to 1931 as shown in government census reports (see Table 10.1),¹⁷ the answer to this question would be a resounding ‘no’. These statistics are, of course, far from perfect, as they depend purely on how many persons claimed to be medical doctors when census officers visited them on the night the census was carried out. Perhaps the period chosen might have been too early to detect a significant impact of Western medicine on TCM. Nevertheless, common knowledge would support the view that despite the increasing availability of Western medical services in Hong Kong throughout the twentieth century, adding many new and necessary improvements from public health to hospital care, and from acute to rehabilitative medicine, it did not replace the use of Chinese medicine by many of its citizens.

Table 10.1
Comparison of the number of Chinese practitioners of medicine and non-Chinese medical practitioners for 1901, 1911, 1921, and 1931*

Census Year	Chinese Population	Non-Chinese Population
	Occupation listed in census as: 'Medicine' or 'Doctor'	Occupation listed in census as: 'Medicine' or 'doctor'
1901	431 (M: 410; F: 21)	26†
1911	719 (M: 649; F: 70)	28†
	Doctor (Chinese practice)	Doctor (Western practice)
1921	979 (M: 932; F: 47)	28 (M: 28; F: 0)
1931	1,480 (M: 1,424; F: 56)	242 (M: 227; F: 15)

* Based on the following published Reports of the Census of the Colony:
1901: Hong Kong Government Gazette, published on 28 September 1901, pp. 1697–700.
1911: Sessional Papers No. 17/1911, pp. 47–50.
1921: Sessional Papers No. 15/1921, pp. 206–17.
1931: Sessional Papers No. 5/1931, p. 183.

Notes:
1. M = male, F = female, † = no breakdown into male or female
2. Only in the 1921/1931 census is there a breakdown of doctors into Chinese practice and Western practice.

The two medical systems had always operated side by side, and people were free to choose which type of practitioner they wished to consult—or both, which they frequently did. The Medical Registration Ordinance of 1884 had from the beginning specifically indicated that it did not apply to the practitioners of traditional medicine and they were not to be regulated by it. This left the TCM practitioners entirely free to pursue their practice, providing they did not claim to be practising Western medicine and did not exceed the boundaries of the treatments they were qualified to prescribe.

Nevertheless, it has to be acknowledged that over time Western medicine services did develop to take on the position of the mainstream system in the public healthcare sector in Hong Kong, and receives enormous subsidies from the public purse. This has underpinned the development of Hong Kong's present highly successful public medical and health services. At the same time, the continued popularity of Chinese medicine (CM), mainly self-funded, has also to be recognized. This leads to the question: Should there be expenditure of public funds in the provision of CM services? If this was to be the case, how should the efficacy of these services be assessed, and would there be a necessity to re-examine the role of the CM and the WM practitioner in the overall provision of healthcare services in Hong Kong?

As Hong Kong prepared to return to Chinese sovereignty in 1997, consideration was given to establishing a system of registration of Chinese medicine

practitioners and to regulate the use of Chinese medicines. A working party was set up to study this initiative in 1989, with public consultations conducted, and a report submitted in 1994. This culminated in the enactment of the Chinese Medicine Ordinance in 1999 and the establishment of the Chinese Medicine Council of Hong Kong (香港中醫藥管理委員會) and a Chinese Medical Practitioner (CMP) Board the same year, which mirrored the corresponding organizations for Western medical practitioners. This gave official recognition to those CMPs who are listed on the register of the council.¹⁸ As of September 2016, there were 7,043 names on the list of registered CMPs, and another 2,650 on the list of listed (provisionally registered) CMPs published in the website of the Chinese Medicine Council.¹⁹ University degree courses providing training of Chinese medicine practitioners are now provided in three of Hong Kong's universities, with the assistance of public funds. A system of regulation of the manufacture and sale of Chinese medicines and registration of proprietary Chinese medicines has also been established and put into place under the provisions of the same ordinance. These regulatory processes are innovative measures in the promotion and control of the standards of TCM practice, and have led to elevating the status of the CM practitioner. The Chinese medicine division of the government department of health, which provides administrative and other support to the regulatory authorities, has been appointed a WHO collaborative centre for traditional medicine since 2012. This is a significant recognition of Hong Kong's pioneering work in the emerging field of regulation and public policy development for traditional medicine systems worldwide.

