

Missionaries, Women, and Health Care: History of Nursing in Colonial Hong Kong (1887-1942)

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To my beloved wife, Christine

Abstract of thesis entitled:

Missionaries, Women, and Health Care: History of Nursing in Colonial Hong Kong (1887-1942)

Nethersole Hospital started the very first nursing training program in Hong Kong. Founded in 1887 by London Missionary Society, Hong Kong's nursing training was run by medical missionaries until the Japanese Occupation of Hong Kong in 1941. Due to colonial government's *laissez faire* health care administration and their lack of interest in providing medical service for the local community, missionaries shouldered the responsibility to provide care for the local Chinese residents in the nineteenth and early twentieth century Hong Kong mainly for religious purposes. This included taking on the leadership in Hong Kong's nursing training. Using Nethersole Hospital as case studies, this dissertation will examine how institutionalized nursing was introduced from the west and transformed in China, how missionaries used nursing as a tool to make contact with and reach out to the local populace, and how Chinese women in Hong Kong embraced this new profession within the foreign medical institution.

This dissertation will center on the relations between missionary and Chinese nurses, and look at the different roles they played throughout the establishment of the institutionalized nursing system in the hospital. On the one hand, institutionalized nursing in some ways provided a new platform for women in particular to walk into the outer space and engage with the public. On the other hand, for Chinese nurses these health care institutions ultimately became an alternative professional, gender, and racial patriarchy. Despite such patriarchal control, on top of other social challenges and cultural stigmatizations associated with nursing, the nurses became one of the first groups of heathen people to experience and endorsed medical modernity. In doing so, these Chinese nurses made significant impact on the discourse of women's health care in Hong Kong by actively becoming the important liaison between Western missionaries and Chinese women, between Western hospital and Chinese female patients, and between Western medicine and Chinese women's illness. Consequently, the introduction of western medicine and the launching of medical mission might not have "succeeded" in Hong Kong without Chinese nurses' inputs and their increasing contributions throughout the hospital's development. In the end, these Chinese nurses finally took over the nursing program in Hong Kong during the Japanese Occupation.

Submitted by

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## 摘要

### 傳教士、女性與醫療：香港護理史 (1887-1942)

那打素是香港第一間開始護理訓練的醫院。該院成立於一八八七年。在倫敦傳道會的管理下，醫療傳教士承擔的那打素醫院一九四一年日本佔領香港前的護理訓練。在殖民政府“不干涉”的醫療政策下，政府尚未為香港的華人提供完善的醫療服務。在這樣的前提下，傳教士因著傳教的名義扛起了提供華人醫療服務的責任。當中包括擔任香港護理訓練的先驅。本文將會以那打素醫院為根據，探討西方制度化的護理體如何被引到中國、如何在華人社會中經歷轉變。這過程包括傳教士如何使用護理做為傳教的工具，以及華人婦女如何面對她們在西醫院這份新的職責與身分。

本文將關注醫療傳教護士與中國護士的關係，探討制度化的護理在香港發展時，當中中西護理人員關係的形成與角色的演變。一方面制度化的護理為婦女們提供了一個新的在外工作的平台。另一方面，從職業、性別和種族的角度的角度，這制度化的醫療卻成為了另一個父權體系的空間。儘管如此，這些護士們在克服來自華人社會和中國文化對於護理的挑戰中，她們成為接觸現代化醫療的先驅。在這過程中，這些華人護士在香港醫療發展中擔任了西方傳教士與華人婦女、西方醫院與華人病患、西方醫療與華人疾病的媒介——一個不可缺少的重要角色。本文主張若非這些華人護士在醫院發展中的投入與貢獻，傳教士的醫療傳教不能達到預期的成效。這些華人護士在日本佔領香港後正式從西方傳教護士中接管了護理部門的領導權。

姜鍾赫

香港中文大學，二零一三年 八月



## **DECLARATION**

I declare that this dissertation represents my own work, except where due acknowledgement is made, and that it has not been previously included in a thesis, dissertation or report submitted to this University or to any other institution for a degree, diploma or other qualifications.

