

Medical history of Hong Kong

Introduction—Anatomy of a city: why Hong Kong's history of medicine matters now

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As COVID-19 fades from view, the most significant pandemic of the 21st century is already being written into history. Hong Kong's experience of the coronavirus outbreak was both local and yet enmeshed in global networks of disease transmission, biomedicine, technology, geopolitics and public response. How one wonders, will the story be told to future generations of schoolchildren, medical students, health professionals and the public? Over time, a singular narrative often emerges, defined by the major events of the outbreak, with the messiness of everyday details, early public uncertainty, frequent policy changes and misinformation gradually erased from memory. Given the mountain of information that emerged and changed on a daily basis, this is inevitable, but medical historiographies should preserve this complexity to ensure a balanced and critical analysis of present and future events.

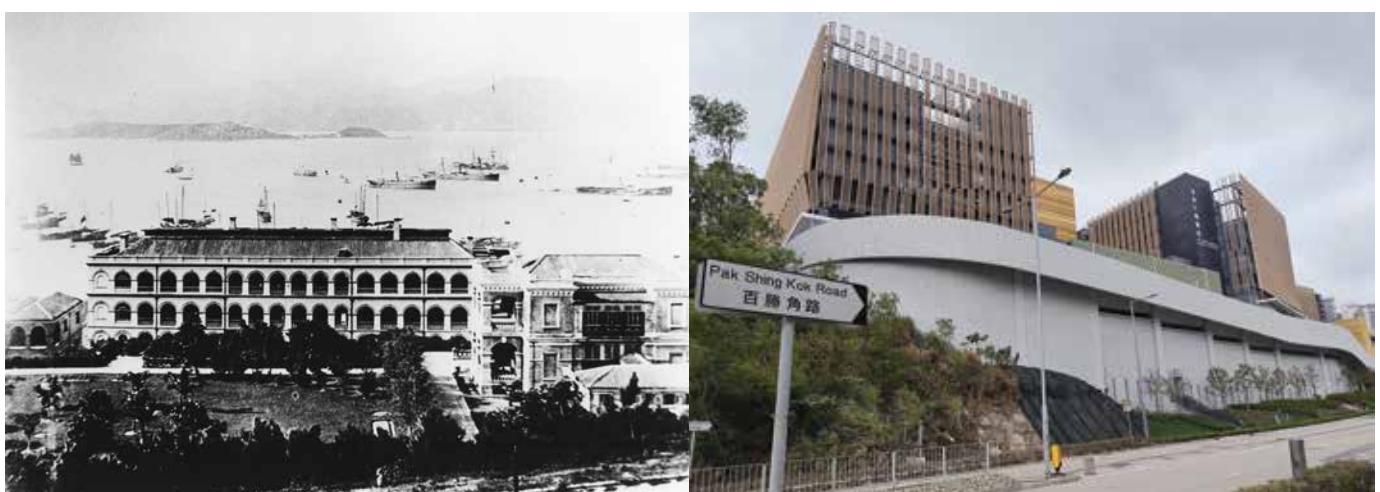
A maritime entrepôt frequently reshaped by migration, imperial power, political turmoil, and capitalist ambitions, Hong Kong has long been at the mercy of local, regional and global health threats. From 19th-century communicable diseases to 21st-century pandemics and chronic health conditions, from bacteriology's early laboratories to genomics and precision medicine, and from missionary, government and private hospitals to a plural public health system, the city's medical story is one of collisions and entanglements, between people, pathogens, medical systems, institutions, and technological innovation. This exciting and timely new series on Hong Kong's rich history of medicine endeavours to bring diverse local archives and stories to life, reminding us of the challenges of the foregone medical landscape and the endeavours of those who sought to construct the robust medical system we benefit from today.

Challenges in health governance and building local medical capacity

Countless medical and healthcare professionals contributed to shaping local medical expertise,

laying a foundation to serve the needs of a mixed and growing population. Local capacity building was often hampered by economic constraints imposed by the British Government and the city was reliant on transient doctors for much of the 19th century, from naval surgeons to private practitioners, as well as grassroots traditional Chinese medicine practitioners who ministered to local and migrant Chinese communities. Yet early medical practice was challenging, and several Colonial Surgeons died in service or from complications of repeated bouts of sickness after leaving the colony.¹ Efforts to unify physicians and consolidate knowledge were initially limited to Western medicine practitioners through the formation of the China Medico-Chirurgical Society, but diaries and journals show there was professional interest in the healing properties of Chinese medicine.² Attempts to establish Western medicine as a primary healthcare framework for the majority Chinese population began with early medical missionaries under the auspices of the London Missionary Society, but success was dependent on circumstance, government policies and funding. There were also well-intentioned yet culturally problematic endeavours to shoehorn Chinese medicine, which was largely community based, into an institutional model, as seen in the case of Tung Wah Hospital, which opened in 1872 at the heart of the Chinese community but was returned to colonial oversight after the plague outbreak.³