As a sign of the development of public support for government-funded CM services, a new public hospital that offers TCM as the primary mode of treatment, with Western medicine in a supportive role, is now under planning. From a cynic's point of view, this development could be seen as a symbolic reversal of the decision made more than 100 years ago to require the Tung Wah Hospital to abandon its practice of providing only TCM and allowing Western medicine to gain a foothold in its halls. To take a more positive view, it may be seen as a further sign of Hong Kong's pioneering role, in providing a facility where further studies can be made to examine how the two systems of medicine could complement each other, the strengths of each discipline being utilized in the best interests of the patient. Western medicine has evolved to focus more attention on curing disease, and often left the healing process and restoration of health to nature, whereas Chinese medicine had traditionally focused more on restoring or promoting health and, with rare exceptions, left the process of curing disease to nature. Whether both these emphases could be equally extended to the sphere of hospital care would be a matter for further careful study. Such innovative approaches to making a choice of whether to use Western or Chinese medicine, or both, in treating a patient, possibly at

different stages of the disease, could certainly benefit from more controlled scientific studies to assess the risks and to verify their efficacy.

The status of Chinese medicine as an officially recognized medical system in Hong Kong is now well established, and there is undoubted popularity for using Chinese medicine, especially in promoting health within an increasingly stressful society. It would now seem to be superfluous to speak about ascendancy or decline of either system. Both systems of health care (WM and CM) might each have their strengths and merits that can be identified and applied in a collaborative or even in an integrated manner. Whether the pioneering role of early HKCM graduates in promoting WM (which was then of vital importance to the development of a healthy city) could be followed by a period of further consolidation by Hong Kong's medical professionals in the present century, by promoting carefully studied collaborative use of WM and CM, remains a big challenge. There is room for optimism that Hong Kong might again be in a strategic position to rise to this challenge. The city holds a number of advantages, including (1) the existence of a legal framework for regulation of the two medical disciplines across the territory, with an equal status for practitioners from both disciplines; (2) the successful promotion of dialogue and understanding between practitioners of both disciplines and an emerging willingness to try out collaborative projects in patient care; and (3) the receptiveness of the Hong Kong patient population to such innovative measures.²⁰ Moreover, in the author's view, the fact that in Hong Kong, Chinese medicine refers to Traditional Chinese medicine, and any watered-down versions where there is a mishmash of elements of WM and TCM has so far not been officially condoned, is another major advantage. This would provide an important and probably *only* basis for a sound assessment of the merits of each of the systems.

Summing Up

We have seen how the Hong Kong College of Medicine, by training a small group of Chinese doctors of Western medicine more than 100 years ago, and through the subsequent work of these doctors, has contributed to the transformation of the city of Hong Kong. This transformation was most evident in the development of modern medical services for the Chinese population, laying the foundation for major improvements to the health of the community, and for significant economic and cultural developments to take place. It was a good example of how combining the strengths of the science of the West with the culture of the East could bring lasting practical benefits. The college existed for only twenty-eight years and voluntarily gave up its existence as a separate entity in order to help in the creation of its successor, into which it became incorporated. The college's strategic role was in helping to start this process of transformation at an opportune time, and then also to stop at an appropriate

time so that the work could be continued with wider support and on a grander scale by the university that succeeded it.

As for the bigger objective of the college founders for Hong Kong to contribute to the modernization of China through introducing science and medicine, we should also look towards the future with hope. The world is now a place that is much different from that of the late nineteenth or early twentieth centuries. Even so, the vision of those who started the college can still be a source of inspiration. Hong Kong has progressed by leaps and bounds and is now one of the major metropolises of the world. The infectious diseases that so plagued the city in the past, requiring Western medicine and Western public health measures to tackle, have been largely controlled and has now given way to newly emerging diseases, and chronic non-communicable disorders that Western medicine is yet to find a cure for. Hong Kong has over the last 100 years or more developed a strong foundation in scientific research and a strong contingent of researchers with solid experience and expertise, and with well-established international collaborations. The application of their skills to the study of these present day medical problems has already shown good results, and will undoubtedly progress further. Hong Kong is still a place where the cultures and the learning of East and West meet. While capitalizing on the areas of strategic strength in our community, and with the new opportunities that the present era brings, there is potential for many more innovative avenues for Hong Kong to contribute to the continued development of China, way beyond the dreams of the small group that founded the Hong Kong College of Medicine. It remains to be seen how far these dreams will be realized.