Signed: David. J. Kang

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“Trust GOD from the bottom of your heart; don’t try to figure out everything on your own. Listen for GOD’s voice in everything you do, everywhere you go; He’s the one who will keep you on track. Don’t assume that you know it all.” (Proverbs 3:5-6 MSG)

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## ABBREVIATIONS

HKNB	Hong Kong Nursing Board
ICN	International Council of Nurses
LMS	London Missionary Society
NAC	Nurses' Association of China
NHA	National Health Administration
PRC	People's Republic of China
PUMC	Peking Union Medical College
TWGH	Tung Wah Group of Hospitals

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## - CHAPTER 1 -

### INTRODUCTION: THE EAST/WEST CROSSROAD

Looking at the writings of Qiu Jin, a trained nurse<sup>1</sup> and revolutionary leader, who played a vital role in the founding of the Chinese Republic in the early twentieth century, Andrews summarized nursing in China by stating that “nursing was in itself a revolutionary profession for women in early twentieth-century China, and that Qiu Jin’s endorsement of it highlights some of the consequences of the acceptance of Western medicine in China.”<sup>2</sup> However, what were the revolutionary aspects of professional nursing in China? Which medical and cultural agencies were involved and engaged in this revolution? In particular, how did this revolutionary profession fit into Chinese culture and society? What roles did the revolutionary nursing profession play during the cultural encounter between the “East” and the “West”? Ultimately, what is the significance of Hong Kong in revolutionizing the nursing profession? These broad questions are one that this dissertation attempts to address.

This introduction begins with an overview of the platforms of this revolutionary profession by examining the institutionalized patient caring tradition in the West, the place most scholars consider to be the origin of institutionalized nursing. By institution here I meant the confined medical space created by medical professionals to conduct medical practice, the detail of it I shall explain further in the chapter. Within such medical institution, I will briefly discuss how caretaking line of work became a socially recognized “profession” in Britain, as well as the ways this so-called profession became feminized in the nineteenth century. Then I will survey the patient caring tradition in China, the place that had a rich and profound medical tradition, and see how institutionalized nursing was introduced by medical missionaries in the late nineteenth century. In particular, I will examine how nursing affected the lives of many Chinese women who decided to take on this newly-established caretaking role in the outer space, as well as the significant role these nurses played in this institutionalized medical space. In doing so, this dissertation will use Hong Kong as the context in unfolding this East/West crossroad.

#### Patient Care in the “West”

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<sup>1</sup> She translated a Japanese nursing textbook into Chinese, *Kanhuxue Jiaocheng* [看護學教程]; it later became the very first textbook on nursing in China.

<sup>2</sup> B. Andrews, “From Bedpan to Revolution: Qui Jin and Western Nursing,” in *Women and Modern Medicine*, ed. A. Hardy and L. Conrad (Amsterdam: Rodopi, 2001), 55.



For years, the vibrant history of nursing in Western civilizations has attracted the attention of scholars from various fields. Before looking at how “nursing” actually landed in China, examining its origin: the process of the movements from one civilization to another, from one caring tradition to another, and from one healing institution to another, and the political, social, and cultural factors behind such movements is necessary. This section will briefly examine the founding and operations of institutionalized patient care in the West. Without attempting to illustrate the comprehensive history of nursing, this study will pay close attention to the medicalization of patient care occurred in the late eighteenth century, which attributed to the institutionalization of patient care in the mid-nineteenth period when Florence Nightingale came into the picture. Then, I will discuss the background on how this institutionalized patient care transmitted to various places in the world, such as “heathen lands.”

### *The Medicalization of Patient Care*

Many scholars, including Angela Leung, refer to the Xenodicheia in Antioch (Turkey) as the origin of Hospital in the West. It was a religious institution that provided care for the poor and homeless.<sup>3</sup> Nursing historians Dock and Stewart, however, argued the very first public healing institution in the West was founded in the Roman Empire by Fabiola, a female Christian ascetic from an aristocratic family who sold all her personal wealth and turned her home into the “first free public hospital under Christian auspices” in 390 A.D. The specifics of these early hospitals are unknown to us, but the one common feature they shared was their charitable nature. In her rather humble institution, Fabiola took on the role of “attending the sick,” performing difficult tasks, such as “carrying” patients into the hospital and “bathing their wounds and sores,” even those whose wounds and injuries were so repulsive and they would have been rejected by others.<sup>4</sup> Since then, religion continues to play an important role in the vibrant history of patient care in the West, and strong Christian presence was evident throughout the development of public patient caring service under the influence of their religious obligation to help the poor and the needy of the society in the Medieval Period. While most patient care in Medieval Europe still took place at home, these public institutions

