

The Hong Kong Formulary of 1950

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Introduction

Hong Kong's first formulary (the Formulary) was published in December 1949, becoming effective in January 1950 (Fig 1). It was compiled by the Reverend Dr Kenneth Harrison Uttley (1901–1972), chairman of the Formulary Committee and a talented linguist, fluent in Cantonese, Portuguese and English. The son of Anglican missionaries, Dr Uttley spent his childhood in Brazil before returning to England to study divinity at Gonville and Caius College, University of Cambridge on a scholarship. He later switched to medicine.¹

After joining the Government Medical Service in Hong Kong in 1929, Dr Uttley was posted as a district medical officer to the New Territories. Five years later, he earned his doctorate in medicine, also from Cambridge, and was promoted to senior medical officer in 1941. During the Japanese occupation, Dr Uttley was the head physician at the civilian Stanley Internment Camp, where he was also interned.²

Postwar, Dr Uttley rejoined the government and continued to hold senior positions, eventually becoming the Deputy Director of Medical Services within the Medical and Health Department in May 1950.³ In 1955, he left Hong Kong for Antigua in the British West Indies, where he worked as the Chief Medical Officer until 1966. He also served as an ordained priest in the Anglican Church, and, upon retirement, returned to England to serve as the vicar of Pyrton, Oxfordshire, until his passing in 1972, aged 72 years.

A timely formulary

The idea of creating a comprehensive local drug formulary was first conceived by several medical officers, including Dr Uttley, while they were interned at the Stanley Internment Camp. The Formulary was subsequently compiled in the 4 years after the Second World War. The 169-page hardcover book was published in December 1949 by the government-appointed printer and publisher, the Macanese family-owned Noronha & Co Ltd. In the foreword, Dr Uttley articulated the rationale behind the Formulary:

"The purpose was to produce a volume of convenient size that could be used by the medical student, pharmacist, general practitioner and medical officer."⁴

The Formulary came at a crucial point in Hong Kong's medical history, in the face of a severe shortage of qualified doctors. Between 1945 and

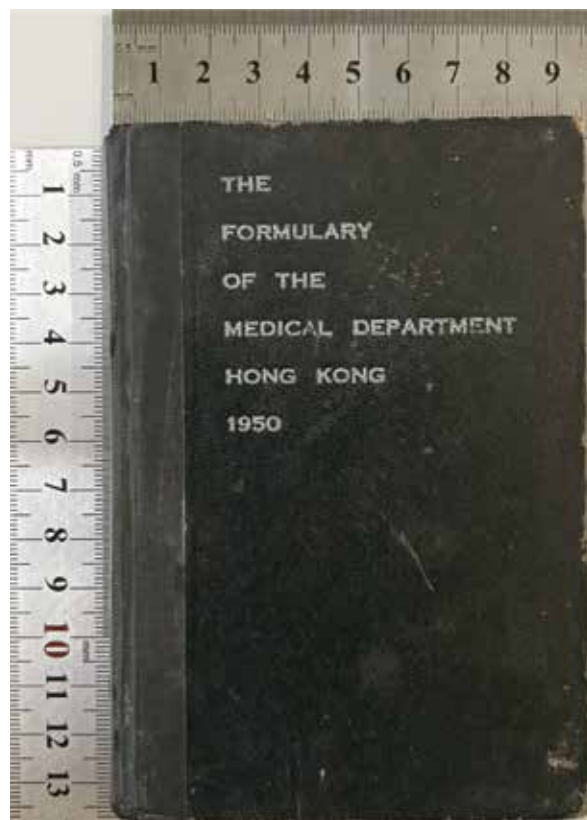


FIG 1. The Formulary's front cover. This book was donated by a relative of Dr Tak-on Wong to the Hong Kong Museum of Medical Sciences

1949, 1.26 million of the 1.86 million former Hong Kong residents who had fled during the Japanese occupation returned.⁵ In addition, 400 000 mainland refugees came to Hong Kong between 1949 and June 1950 to escape the Chinese Civil War.^{3,6} Although The University of Hong Kong had resumed medical education in 1946, the new practitioners would not join the workforce until 1952.⁷ Dr Uttley, having experienced a similar population surge from 1937 to 1941 when Hong Kong's population swelled from 500 000 to 1.8 million, was prepared to address the challenges posed by the migration of the late 1940s.^{8–11}

First, the newly arrived postwar colonial governor, Sir Alexander Grantham, was convinced by senior medical officials, including Dr Uttley, to create more than 20 government medical positions. This brought the total number of public-sector doctors in Hong Kong from 104 to 125—a 20% increase to cope with the 400 000-population growth to 1.9 million, equating to approximately 1 doctor per 22 000 residents, from 1949 to 1951.^{3,5}