Notes

1. See Appendix 1, the Dean's Inaugural Address.
2. Ibid.
3. For an introduction to the history of scientific advances in medicine, see Roy Porter, 'Medical Science', in *The Cambridge Illustrated History of Medicine*, ed. Roy Porter (Cambridge: Cambridge University Press, 1996), 154–201. For a brief account of the works of Hippocrates and Galen, see Sherwin B. Nuland, *Doctors: The Biography of Medicine* (New York: Vintage Books, 1995).
4. See, for example, Roy Macleod and Milton Lewis, eds., *Disease, Medicine and Empire: Perspectives on Western Medicine and the Experience of European Expansion* (London and New York: Routledge, 1988); Roy Macleod, ed., 'Nature and Empire: Science and the Colonial Enterprise', *Osiris*, Second Series, vol. 15 (2000), 1–296. Warwick Anderson, *Colonial Pathologies: American Tropical Medicine, Race and Hygiene in the Philippines* (Durham and London: Duke University Press, 2006). Yip Ka-che, *Disease, Colonialism, and the State: Malaria in Modern East Asian History* (Hong Kong: Hong Kong University Press, 2009); and Robert Peckham and David M. Pomfret, eds., *Imperial Contagions: Medicine, Hygiene, and Cultures of Planning in Asia* (Hong Kong: Hong Kong University Press, 2013).
5. Macleod and Lewis, *Disease, Medicine and Empire*, 1–2.

6. Ibid.
7. Warwick Anderson and Hans Pols, 'Scientific Patriotism: Medical Science and National Self-fashioning in Southeast Asia', *Comparative Studies in Society and History* 54, no. 1 (2012): 93–113.
8. 'Report of the Commission to Report on the Workings and Organization of the Tung Wah Hospital, 17 October 1896', Hong Kong Sessional Papers, 1896.
9. See Douglas M. Haynes, *Imperial Medicine: Patrick Manson and the Conquest of Tropical Disease* (Philadelphia: University of Pennsylvania Press, 2001) and 李尚仁, 《帝國的醫師：萬巴德與英國熱帶醫學的創建》(台北：允晨文化，2012)。
10. 'The College of Medicine for Chinese – Opening of the Winter Session and Distribution of Prizes', *Daily Mail*, 1 October 1888.
11. Jean Cantlie Stewart, *The Quality of Mercy: The Lives of Sir James and Lady Cantlie* (London: George Allen & Unwin, 1983), 46.
12. See John M. Carroll, 'Nationalism and Identity: The Case of Ho Kai', in *Edge of Empires: Chinese Elites and British Colonials in Hong Kong* (Hong Kong: Hong Kong University Press, 2007), Chapter 5.
13. For a wider discussion on the interaction between British colonials and Chinese elites in Hong Kong, see Carroll, *Edge of Empires*. See also Ngo Tak-wing, ed., *Hong Kong's History: State and Society under Colonial Rule* (London and New York: Routledge, 1999), and Lee Pui-tak, ed., *Colonial Hong Kong and Modern China: Interaction and Reintegration* (Hong Kong: Hong Kong University Press, 2005).
14. Carroll, *Edge of Empires*, 10.
15. 'Souvenir presented by Sir Hormusjee N. Mody and the Committee of the Hong Kong University to commemorate the laying of the foundation stone of the Hong Kong University building by His Excellency, Sir F. J. D. Lugard, K.C.M.G.C.B., D.S.O., Governor of the Colony on Wednesday 16th March 1910.' From the Registry of the University of Hong Kong.
16. 'Souvenir', Appendix V. Statements of the Endowment Fund on 11 March 1910.
17. From the information on the occupations of the Chinese and non-Chinese population, contained in the reports on the Census of the Colony for 1901 (*Hong Kong Government Gazette*, 28 September 1901, 1697–1700); 1911 (*Hong Kong Sessional Papers*, No. 17/1911, 103 [No. 42–53]); 1921 (*Hong Kong Sessional Papers*, No. 15/1921, 206–17) and 1931 (*Hong Kong Sessional Papers*, No. 5/1931, 188).
18. For an account of this historical development, see 'Development of Chinese Medicine in Hong Kong', Chinese Medicine Division, Department of Health. HKSAR. Last modified 6 January 2016, <http://www.cmd.gov.hk/html/eng/aboutus/development.html>.
19. 'Regulation of Chinese Medical Practitioners', Chinese Medicine Council of Hong Kong, accessed on 21 September 2016, http://www.cmchk.org.hk/cmp/eng/#main_rcmp09.htm.
20. Based on discussions with the assistant director, Chinese medicine division, Department of Health, Government of the Hong Kong Special Administrative Region. February 2017.