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<sup>3</sup> A.K. Leung, “Jindai Yiyuan de Dansheng [近代中國醫院的誕生],” in *Jiankang yu Shehui: Huaren Weisheng Sinshi* [健康與社會: 華人衛生新史], ed. P.Y. Zhu (Taipei: Lianjing Chuban, 2013), 42.

<sup>4</sup> L.L. Dock and I.M. Stewart, *A Short History of Nursing* (New York: G.P. Putnam’s Sons, 1936), 46.

“catered mainly for those who lacked other means of support from their family and friends.”<sup>5</sup> Islamic medical institutions likewise provide care for the poor in the twelfth and the thirteenth century. Their hospitals actually resembled the modern hospital even more closely by focusing more on the medical advancement.<sup>6</sup>

On the other hand, the Christian church discouraged the discovery of scientific understanding and the advancement of medical knowledge. This discouragement hindered the effectiveness of the healing practice taken place in their religious institution, including patient care.<sup>7</sup> Consequently, even when scientific discoveries attributed to the progress in medicine during the Renaissance Era, physicians’ diagnosis still weighed no particular authority, as “lay people not only had choice but also a sense of independence when it came to deciding how they were to be treated.”<sup>8</sup> And the full-launch of medicalization of hospitals never happened until the late eighteenth century. After the French Revolution, many hospitals went under the management of the state in a prison-like institution where the ones with power exploited the less privileged and the poor. But most patient care, as it always has been throughout the healing tradition in the West, still took place at the patient’s home; according to Foucault, home was the best and the most logical place for patient to receive proper care, for it would “prevent the patient’s becoming a victim of medicine and avoid exposure to contagion.”<sup>9</sup>

While the poor or the lower class of the society relied on these medical institutions for their charitable medical service, the process of medicalization was enabled by medical doctors’ access to the body of the pauper patient as a mean to acquire clinical knowledge. Under the sponsor of the state, these indigent patients were “oppressed by new institutions, new and frequently pathological forms of treatments, and new and arcane professional discourses”<sup>10</sup>—where patients were “systematically subjected to physicians,”<sup>11</sup> and often they could not resist the doctor’s demand to remove their clothes for physician examinations, or physician’s forced attempt to perform high-risk surgeries; resistance could ultimately led to their removal from the hospital. This has not only changed the doctor-patient relationship, but

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<sup>5</sup> V. Nutton, “Medicine in Medieval Western Europe, 1000-1500,” in *The Western Medical Tradition: 800 BC to AD 1800*, ed. L.I. Conrad and others (Cambridge: Cambridge University Press, 1995), 153.

<sup>6</sup> Leung, “Jindai Yiyuan de Dansheng [近代中國醫院的誕生],” 43.

<sup>7</sup> R.H. Shryock, *The History of Nursing: An Interpretation of the Social and Medical Factors Involved* (Philadelphia: W.B. Saunders Company), 83.

<sup>8</sup> A. Wear, “Medicine in Early Modern Europe, 1500-1700, in *The Western Medical Tradition: 800 BC to AD 1800*, ed. L.I. Conrad and others (Cambridge: Cambridge University Press, 1995), 238-239.

<sup>9</sup> M. Foucault, *Naissance de la Clinique*, trans. A.M. Sheridan (London: Tavistock Publications, 1973), 20.

<sup>10</sup> B. Luckin, “Towards a Social History of Institutionalization,” *Social History* 8:1 (1983): 93.

