

John Christopher Thomson: the overlooked physician

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Dr John Christopher Thomson (Fig) was a physician whose enormous contributions to the development of medicine in Hong Kong should be recognised and highlighted. Born in 1863 in Lockerbie, Scotland, Thomson graduated from The University of Edinburgh with a Bachelor of Medicine and Master of Surgery in 1888 and earned a Doctor of Medicine in 1892. He became a missionary and was sent by the London Missionary Society as the first Medical Superintendent of Alice Memorial Hospital (AMH), a charity hospital founded in 1887.

As Medical Superintendent of AMH, Thomson was on the teaching staff of the Hong Kong College of Medicine (HKCM), which was established by prominent local medical practitioners such as Dr Patrick Manson, Dr James Cantlie, and others.¹ Thomson taught pathology, *materia medica*, and therapeutics over the years. In 1891, he became the College's secretary; later, he also took over the role of Director of Studies, holding both positions until his retirement in 1909.² It was due to Thomson's energy, indomitable perseverance, and willingness



FIG. Dr John Christopher Thomson (middle row, centre), and Dr Robert McLean Gibson on his left side, with students of the Hong Kong College of Medicine, circa 1903 (image courtesy of the Hong Kong Museum of Medical Sciences; photo donated by Alice Ho Miu Ling Nethersole Hospital Charity Foundation)

to serve that the HKCM continued to operate until it merged with The University of Hong Kong to become the Faculty of Medicine.³ He was highly supportive of HKCM graduates and believed that they were well trained and qualified for work in Hong Kong.⁴

In 1897, Thomson resigned from AMH and, after a brief stint in private practice, he joined the Government Medical Department. His duties varied over the years, but his main role was as Inspecting Medical Officer of Tung Wah Hospital (TWH), where he contributed enormously. In 1896, following the 1894 bubonic plague epidemic, a commission was appointed to examine the workings of TWH, which was a Chinese hospital inaugurated in 1872 that practised traditional Chinese medicine (TCM). At the onset of the 1894 epidemic, the hospital was found to have 20 undiagnosed cases and it became the epicentre of plague in Hong Kong. The commissioners therefore recommended that the hospital discontinue its political activities and focus on its medical work such as improving sanitation and introducing Western medicine. To ensure these changes took place, the government appointed Thomson to supervise the sanitary reforms and Dr King-ue Chung, the hospital's new resident surgeon, to advance the introduction of Western medicine. Patients admitted to the hospital were to be given the choice of either TCM or Western medicine.⁵ The introduction of Western medicine to TWH was an important milestone in its development.

Thomson was able to effectively implement the sanitary reform and supervised the introduction of Western medicine without arousing the antagonism of local Chinese elites. His strategies were as follows:

1. Rearrangement of the wards. A receiving ward was established for all new cases to be admitted. Patients were examined by Chung who then reviewed them with Thomson. Cases of bubonic plague and smallpox were sent to the Kennedy Town Infectious Diseases Hospital as soon as possible. Patients with other diagnoses, such as malarial fevers, diarrhoea and dysentery, beriberi, and general medical cases, were accommodated in different wards to lessen the degree of cross-infection and allow easier management. Two new wards were built on the compound for surgical patients.
2. Increasing ventilation in the hospital. To prevent overcrowding, the maximum number of patients allowed in each ward was determined by the size of the ward.
3. Sanitary measures including the removal of commodes from the wards as soon as possible, changing patients' clothing twice a week and all

bedding once a week, and disposal of soiled and old clothing and quilts were implemented. Jeyes Fluid, a disinfectant, was used to clean the wards and the bathrooms frequently. Thomson carried out inspections of the hospital twice a week to ensure that the hospital was clean and sanitary. Clean quarters were provided for Chung and the hospital staff.⁵

4. The hospital was required to keep good records detailing the numbers of daily admissions, discharges, and deaths, as well as the number of bodies brought in for which there was a diagnosed cause of death.⁵ Thomson discussed with Chung the causes of death for patients who died on the wards and those brought in to the mortuary. When foul play was suspected or an obscure case of public health importance was found, orders from the coroner for a post-mortem examination would be sought.⁶ The cause of death of each patient in TWH was determined and recorded.

As a result of these measures, the mortality of inpatients of TWH, which had been around 50%, decreased to about 35% to 40% for those who received treatment with TCM. For those who received treatment using Western medicine, the mortality was 15% to 20%.⁷ Over the years, Thomson brought in students from the HKCM, such as King-fai Tang, Chik-fan Leung,⁸ and Ko-tsun Ho⁹ to help Chung as the inpatients of TWH increasingly opted for treatment with Western medicine. The introduction of Western medicine proceeded smoothly and, in 1908, the director of TWH even permitted teaching Western clinical medicine in the hospital—this was a major shift in the attitude of the Hospital Board and a success that could largely be attributed to Thomson's efforts.

Thomson's other major contribution was in malaria control. The incidence of malaria in the civilian population then was around 400 per 100 000, with a 50% death rate.^{10,11} During a period of leave in England, Thomson learned about malaria and mosquitoes. On his return in 1900, he carried out a systematic study on mosquitoes. He was the first to identify three species of *Anopheles* mosquitoes which carry the malarial parasite, *Anopheles sinensis*, *Anopheles maculates*, and *Anopheles fatigans*, in Hong Kong.¹² His work gave support to the new malaria-mosquito theory and received acclaim in London.¹³

Thomson retired from government service in 1909 because of debilitating sprue and left Hong Kong.¹⁴ His service, which he carried out with courtesy and consideration, was quite different from that of some British colonists of the time,

and as such was highly appreciated by the Chinese community. He was a physician who, by supporting the HKCM and introducing Western medicine to TWH, contributed greatly to the development of medicine in Hong Kong and his work has not, thus far, been appreciated appropriately.

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