Biographical Index

For a key to the abbreviations, please see the end of this index.

1. Arreglado Juan. E: 1905. LMSH 1912. ? returned to the Philippines.
2. Au Sze-cham, 區斯湛. E: 1899. LMSH 1905. MO at TWH and Western District Public Dispensary (1909); PP at HK Island.
3. Chak Chiu-hung (also known as Chak Chiu-hang), 翟朝亨. E: 1909. MBBS (HK) 1914. House Surgeon at HMLNH (1914–1915), PP at HK Island.
4. Chan Fai-kwong, 陳輝光. E: 1897. LMSH 1902. Bacteriological Assistant at BI (1902–1903). Died in 1903.
5. Chan Him-fan (also known as Chan Hin-fan), 陳衍芬. E: 1901. LMSH 1906. Ship's Doctor; MO at Kowloon–Canton Railway (1906); House Surgeon at NH (1907–1909), HMLH (1908); Medical Superintendent Kwong Wah Hospital and Dean of Kwong Wah Medical College, Canton (1909); House Surgeon HMLH (1915–1919); PP at KLN.
6. Chan Kun-shing, 陳觀聖. E: 1893. LMSH 1899. Apothecary's Assistant at GCH (1897–1898); House Surgeon at NH (1898–1899); Public Vaccinator (1897–1899); Assistant to Dr. Lim Boon-keng, Singapore (1899–1903?); PP in Penang.
7. Chan Shui-ye, 陳瑞儀 (also known as 陳獸儀). E: 1902. LMSH 1913. MO at TWSH (1913, 1915, 1916–1919, 1935) and TWH (1914); PP at KLN.
8. Chan Tsun-kon (also known as Chan Chun-kun), 陳俊幹. E: 1902. LMSH 1908. Ship's Doctor (1908, 1915–1919, 1939); AMO at Taipo Kau Station, Kowloon–Canton Railway (1908); Bacteriological Assistant at BI (1909–1912); Bacteriologist in Canton government (1912–1915), China; PP at KLN.
9. Chau Wai-cheung, 周懷璋. E: 1911. MBBS (HK) 1916. House Surgeon at HMLNH (1916); AMO for New Territories, Taipo (1917–1918), PP at HK Island.
10. Cheah Tiang-eam, 謝長炎 (also known as 謝長賢). E: 1910. MBBS (HK) 1916. House Surgeon at TWH (1915–1917); MO at GCH (1916–1918, 1932–1933); in Johore (dates not known), PP in HK.
11. Cheung Wing-tai (also known as Chung Wing-tai), 張榮棣. E: 1912. MBBS (HK) 1918. PP at HK Island.
12. Chung Yik-sun, 鍾奕信. E: 1901. LMSH 1907. MO at Hung Hom Public Dispensary (1936); PP at KLN.
13. Ho Ko-chun, 何高俊. E: 1896. LMSH 1901. Public Vaccinator (1901); Assistant to the Resident Surgeon at TWH (1902); Laboratory Assistant to Government Bacteriologist (1902–1903); House Surgeon at TWH (1903) and NH (1903–1905); MO at Eastern District Public Dispensary (1907–1911, 1916–1949); College