<sup>11</sup> C. Jones, “The Construction of the Hospital Patient in the Early Modern France,” in *Institutions of Confinement: Hospitals, Asylums, and Prisons in Western Europe and North America, 1500-1950*, ed. N. Finzsch and R. Jutte (Washington, D.C.: Cambridge University Press, 1996), 56.

more importantly the principle of healing procedures as well as the functionality of many state-sponsored hospitals; patients were no longer “gazed upon” as “objects of charity but as specimens of disease.”<sup>12</sup>

And during this process of medicalization of hospitals, nurses played an important role of “insulate [female patients] from the clinical gaze” due to the factor of gender segregation in Western medical tradition.<sup>13</sup> Later the very first clear definition of “the nurse’s role in healing” appeared in *Encyclopédie* in the later 1700s. The defined role included “carrying food, tending fires, sweeping, bathing patients, changing linen, emptying vessels, accompanying physicians on rounds, handling dressings...and burying the dead.”<sup>14</sup> However, most nurses during this period were overtaxed with work and had far-from-ideal working conditions, which resulted in the “demoralization” of the nursing staff. According to a doctor’s account, “the duties they have to perform are most unpleasant...and it is little wonder that many of them drink.”<sup>15</sup> Most of the caretakers were poor women who needed to make a living by conducting unlikeable routine work with minimal pay. Furthermore, most nurses were “poorly educated to discharge the responsibilities of a more sophisticated medical treatment;” they mostly had to rely on learning through experience.<sup>16</sup> These conditions hindered the nursing development, until Florence Nightingale intervened in the mid-nineteenth century.

### *The Nightingale Model of Patient Care*

The nineteenth century, as most historians would argue, marked a crucial turning point in nursing development in the West. A large number of social and political factors were at play, including further scientific advancements, economic progression, and political expansion of the Western imperial powers. All these factors contributed to nursing reform. However, the Crimean War (1853 to 1856) between the British and the Russians marked a significant turning point in the nursing profession. During the war, an ambitious British nurse, Florence Nightingale (1820-1910), volunteered to serve the wounded on the battlefield. Nightingale, an educated girl from an aristocratic family, strived to change this image by infusing professionalism into nursing practice by emphasizing the importance of basic knowledge and

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<sup>12</sup> R. Porter, “The Eighteenth Century,” in *The Western Medical Tradition: 800 BC to AD 1800*, ed. Lawrence I. Conrad and others (Cambridge: Cambridge University Press, 1995), 381.

<sup>13</sup> Jones, “The Construction of the Hospital Patient in the Early Modern France,” 74.

<sup>14</sup> Shryock, *The History of Nursing: An Interpretation of the Social and Medical Factors Involved*, 231.

<sup>15</sup> A.M. Brainard, *The Evolution of Public Health Nursing* (London: Routledge, 1922), 89.

<sup>16</sup> R. Dingwall, A.M. Rafferty & C. Webster, *An Introduction to the Social History of Nursing* (London: Routledge, 1988), 23.

practical training in patient care. The process did not go unchallenged, particularly because of the biases of people and the poor working condition of the patient attendants mentioned earlier, as well as the ideal of Victorian femininity which emphasized on women's domesticity that discouraged middle class women from working.

Fortunately, the Crimean War gave Nightingale the perfect grounds for demonstrating her vision of nursing. She changed the conditions of the patient-care conducted on the battlefield by nursing the wounded under the best possible hygienic conditions. As a result, the soldier mortality rate dropped from forty percent to two percent, leaving a legacy of genuine dedication and professionalism to health care.<sup>17</sup> According to Gladys Hardy,

It was not until the great Florence Nightingale returned in glory from the Crimean War in the year 1855, that steps were taken to train nurses systematically for a period of years, after which they could work independently as professional nurses. Money publicly subscribed to Florence Nightingale for her wonderful work in the Crimean War was used by her to found the Nightingale School for nurses at St Thomas's Hospital.<sup>18</sup>

Soon after the war, Nightingale's vision of nursing reform via training was officially set in motion in the subsequent decades, which gave birth to the institutionalized patient care practice. Maxine Rhode argued that "through the foundation of the Nightingale School for nurses at St Thomas's Hospital, she was to be said to have created a body of institutionally trained, regimented and competent carers who brought new ideas of sanitation and health to the care of the sick."<sup>19</sup> According to Nightingale model of institutional nursing training at the St. Thomas Hospital, these Middle-class girls received "a year's training which included instruction from the Matron, the ward 'sisters,' and the physicians. They were then added to the nursing staff of the Hospital for two years, where they gained experience under supervision."<sup>20</sup> This was what many referred to as a structured "hospital-based" nursing training where practical trainings were taught in order for nurses to provide medical doctors with the necessary assistance in medical treatments, despite the lack of scientific basis of Nightingale's nursing training which was often subject to criticism. "Not surprisingly," Rhode noted, "the scheme proved very beneficial to hospitals."<sup>21</sup> Consequently

