

# Through the lens of history: century-old snapshots from Tsan Yuk Hospital

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Founded in 1922, Tsan Yuk Hospital celebrates its 103rd anniversary this year. As one of Hong Kong's first maternity hospitals, Tsan Yuk Hospital provided safe, professional in-patient obstetric services to women and their newborns until 3 November 2001, when the last delivery occurred.<sup>1</sup> Since then, Tsan Yuk Hospital has transitioned from a standalone maternity hospital to an out-patient centre focused on antenatal care.<sup>1</sup>

In 1928, Prof Richard Edwin Tottenham, one of the first obstetrics and gynaecology professors to work at the hospital, published a clinical report containing photographs of the then newly built institution's labour ward and the operating theatre (Figs 1 and 2).<sup>2</sup> Comparing these with their modern-day equivalents (Figs 3 and 4) highlights the advancement of obstetric care over the last century.

The 1920s labour room (Fig 1) was minimalist compared to today's. The focal point was a simple bed, positioned in the room's centre. Wall-mounted shelves held glass jars and metal containers, likely

filled with medications and consumables. Next to the bed, there was a table upon which sat multiple bowls. Most consumables were placed in a bowl. The bowl itself would be used by one patient at a time and disinfected between patients. The special metal container held up by a pole next to the bed is thought to be a water tank storing sterilised water, but this has not been confirmed.

Figure 3 shows a current labour room in a new Kwong Wah Hospital building that has been operational since 2024. Unlike the relatively bare 1920s room, the modern labour room boasts equipment to ensure the baby's safety, including a cardiotocography machine to monitor fetal heartbeat, an incubator to keep the baby warm, and a resuscitator in case of neonatal resuscitation. The electric bed can be adjusted for height and dismantled in seconds for the mother to transition into the lithotomy position. Mounted to the wall, there is an emergency alarm, a suction device and equipment providing oxygen or nitrous oxide. Bowls



FIG 1. A labour room at Tsan Yuk Hospital in 1928. Image courtesy of the Hong Kong Museum of Medical Sciences

are obsolete as most consumables are now placed in single-use plastic containers.

Figure 2 captures an operating theatre at Tsan Yuk Hospital in the 1920s, while Figure 4 features an operating theatre on the labour ward at Kwong Wah Hospital. A hundred years ago, the theatre was equipped with basic instruments and had limited lighting. There were no anaesthetic machines or monitoring equipment. Seen side by side, one can appreciate the rapid development of medicine in Hong Kong.

There were 1109 admissions to Tsan Yuk Hospital and 537 admissions to the Government Civil Hospital in 1928.<sup>2</sup> In those days, before safe anaesthesia and antibiotics, caesarean delivery carried a very high risk. That year, only two caesarean sections were performed in which both the women and their babies survived.<sup>2</sup> The low maternal morbidity rate at Tsan Yuk Hospital in the 1920s can be attributed to the enhanced hygiene resulting from each patient having their own pan, bowl and chamber pot at each bed, as Prof Tottenham reported.<sup>2</sup>

The introduction of anaesthesia changed the labouring experience. In the 1920s, most mothers laboured without any analgesia. However, inspired by the use of rectal ether during their visit to the New York Lying-In Hospital in the United States, doctors at Tsan Yuk Hospital tested colonic ether on 27 primiparous women.<sup>2</sup> The medication was a mixture of olive oil, ether and paraldehyde, administered via an enema at the start of labour. When the cervix was almost fully dilated, an additional small dose of morphine was injected through a rectal tube into the colon. Pure olive oil would then be injected into the tube, followed by more olive oil and ether, with or without paraldehyde. Once labour ended, the rectum was washed. Nowadays, most expectant mothers would reject such a form of pain relief. In fact, colonic ether is no longer used to alleviate labour pain. Instead, many other pharmacological and non-pharmacological options, such as an epidural, nitrous oxide inhalation, injections and childbirth massage, are available to manage the pain of childbirth.

Prior to the introduction of Western medicine in the late 19th century, traditional Chinese medicine was mainstream.<sup>3</sup> Most women chose to deliver their babies at home and only presented at hospital after exhausting their traditional Chinese midwives' treatment options.<sup>3</sup> After giving birth, women typically returned to their communities as soon as possible.<sup>3</sup> Yet this started to change around 1928 as Western medicine gained greater public acceptance. According to Prof Tottenham's report,<sup>2</sup> more than 90% of postpartum patients stayed at Tsan Yuk Hospital for a week, whereas a few years prior, nursing staff were to be congratulated if patients stayed for more than 3 days after delivery.



FIG 2. An operating theatre at Tsan Yuk Hospital in 1928. Image courtesy of the Hong Kong Museum of Medical Sciences



FIG 3. A labour room at Kwong Wah Hospital in 2025



FIG 4. An operating theatre at Kwong Wah Hospital in 2025

A longer postpartum stay in hospital was considered a safe practice in the 1920s, when sepsis rates were high and most homes lacked a clean water supply. The pendulum swung back in the 1980s, and early discharge from hospital became the norm, owing to improved housing and an increased demand for maternity beds due to the influx of Vietnamese and mainland Chinese immigrants.<sup>3</sup>

Since its inception over a century ago, Tsan Yuk Hospital has provided the highest-quality obstetric care in Hong Kong. As we reflect on Tsan Yuk Hospital's remarkable legacy, may its history continue to guide and inspire the future of maternal care in Hong Kong.

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## References

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