- Tutor at HKCM (1911); Vice-minister of Health, Guangdong 中華民國廣東省衛生司副司長 (1911–1916); PP at HK Island.
14. Ho Nai-hop, 何乃合. E: 1894. LMSH 1899. MO at Taipo Station (1899–1902); PP in HK.
 15. Ho Nai-tsun, 何乃傳. E: 1900. LMSH 1907. PP in HK.
 16. Kong Ying-wah, 江英華. E: 1887. LMSH 1892. Worked in Sandakan, Borneo.
 17. Kwan King-hung, 關景鏗. E: 1901. LMSH 1907. MO at Eastern Public Dispensary (1908); MO at Peiyang Mining Company (1909), China; MO at Public Dispensary (1915–1921); PP in HK.
 18. Kwan King-leung (also known as Kwan Sum-yin), 關景良 (also known as 關心焉). E: 1887. LMSH 1893. House Surgeon at NH (1893–1895); MO at Chinkiang, China (1895–1897); PP at HK Island.
 19. Kwong Ngai-leung, 鄺藝良. E: 1893. LMSH 1899. Acting House Surgeon at NH (1896); Dispenser at Kennedy Town Infectious Disease Hospital and Hygeia (1898). In Selangor, Federated Malay States, 1910.
 20. Lai Tsui-lan, 黎敘蘭. E: 1901. LMSH 1909. In Canton, 1911; PP at KLN.
 21. Lam Tsz-fung, 林紫封. E: 1902. LMSH 1909. PP in HK.
 22. Lam Yun-hae, 林潤曦 (also known as 林閏曦). E: 1901. LMSH 1910. MO at Kowloon–Canton Railway (1908) and TWH (1910–1911); PP at HK Island and KLN.
 23. Lau Lai, 劉禮. E: 1896. LMSH 1902. Public Dispensary, Wanchai (1902), CMO at Taipo Station Government Dispensary (1903–1907); PP in HK. Died in North Borneo during World War II.
 24. Lau Sz-fuk, 劉四福. E: 1887. LMSH 1895. Employment under the government of Selangor, Federated Malay States. Died in 1904.
 25. Lee Sea-foon (also known as Li Shu-fan), 李樹芬. E: 1903. LMSH 1908. MBChB (Edin) 1910. DTM&H (Edin) 1911. Fellowship of the Royal College of Surgeon of Edinburgh 1922. Minister of Health in Canton government (1912); Dean of Kung Yee Medical College, Canton (1922–1923); Superintendent of HKSH; PP at HK Island.
 26. Lee Yin-sze, 李賢仕. E: 1895. LMSH 1902. Assistant Wardmaster at Kennedy Town Infectious Diseases Hospital (1901); Laboratory Assistant to Government Bacteriologist (1902–1906); MO at Yaumati Chinese Public Dispensary (1908) and (1915–1935); MO at KWH (1911–1914); PP at KLN.
 27. Lee Ying-yau (also known as Li Ying-yau), 李應猷 (also known as 李應由). E: 1900 LMSH 1905. House Surgeon at NH (1909); MO at Peiyang Army Hospital, China; MO at Kowloon Chinese Public Dispensary; PP at KLN.
 28. Leung Chik-fan, 梁植芬 (also known as 梁植葵). E: 1898. LMSH 1908. MO at TWH (1908–1910, 1915–1926). PP in HK.
 29. Li Ho-ching, 李可楨 (also known as 李可貞). E: 1902. LMSH 1907. MO at Taipo Station Government Dispensary (1907–1909). PP in HK.
 30. Lim Chong-eang (also known as Lin Chong-eam), 林宗揚 (also known as 林宗陽). E: 1912. MBBS (HK) 1916. Served at GCH and BI (1917); Peking Central Hospital, China (1918); Lecturer (1922–1927), Assistant Professor (1927–1930), Professor of Bacteriology (1930–1937) and Dean (1937–1940) of Peking Union Medical College, China; Professor of Public Health at Peking University, China.
 31. Lim Shin-thwin, 林賢水. E: 1898. LMSH 1908. PP in HK.