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<sup>17</sup> P.M. Lee, "Lishi Fansi: Huli Wenhua Yanbian yu Nandinggeer Gaige [歷史反思：護理文化演變與南丁格爾改革]," *Hong Kong Nursing Journal* 3 (2000): 40.

<sup>18</sup> G.M. Hardy, *Nursing as a Career and Livelihood* (London: Edward O. Beck, 1955), 18.

<sup>19</sup> M. Rhode, "Women in Medicine: Doctors and Nurses, 1850-1920" in *Medicine Transformed: Health, Disease, and Society in Europe*, ed. D. Brunton (Manchester: The Open University, 2004), 166.

<sup>20</sup> Shryock, *The History of Nursing: An Interpretation of the Social and Medical Factors Involved*, 280.

<sup>21</sup> Rhode, "Women in Medicine: Doctors and Nurses, 1850-1920," 169.

Nightingale's hospital-based nursing training was often credited for making nursing "a respectable occupation—a crucial element in making the occupation into a profession."<sup>22</sup>

This hospital-based nursing training is what I refer to as the "institutionalized nursing" in this dissertation. According to Bill Luckin, "any social history of the broadly medically institutionalized must begin with a detailed account of architecture, routines, meal-times, diets, work schedules...and system of authority."<sup>23</sup> Indeed, within the hospital, many institutional disciplines were implemented for nurses within, including "punctuality, quietness, trustworthiness, personal neatness and cleanliness and order of the sick room itself."<sup>24</sup> Nightingale even instigated uniforms and dress codes, where "the nurses wore a brown dress with white caps and aprons."<sup>25</sup> Furthermore, Nightingale promoted the arrangement of institutional living environment for nurses, for she "had always maintained that a nurse, in order to do good work, whether in hospital or field, must have a good home in which to live."<sup>26</sup> The primary focus these institutional controls were to serve mainly for the benefit of the physician and the hospital.

More significantly, this Nightingale's model of nursing care was feminized. Nightingale emphasized heavily on importance of mother-nature in patient care practice. She noted, "every woman, or at least almost every woman, in England has, at one time or another of her life, [taken] charge of the personal health of somebody, whether child or invalid, —in other words, every woman is a nurse."<sup>27</sup> In doing so, Janet George argued, it was "a process wherein emphasis was placed on nature of women as appropriate carers and their natural subordination to men."<sup>28</sup> This became especially notable when Nightingale stressed on nurse's obedience to medical doctors (mostly men in the nineteenth century). Western medicine, according to Broom, is masculine, "in that it is part of the gender order, reflected in the interaction of male and female staff in health settings, and in the persistence of an interventionist style of practice, which together are consistent with patriarchal social norms."<sup>29</sup> In other words, the hospital-based nursing training ultimately became a mean to

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<sup>22</sup> Rhode, "Women in Medicine: Doctors and Nurses, 1850-1920," 166.

<sup>23</sup> Luckin, "Towards a Social History of Institutionalization," 89.

<sup>24</sup> Brainard, *The Evolution of Public Health Nursing*, 100.

<sup>25</sup> Brainard, *The Evolution of Public Health Nursing*, 99.

<sup>26</sup> Brainard, *The Evolution of Public Health Nursing*, 98-99.

<sup>27</sup> Nightingale, *Notes on Nursing: What it is, and What it is Not*, 3.

<sup>28</sup> J. George, "Moving with Chinese Opinion: Hong Kong's Maternity Service, 1881-1941," (Ph.D. Dissertation, University of Sydney, 1992), 24.

