

The porcelain autopsy table and early post-mortem examinations in Hong Kong

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Among the Museum's collections, the porcelain autopsy table (Fig) is one of the more unusual acquisitions, and one that has witnessed the veiled history of autopsies in Hong Kong. The table was manufactured by Armitage Excelsior, a specialist company in England that produced bathroom fixtures and drainage supplies; it measures 243 cm long, 53 cm wide, and stands 86 cm high. The streamlined design reflects the shape of the adult body. The table originally belonged to Nam Long Hospital in Wong Chuk Hang. Still in good condition, it was donated to the Museum via the Department of Pathology of The University of Hong Kong (HKU) in March 1996, soon after the Museum first opened its doors.

Post-mortem autopsy is an approach used in modern hospitals to identify causes of disease and death and is now a traditional part of anatomy education. With the development of modern Western medicine in Hong Kong, the interest of British schools in dissection and anatomical pathology led to the slow but growing development of the practice in Hong Kong. Anatomical dissection and autopsies have made a valuable contribution to the current deep knowledge of the human body and diseases. Despite its long history, autopsy in Hong Kong appears to be relatively young. In the early years of the British colonisation of Hong Kong,

annual reports of the Surgeon General or Colonial Doctor lamented the lack of autopsies performed at the newly established Government Civil Hospital, which existed from 1849. In the absence of any legislation or medical school, anatomical dissection or autopsies were not performed until the 1860s, when the colonial surgeon expressed a desire to understand the cause of deaths amid rampant epidemics of infectious diseases in Hong Kong. In the Victoria Gaol, autopsies were also carried out on prisoners who died following specific outbreaks in the institution or from a fever of unknown origin.¹

In the early years of Colonial Hong Kong, the population showed little trust or knowledge of Western medicine; there was no discussion about or need for autopsies. The development of Western medicine and the increasing interest in anatomy and anatomical pathology slowly spread to Hong Kong from the United Kingdom. The need for anatomical pathology and autopsy began with the establishment of the Hong Kong College of Medicine for the Chinese in 1887. However, autopsies were not widely acceptable to the local Chinese population. Dr Patrick Manson was described to have paid the family of a patient in southern China who had died with 'jaundice' to allow him to perform a certain form of 'autopsy' to examine the liver. Acceptance of post-mortem examinations remained rare until the third plague pandemic reached Hong Kong in 1894, marking a watershed in the history of autopsy.

In 1895, the Hong Kong government established a Medical Committee to discuss medical system reform in the colony. The report cited a fear of knives as the reason underlying the lack of acceptance of post-mortem autopsies among the local Chinese population. Dr Boon-chor Chung, who was later appointed director of Tung Wah Hospital, stated clearly that, in China, performing post-mortem examinations was considered a crime. Chinese patients preferred to be treated at Alice Memorial Hospital, not the Government Civil Hospital, because the former did not conduct autopsies.² However, such reports have been contested. In the same series of meetings, Dr Ho Kai stated that he was unaware that the Chinese



FIG. The porcelain autopsy table (photo taken by Dumas Temu)

avoided the Civil Hospital because of post-mortem examinations.³ Rather, it was practical reasons that prevented their attendance at westernised hospitals, including whether the service was affordable and whether religious ceremonies were permitted following a patient's death. Autopsies gradually gained acceptance among the people in Hong Kong for several pragmatic reasons. After the plague pandemic, public health practice required that the belongings of a person suspected to have died from the plague be 'sanitised' by burning to prevent the spread of infection. This provided a practical benefit to autopsies: if death was confirmed not to be due to plague, the patient's belongings and property could be kept and need not be burnt.

The benefit of autopsy in medical research and education was rarely mentioned. After the plague pandemic subsided, rumours spread that Hong Kong's colonial government had used human organs from living individuals to find remedies; the British relied on the Chinese authorities in Canton to quash these unsettling rumours.⁴ In reality, only cadavers were used although not to find a cure for plague but for general scientific curiosity. Anatomical sciences in Hong Kong went hand in hand with a curiosity about racial differences that prevailed into the early 20th century. For example, Dr Kenelm Hutchinson Digby, a professor of surgery at HKU, emphasised the need to investigate bodies of the 'Chinese race' through anatomy.⁵ Professor Joseph Lexden Shellshear, the then Chair of Anatomy at HKU, reported that "[t]he structure of the [Chinese] brain is found to differ in many respects from that of the European". According to Shellshear's observations, the unique visual cortex in Chinese brains presented a far-reaching effect on the formation of the psychological characters of the '[Chinese] race'.⁶

Regarding autopsy regulations in Hong Kong, the most relevant development was the Coroner's Ordinance. The introduction of the Coroners' Act in England in 1887 preceded the introduction of Hong Kong's Coroners Ordinance in 1888. Based on the English Act, Hong Kong abolished the Common Law office of the Coroner and instead appointed a Magistrate. This state of affairs persisted for more than 60 years. In March 1950, a death at a mental hospital conjured debate about the need for a coroner to investigate the hospital administration that could be at fault.⁷ In 1967, it was suggested that a lawyer and a medical person would best qualify for the role of coroner. The Coroner's Ordinance (Cap 14) was then enacted, providing for the Governor to appoint one or more coroners.⁸ Two full-time coroners held office from 1967 to 1971. In 1980, the criteria for the appointment of coroners were amended and the appointee was no longer required to be a magistrate. In 1997, prior to the handover, a new bill was passed that defined 20 reportable deaths, finally establishing the independence of the coroner. This bill also transferred responsibility for a large proportion of hospital autopsies to the coroners.⁹

In the 1990s, because of the lack of a pathology department at Nam Long Hospital, no autopsies were carried out and the porcelain table was unused. Today, autopsy tables are made of stainless steel and are of a slimmer design but easier to clean and maintain. Despite the lack of opportunity to display its prowess, the table represents the rapid century-long development of anatomical science and the contested division of duties among the medical profession, judiciary, and police force. The artefact also sheds light on a dark and taboo corner of Hong Kong medical history that requires thorough and systematic review.

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