Second, the Director of Medical Services, Dr Isaac Newton, negotiated an agreement with the Hong Kong and China branch of the British Medical Association and the Hong Kong Chinese Medical Association to appoint, on a purely temporary basis, internationally qualified doctors who were ineligible for registration in Hong Kong (such as those who had trained in China), under the Medical Registration (Amendment) Ordinance of 1949.⁵

Consequently, in 1949, 36 of the 127 positions (28%) were filled by mostly mainland medical practitioners, who could only practise under the supervision of a locally trained clinician.⁶ By March 1952, 98 out of 141 medical officer and assistant medical officer positions (70%) were filled by individuals whose qualifications could not be officially registered in Hong Kong.⁷

Third, Dr Uttley recognised the differing training backgrounds of Commonwealth and mainland medical practitioners and those who were British or locally qualified. The timely publication of the Formulary was an attempt to bridge this gap. It provided guidance on prescribing practices and familiarised the mainland-trained practitioners with locally available medicines, whether dispensed or manufactured by public hospital pharmacies, the Central Medical Store, or imported proprietary brands.

A local version of the National Formulary 1949

Clement Attlee (1883–1967) served as Britain's prime minister from 1945 to 1951. During his tenure, the National Health Service (NHS) was created. Funded by general taxation, the NHS launched in July 1948, offering comprehensive healthcare and prescription drugs to all citizens regardless of income, and providing free medical care in both community and hospital settings.

In anticipation of the NHS, a Joint Formulary Committee of the British Medical Association and the Pharmaceutical Society of Great Britain was set up. The committee was tasked with preparing a new drug formulary for use by community physicians and pharmacies contracted to the NHS. The first edition of the National Formulary (NF) 1949, later renamed the British National Formulary in its fifth edition in 1957, was an extension of the National War Formulary published in 1941. The NF, a pocket-sized hardcover book, listed recipes and formulas primarily for medicines that could be prepared by community pharmacies, reflecting the wide use of extemporaneous preparations in the mid-20th century (Fig 2).¹² A brief methodology in the preparation of extemporaneous preparations was described in the NF, with details separately published in the 1949 edition of the British Pharmaceutical Codex.¹³

As primary care was the NF's focus, the general section covered drugs frequently prescribed for the public, such as barbiturates, enemas, hormones, liver therapies and sulphonamides (Fig 2). Requirements to prescribe dangerous drugs, such as diamorphine (heroin), were included for restricted use, with reimbursement in the form of a dispensing fee to retail pharmacies.¹² Formulas relating to paediatrics were listed separately. By the 1970s, most of the extemporaneous preparations had been replaced by prepackaged oral or other dosage forms and supplied by local generic manufacturers.

Conclusion

The Formulary differed from the NF, both in its purpose and the audience it served, despite sharing many formulas and recipes. Unlike the NF, the Formulary was used exclusively by physicians, many of whom were trained on the mainland and served in the Medical Department of Hong Kong during the late 1940s and 1950s.

The Formulary's appendices were tailored to meet these physicians' practical needs and included posological tables, references for blood chemistry, normal blood counts and normal cerebrospinal fluid. There were specific sections on hormones for use in gynaecology, including oral contraceptives, and guidance on managing infectious diseases. The Formulary also featured critical information on poisons and antidotes, equipping practitioners with the essential tools to manage emergencies (Fig 3).

The last edition of the Formulary, published by the Hong Kong Department of Health in 1989, when the Hospital Authority was established in 1990, can be considered a legacy of Dr Uttley's work. In 2003, the

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FIG 2. Contents page of the National Formulary 1949. The book is Dr Stuart Anderson's private collection

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FIG 3. Contents page of Hong Kong's Formulary 1950. The book is a collection of the Hong Kong Museum of Medical Sciences

Hospital Authority embarked on developing its drug formulary, and since 2005, the Hospital Authority has published its own Drug Formulary, organised according to the British National Formulary's therapeutic class system.¹⁴

The Chronic Disease Co-Care Pilot Scheme, part of Hong Kong's primary health initiative, expanded its basic-tier drug list to 114 items on 1 August 2025.¹⁵ Further expansions are planned under the newly developed Community Drug Formulary (CDF), slated for publication in late 2025.¹⁵ The CDF will provide participating family doctors with a broader range of drug choices to cater to the varying clinical prescription needs of participants in the scheme. In this way, the CDF continues the legacy established by Dr Uttley's pioneering work on the original Formulary.

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