<sup>29</sup> George, "Moving with Chinese Opinion: Hong Kong's Maternity Service, 1881-1941," (Ph.D. Dissertation, University of Sydney, 1992), 121. Also see P. Broom, "Masculine Medicine, Feminine Illness: Gender and

legitimately subjugate these female nurses under the patriarchy of biomedical dominated by men.

### *The Transmission of Institutionalized Patient Care*

As Nightingale's institutionalized patient care quickly circulated throughout Europe and North America in the late nineteenth century, it soon became an important item of cultural export to the "heathen land." No doubt, the nineteenth century was an opportune time for it because of the emergence of Western aggression and imperial expansion. Given the general concern for the health of British officials and soldiers overseas, nursing services became important in British colonies. Nightingale never personally set foot on any of the colonies, most likely because of her poor health condition. However, she continued to extend her influence on the heathen land by taking up the subject of sanitation in India where she "wrote of and kept watch upon Indian affairs," thereby providing direct and indirect assistance to British colonial medicine in the nineteenth century.<sup>30</sup>

At the same time, the nineteenth century was also the period of missionary movement. Protestant missionaries tagged along and boarded imperialist ships, bringing their religious beliefs and Western ideologies to various places where Christianity was foreign. Within the missionary movement, medical missions became an important component of most missionary societies. As David Hardiman pointed out in *Healing Bodies and Saving Souls*, "healing, for medical missionaries, was part of a programme of social and moral engineering through which [heathen land such as Africa] would be saved."<sup>31</sup> Hospitals were often designed not only to treat the sick, but more importantly, as a means for missionaries to make contact with patients in the field. Inevitably, missionaries used medical services to showcase the advancement of their culture and to emphasize "the superiority of their religion."<sup>32</sup>

Institutionalized nursing was a unique aspect of medical missions. To start with, this newly introduced notion of health care did not appear until the latter part of the nineteenth century when the medical mission passed its preliminary stages and managed to operate with various degrees of success in different mission fields. The late nineteenth century was also

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Health," in *Sociology of Health and Illness: Australian Readings*, ed. G.M. Lupton & J.M. Nahman (Melbourne: Macmillan, 1989), 99-112.

<sup>30</sup> Dock and Stewart, *A Short History of Nursing*, 124.

<sup>31</sup> D. Hardiman, ed, *Healing Bodies and Saving Souls: Medical Missions in Asia and Africa* (Amsterdam: Rodopi, 2006), 2.

<sup>32</sup> Hardiman, ed., *Healing Bodies and Saving Souls: Medical Missions in Asia and Africa*, 25.

when many missions and mission fields started to embrace female missionaries.<sup>33</sup> Mission organizations started to recruit women and claimed that “women had a particular and unique role to play as... healers, and workers among ‘heathen women.’” Clara Swain (1834-1910), an American woman doctor sent to India in 1869, was the very first known female missionary.<sup>34</sup> Within a few decades, the number of female missionaries grew rapidly, and females eventually outnumbered their male counterparts. At the turn of the century, nursing became one of the most important access points for many women in the West to enter into the mission field, as they were “needed to staff hospitals for women and children, and to educate local women to become nurses.”<sup>35</sup>

### **Patient Care in China**

When Nightingale’s nursing practice arrived in China, it was met with an entirely different system of caring practices. Considering its long history of medicine, the Chinese medical tradition is arguably an unclinical yet profound, unscientific yet rational, and uncentralized yet systematic medical tradition that existed for thousands of years. This was summit of meeting of two very different patient care traditions between the East and the West in the nineteenth century. After the brief discussion on the development institutionalized nursing constituents in the “West,” I will now subsequently focus on the patient caring tradition in the “East” and examine how the encounter was staged in the late Imperial era and was unfolded in modern period. In particular, I will examine the significance of patient care in the inner spheres, or patient’s home, as well as the emergence of patient care in the outer spheres in the nineteenth century by discussing how the institutionalized patient care was introduced to China.

#### *The Significance of Chinese Homes*

In Imperial China, most healing and caring process generally occurred at the home of the patient, and the process evolved around family members, even more so than the healing traditions in the West. This, according to Samantha Pang, has a lot to do with the influence of Confucian ideology. She noted that “since the expectation of assuming care responsibilities among in-group members is deep-rooted among the Chinese, seeking outside help can result

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<sup>33</sup> For more information see J. Hunter, *The Gospel of Gentility: American Women Missionaries in Turn-of-the-Century China* (New Haven: Yale University Press, 1898).