32. Ma Luk (also known as Ma Luk-sun), 馬祿 (also known as 馬祿臣). E: 1898. LMSH 1905. Acting Resident Surgeon TWH (1903); Resident Doctor, Tytam Tuk Water-works (1905); MO at Kowloon City Public Dispensary (1907) and Western District Public Dispensary, Sai Ying Pun (1908, 1915–1935); worked at practice of Fitzwilliams & Allan, Alexandra Building (1908), PP at HK Island and KLN.
33. Naidu, P. D. R. (also known as Naidu, P. W. R.). E: 1904. LMSH 1915. Assistant to Railways MO 1909; Assistant to MO for the NT (1913–1914); worked at Medical Department, HK (1939); PP at HK Island.
34. Ozorio, Filomeno Maria Graça (奧些路), E: 1907. LMSH 1912. MBBS (HK) 1914. Dresser, GCH 1914; Board Member of St. Paul's Hospital, HK; PP at HK Island.
35. Phillips, Henry. E: 1903. LMSH 1906. Practised in Perak, Federated Malay States.
36. Quincey, Peter, 王文昭. E: 1898. LMSH 1903. Assistant to Government Bacteriologist (1903–1904); Resident Surgeon at Shanghai Public Hospital (1910) and Head of the Chapei Plague Prevention Corps at Shanghai, China (1911); PP in HK.
37. Song Chong-chai, 宋長才 (also known as 宋俊才). E: 1891. LMSH 1913. House Surgeon at TWH (1913–1914, 1915–1916); PP in HK.
38. de Souza, Eugene Lionel, 蘇沙. E: 1902. LMSH 1905. M.B.B.S (HK) 1924. Ship's Doctor (1908, 1915–1926, 1927–1934, 1936); PP in HK.
39. Sun Yat-sen, 孫逸仙 (also known as 孫中山 and 孫文). E: 1887. LMSH 1892. PP at Macau (1892) and Canton (1893–1894); Provisional President of the Republic of China (1912).
40. Tam Chong-wa, 譚長華. E: 1904. LMSH 1911. PP in HK (1916–1919).
41. Tan Yeu-wee, 陳有慰. E: 1900. LMSH 1903. House Surgeon at NH (1902). In Singapore, 1910.
42. Tee Han-kee, 鄭漢淇. E: 1897. LMSH 1902. Worked in Manila, Philippines.
43. Thomas, George Harold, 譚嘉士. E: 1907. LMSH 1912. MBBS (HK) 1914. MD (HK) 1920. House Surgeon at HMLNH (1910–1912); Chinese Resident Surgeon at TWH (1912–1928, 1949–1972) and Superintendent of TWH (1938); Chinese Medical Officer Government of HK at GCH (1928–1939), Chinese Lunatic Asylum (1928), QMH, TYH, and KWH (1938–1939); Chinese Medical Officer, Senior Grade, Government of HK, Superintendent TWH (1939–1947); Deputy and Acting Director of Medical and Health Services (1947–1949); Lecturer at HKU (1922, 1936, 1939).
44. To Ying-fan (also known as Coxion To), 杜應勳. E: 1893. LMSH 1899, House Surgeon at NH (1899–1901) and AMH (1901–1926); PP at HK Island.
45. To Ying-kwan, 杜應坤. E: 1900. LMSH 1905. MBChB (Edin) 1917. MO at Central Public Dispensary (1908) and Eastern Public Dispensary; Resident Surgeon at TWH (1910–1911); MO at Government Civil Hospital, HK (1918–1921); PP at HK Island.
46. Tuxford, Alfred Stanley. E: 1909. LMSH 1915. Dresser, GCH 1914, PP in HK.
47. U I-kai, 胡爾楷. E: 1887. LMSH 1895. Student Apothecary at GCH (1887–1897); House Surgeon at AMH (1897–1898). Died in 1898.
48. Wan Chik-hing, 溫植慶. E: 1906. LMSH 1911. MBChB (Edin) 1914. DTMH (Edin) 1914, DPH (Cantab) 1916. Fellow of the Royal College of Surgeons of Edinburgh 1922. Board Member of HKSH; Divisional Surgeon at St. John's Ambulance Brigade; MO at Chinese Maritime Customs, China; PP at HK Island.