A decisive development was the founding of the Hong Kong College of Medicine for Chinese in 1887, a forerunner of The University of Hong Kong's Faculty of Medicine. The College represented a loftier late 19th century effort to translate biomedical science into Chinese settings, training local practitioners to expand the reach of Western medicine into China.⁴ Women's and children's health nonetheless lagged behind and was dependent on the timely presence and dogged determination of individuals such as Dr Alice Hickling, who galvanised government support and funding for maternity services.⁵ Mental health, too, has a long and troubled history in Hong Kong, complicated by a lack of knowledge, appropriate



Across generations: (left) Government Civil Hospital in the 1890s (image courtesy of the Hong Kong Museum of Medical Sciences) versus (right) The Chinese Medicine Hospital of Hong Kong newly opened in December 2025

facilities and empathy towards the afflicted.⁶ The subsequent establishment of large teaching hospitals promoted the professionalisation of nursing, the emergence of more locally trained physicians and allied health professionals, and ultimately led to the formation of the Hospital Authority in 1990 to manage public hospitals. This gradually expanded and embedded medical practices in the city's social fabric, while connecting Hong Kong to British, Chinese, and global networks.

Hong Kong as a node in local and global medical history

Hong Kong's history situates local practice within global circuits of knowledge, and few cities exemplify the globality of medicine as vividly as Hong Kong. The territory has always been a hub, a place of opportunity, trade and new beginnings propelled by high mobility. As the population grew and communication and transportation channels expanded, port health controls became essential to screen for deadly diseases such as smallpox, various febrile diseases, and distant threats such as yellow fever. Syphilis was a prime example of a well-travelled and much-feared sexually transmitted disease that quickly became established in the squalid brothels and among unregulated sex workers, driven by a gender imbalance and propagated by thousands of transiting naval personnel and Chinese immigrants.⁷ Such episodes compelled the instatement of successive, though sometimes repressive, health policies to manage the situation and treat the

afflicted. The colonial government frequently drew on British experiences and laws as a remedy but was often unprepared for the challenges of governing a multicultural population.

The colonial port's early public health regimen was severely tested during the 1894 bubonic plague, an outbreak that began in Yunnan, China, and spread along trade routes to reach the overcrowded residential districts of Hong Kong before extending to India and around the globe. The Hong Kong outbreak drew international scientific teams to the territory and sparked debates over science and urban sanitation methods that often intersected with racialised assumptions and coercive policies. It is a history that has been retold through multiple disciplinary perspectives and invites ethical reflection, but the crisis undoubtedly catalysed extensive and controversial sanitary reforms, urban planning and biomedical infrastructure development to facilitate homegrown laboratory-based public health.⁸ Socio-medical transformations following the outbreak reinforced how crisis events can shape public health policies for generations.

The late 20th century brought fresh forms of global interdependence and collaboration. The 1997 H5N1 avian influenza outbreak underscored the city's international role in pandemic surveillance and the fragile boundaries between human and animal health.⁹ Six years later, SARS (severe acute respiratory syndrome) swept through hospitals, housing estates, and international flight paths, exposing the vulnerabilities of dense urban living and rapid global mobility. Hong Kong scientists, epidemiologists,

medical professionals, and public health officials were pivotal in identifying the causative pathogens, sharing information, and controlling the outbreak.¹⁰ The aftermath saw institutional reforms, including the establishment of the Centre for Health Protection, and a durable model for infection control and public health governance that was tested during COVID-19.

Why preserving this history matters now and for the future

Juggling a packed curriculum, medical students have questioned why they should spend time learning medical history. There are many pertinent responses, but one that seems particularly relevant is that history affords a critical perspective on medicine, professional culture, identity and practice.¹¹ One of the most effective ways to actuate this is by embedding interactive engagement into the curriculum through field trips to museums, designing walking tours, and encouraging self-directed research and learning activities. Hong Kong is blessed with a fantastically rich medical heritage, and witnessing this history in the community and on the streets is a powerful experiential tool to stimulate self-awareness, inspire lifelong learning, and promote knowledge exchange between health practitioners and the public. Indeed, some medical historiographies demand reflection to avoid future error. Trust is partly historical memory, preserving and sharing authentic, accessible historical narratives through museums, archives, journals and innovative curricula that can stimulate more participatory and forward-thinking forms of health governance.