<sup>34</sup> Hardiman, ed., *Healing Bodies and Saving Souls: Medical Missions in Asia and Africa*, 29–30.

<sup>35</sup> Hardiman, ed., *Healing Bodies and Saving Souls: Medical Missions in Asia and Africa*, 32.

in a sense [of] moral failure on the part of family members.”<sup>36</sup> To be more specific, it was filial piety in Confucianism that confined patients to their home with their family members. Such notion was clearly demonstrated in the *Twenty Four Filial Exemplar Stories* (二十四孝) of the Yuan Dynasty.

#### Story 2: Her Son Tasted Soups and Medicine

Emperor Wén of the Western Hàn was named Héng. He was the third son of the founder of the dynasty. Before he became emperor he was appointed king of Dài. His mother became Queen-Mother Bó. The emperor-to-be respectfully tended her and was not idle. His mother took sick for three years. The emperor did not sleep nor even unfasten the belt of his clothes. And if he had not tasted a medicine, it was not brought to his mother. His benevolence and piety were rumored throughout the kingdom.<sup>37</sup>

This story exemplified filial piety as the most important virtue in the Confucian scholar and exhorted the ideology of caring for a family member at home. Regardless of wealth and status, no one, including the emperor himself, could be exempted from this responsibility.

The question then lies in who among the family members would take up the primary caring responsibility for the sick. Liu Chungtung suggested in her research that “the carer’s role in China has always been, and remains, almost exclusively female,” and subsequently, “they have always been ‘carers’ in their capacity as family members.”<sup>38</sup> While Liu portrayed a much-generalized picture of China’s healing culture, other sources indicated there were exceptions. For instance, one primary example would be a Song Dynasty’s text of a Confucian medical scholar, Yu Pien:

Only those who understand the art of medicine can be called [sons] who fulfil their duties toward their parents. Whoever leaves the cure of diseases to common physicians neither possesses compassion, nor does he fulfil his duties toward his parents. The knowledge of medicine is indispensable in the assistance of one’s relatives.<sup>39</sup>

The text suggests that, besides the daughters or daughter-in-law, the responsibility of caretaking fell on the shoulder of the sons as well. Given the exhorted value of filial piety, sons were expected to possess sufficient medical knowledge to provide care of the sick family members at home. In fact, according to Paul Unschuld, this text was also the reason

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<sup>36</sup> S.M. Pang, *Nursing Ethics in Modern China* (Amsterdam: Rodopi, 2003), 12.

<sup>37</sup> J.J. Guo, *Twenty Four Filial Exemplar Stories* [二十四孝], trans. D.K. Jordan (1986); available from <http://weber.ucsd.edu/~dkjordan/chin/shiaw/TwentyfourEnglish.pdf> (accessed 15<sup>th</sup> February 2012).

<sup>38</sup> C.T. Liu, “From *San Gu Liu Po* to Caring Scholar,” *International Journal of Nursing Studies* 28:4 (1991): 316.

<sup>39</sup> P.U. Unschuld, *Medical Ethics in Imperial China: A Study of Historical Anthropology* (Berkeley: University of California Press, 1979), 57.



why many men since the Song dynasty decided to become a physician so as to provide better care for their parents personally.<sup>40</sup>

The abovementioned Yuan text of *Twenty Four Filial Exemplar Stories* already showed in Emperor Wén's story that men also carried the responsibility of caring. The following stories in the text continue illustrate the care provided by different men at home.