49. Wee Ket-chong, 韋吉昌. E: 1902. LMSH 1906. In Selangor, Federated Malay States, 1910.
50. Wong, Benjamin (also known as Wong Cheong-lam), 黃菖林 (also known as 黃菖霖). E: 1904. LMSH 1909. MO at Taipo Station (1910); House Surgeon at HMLNH (1912–1914) and KWH (1914–1921); PP at HK Island and KLN.
51. Wong Chung-yik (also known as Wang Chung-yik), 王寵益. E: 1903. LMSH 1908. MBChB (Edin) 1910. DTM&H (Edin) 1911. DPH (Manc) 1912. BSc (Manc) 1913. MD (Edin) 1915. Research Fellow and Acting Superintendent, Laboratory of the Royal College of Physicians, Edinburgh, 1913–1919; Professor of Pathology at HKU (1920–1930).
52. Wong Hing-chun, 黃慶全. E: 1909. MBBS (HK) 1916. PP at HK Island.
53. Wong I-ek, 黃怡益. E: 1890. LMSH 1895. In Perak, Federated Malay States, 1910.
54. Wong Ka-cheung (also known as Wong Kat-man and Wong Chimin), 王嘉祥 (also known as 王吉民). E: 1905. LMSH 1910. Ship's Surgeon (1910); Director of the Shanghai Epidemic Prevention Hospital (1911); Chief Medical Officer of the Shanghai Hangzhou Railway Bureau (滬杭甬鐵路管理局主任總醫師) (1915–1930); Curator of the Museum of Chinese Medical History (中華醫學會醫史博物館館長) (1938–1972).
55. Wong Kwok-kun, 黃國權. E: 1912. MBBS (HK) 1917. House Surgeon at HMLNH (1917–1920) and KWH (1921–1923); worked at Shamshuipo Chinese Public Dispensary and Taipo Road Maternity Home; PP at HK Island and KLN.
56. Wong Pak-fu, 黃伯符. E: 1903. LMSH 1912. MO at TWH; PP in HK.
57. Wong Sai-yan, 王世恩. E: 1887. LMSH 1895. PP in Kuala Lumpur; Ship's Surgeon; founding member of Red Cross in Canton.
58. Wong Siong-cie, 黃祥芝. E: 1911. MBBS (HK) 1917. PP at HK Island and KLN (1939–1963).
59. Wong Tsz-chuen, 王子傳. E: 1911. MBBS (HK) 1917. House Surgeon at HMLNH (1917–1921) and AMH (1922–1923); PP at Ma Luk Sun Hospital, HK Island.
60. Wong Wan-on, 黃允安. E: 1893. LMSH 1900. Worked for the government of Singapore.

Abbreviations

AMH	Alice Memorial Hospital
AMO	Assistant Medical Officer
BI	Bacteriological Institute
CMO	Chinese Medical Officer
DPH	Diploma of Public Health
DTM&H	Diploma of Tropical Medicine and Hygiene
E	Year of Entry (HKCM)
GCH	Government Civil Hospital
HK	Hong Kong
HKCM	Hong Kong College of Medicine (for Chinese)
HKU	The University of Hong Kong
HMLNH	Ho Miu Ling and Nethersole Hospital
KLN	Kowloon

KWH	Kwong Wah Hospital
LMSH	Licentiate in Medicine and Surgery, Hong Kong
MBBS	Bachelor of Medicine and Bachelor of Surgery
MBChB	Bachelor of Medicine and Bachelor of Surgery (<i>chirurgiae</i>)
MD	Doctor of Medicine
MO	Medical Officer
NH	Nethersole Hospital
NT	New Territories
PP	Private Practitioner, Private practice
QMH	Queen Mary Hospital
TWH	Tung Wah Hospital
TWSH	Tung Wah Smallpox Hospital
TYH	Tsan Yuk Hospital

Note on Aliases: The English and Chinese names that appear first on this list are according to the information given in Lo Hsiang-lin's book 國父之大學時代, unless there was a definite mistake in that book, clearly recognized as a typographical error based on reliable sources that are available to the author, such as information from family members. The names used by Professor Lo were chosen as he based his information on the bound volume containing the roll of students, which had been prepared by the HKCM itself. The aliases shown in this index are those alternative names which appeared in various official reports like the Government Gazette, or in other sources as shown in the references and bibliography sections. It is also possible that some of these aliases were typographical or clerical errors, and not alternative names actually used by the persons themselves, but they are shown in this index for completeness.

Note on year of death: This is shown in this index only when it was known that the graduate died within ten years of graduation. There were three graduates in this group.

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