History also permits us to see into the future, not in the conventional sense of 'learning lessons from the past', which can be a problematic trope, but in understanding local vulnerabilities to disease and gaps in infrastructure or expertise. The recent opening of a flagship Chinese Medicine Hospital in Tseung Kwan O is testament to a post-handover revival of traditional Chinese medicine, driven by the Chinese Medicine Ordinance (Cap 549) and the persistence of local healing cultures in the community. Today, a visit to Watson's pharmacy, one of the oldest (Western medicine) dispensaries in Hong Kong dating to the 1840s, reveals an array of prepackaged Chinese medicines and a Chinese medicine consultation booth. The question of medical pluralism and potential for integrating these divergent medical frameworks is an interesting one that will benefit from further examination of their historical coexistence.

To conclude, Hong Kong's medical evolution has been nothing short of remarkable, characterised by local idiosyncrasies within a broader global

health network. Preserving and disseminating Hong Kong's rich medical history is both a collective responsibility and an opportunity for interdisciplinary knowledge exchange. Professionally, historical literacy supports leadership and informs decision making and policy design. By working together, health professionals and historians can co-translate scattered memories into shared knowledge, and shared knowledge into better care and medical development. In a period of fast-moving technological innovation, it is more important than ever to capture local histories as a window to Hong Kong's medical development legacy and to avoid the perpetuation of inaccurate information and sources.

This series invites clinicians, nurses, allied health professionals, public health practitioners, and students to read Hong Kong's medical past not as a linear story but as a critical reflection that informs medical and scientific progress. Many health topics deserve historical attention and are too many to discuss in this brief introduction, but a diverse series will surely emerge. Upcoming articles will build on existing histories of medicine, enriching Hong Kong's material culture of medicine and inspiring a new generation of custodians. In a city where the future is always arriving early, history can be a valuable partner in foresight.

References

1. Lim P. *Forgotten Souls: A Social History of the Hong Kong Cemetery*. Hong Kong: Hong Kong University Press; 2011: 145-9.
2. Rydings HA. *Transactions of the China Medico-Chirurgical Society, 1845-6*. J Hong Kong Branch R Asiat Soc 1973;13:13-27.
3. Sinn E. *Power and Charity: A Chinese Merchant Elite in Colonial Hong Kong*. Hong Kong: Hong Kong University Press; 2003.
4. Ching F. *130 Years of Medicine in Hong Kong: From the College of Medicine for Chinese to the Li Ka Shing Faculty of Medicine*. Singapore: Springer; 2018.
5. Chan-Yeung M. Dr Alice Hickling (1876-1928): the doctor who changed the paradigm of maternal care in Hong Kong. *Hong Kong Med J* 2021;27:389-91.
6. Wu HJ. From means to goal: a history of mental health in Hong Kong from 1850 to 1960. In: Minas H, Lewis M, editors. *Mental Health in China and the Chinese Diaspora: Historical and Cultural Perspectives*. Cham, Switzerland: Springer; 2021: 69-78.
7. Tsang CC. Hong Kong's floating world: disease and crime at the edge of empire. In: Peckham R, editor. *Disease and Crime: A History of Social Pathologies and the New Politics of Health*. Routledge; 2014: 21-39.
8. Hong Kong Museum of Medical Sciences Society. *Plague, SARS and the Story of Medicine in Hong Kong*. Hong Kong: Hong Kong University Press; 2006: 147-224.
9. Malik Peiris JS, de Jong MD, Guan Y. Avian influenza virus (H5N1): a threat to human health. *Clin Microbiol Rev* 2007;20:243-67.

10. Peiris JS, Lai ST, Poon LL, et al. Coronavirus as a possible cause of severe acute respiratory syndrome. *Lancet* 2003;361:1319-25.
11. Nagornikh O. Integrating the history of medicine into

modern medical education: evidence-based structures, methods, and relevance. 28 May 2025. Available from: <http://dx.doi.org/10.2139/ssrn.5274761>. Accessed 10 Jan 2026.

Answers to CME Programme

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I. Use of ^{18}F -fluorodeoxyglucose positron emission tomography coupled with computed tomography in early breast cancer management: consensus-based local recommendations by the Hong Kong Breast Cancer Foundation PET/CT Study Group

A	1. True	2. True	3. False	4. True	5. False
B	1. False	2. False	3. True	4. True	5. False

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II. Incidence, risk factors, and clinical outcomes of peripartum cardiomyopathy in Hong Kong

A	1. True	2. False	3. True	4. False	5. True
B	1. False	2. False	3. True	4. True	5. False