Story 16: He Tasted Dung with an Anxious Heart

Yǔ Qiánlóu of the southern Qí dynasty was sent as a magistrate to Chanling. He had been in the district less than ten days when suddenly his heart was alarmed and he perspired. Immediately he gave up his office and returned, [to find] his father had been sick for two days. The doctor said: "To know whether a sickness is improving or very serious, one must taste the [patient's] dung. If it is bitter, then there is hope." Qiánlóu tasted it, and it was sweet. His heart was very anxious. When night came, he kowtowed to the North Star, beseeching it to let him die in his father's place.<sup>41</sup>

Story 24: He Washed his Mother's Bedpan

Huáng Tíngjiān of the Sòng dynasty was also called Shāngǔ. During the Yuányòu reign period he was a government compiler. His nature was filial, and although he was very prominent, he served his mother with deep sincerity. Every evening he himself washed out his mother's bedpan. A moment did not pass in which he did not display the responsibility of a son.<sup>42</sup>

Neo-Confucian scholar Zhu Xi also addressed men's participation of patient care in the private sphere in *Xiaoxue* (小學):

If the parent or parent-in-law falls ill, the sons and their wives are not allowed to leave his or her side without reason. They were to prepare the drugs themselves, taste them in advance and administer them to the invalid. If the parents are sick, it is forbidden that their sons display carefree conduct, have any amusement, or seek pleasure. All other concerns must be given secondary importance so that they can devote themselves especially to their duty of receiving the physician, selecting formulas, and preparing drugs.<sup>43</sup>

The reference to "daughter-in-law" finally appeared in the text of Zhu, but the text did go back to referring to "sons" exclusively, indicating that the text was still addressed primarily to male figures in the family.

Nonetheless, in "Health Care and Gender Discourse during the Han and Tang Dynasties," a well-researched paper that surveyed the health care tradition in pre-modern

<sup>40</sup> Unschuld, *Medical Ethics in Imperial China: A Study of Historical Anthropology*, 57.

<sup>41</sup> Guo, *Twenty Four Filial Exemplar Stories* [二十四孝].

<sup>42</sup> Guo, *Twenty Four Filial Exemplar Stories* [二十四孝].

<sup>43</sup> Pang, *Nursing Ethics in Modern China*, 10-11.

China, Lee Jender rightfully argued that although men did, in fact, participate in the caring process; but their roles differed dramatically from those of women. For instance, unlike women, who provided care for almost all members of the family, records indicated that men came into the caring picture only when caring for their sick parents was needed.<sup>44</sup> In addition, the meaning of health care conducted at home also varied; for women, it usually meant performing “routine” domestic and intimate caring duties, whereas for men, it was an “exceptional” task that showcased their sincerity and moral character.<sup>45</sup> Most importantly, Lee argued that a strong political implication exists when males play the role of the caretaker, suggesting that what they did in the at home—in the private—directly affected their position outside the home—in the public.<sup>46</sup> Hence, Lee suggested that women still performed the comprehensive caring ritual.

The analysis of Lee was convincing, and the “mother nature” view seemed to play an important factor in assigning women to their caring duties in both the Chinese society and Western civilization, even though these idealized illustrations from the exemplar stories and doctrines from the classical texts do seem to suggest at least that attendance to the sick parents was as much a son’s job as the other female family members. To what extent these stories changed the predominant view that women were the primary care attendants in Imperial China is yet to be seen, but the rhetoric difference deserves to be taken note of. After all, it was Confucian ideologies that drew the gender boundary of the outer and inner spheres, where the former belonged to men, and the latter belonged to women. Since the home or inner sphere was where most caring took place, it unavoidably assigned women to the role of primary care taker in this so-called feminized sphere.<sup>47</sup> Thus unlike the West where religious intent became crucial motivation for women to perform patient care in the outer sphere, Liu pointed out many Chinese women were responsible for providing care of their family members in the “private domain.”<sup>48</sup>

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<sup>44</sup> J.D. Lee, “Hantang Zhijian Jiatingzhong de Jiankang Zhaogu yu Xingbie [Gender and Domestic Health Care in Early Imperial China],” in *Xingbie yu Yiliao: Disanjie Guoji Hanxue Huiyi Lunwenji, Lishizu [Papers from the Third International Conference on Sinology, History Section: Gender and Medical History]*, ed. K.W. Huang (Taipei: Institute of Modern History, Academia Sinica, 2002), 21

<sup>45</sup> Lee, “Hantang Zhijian Jiatingzhong de Jiankang Zhaogu yu Xingbie [Gender and Domestic Health Care in Early Imperial China],” 42.

<sup>46</sup> Lee, “Hantang Zhijian Jiatingzhong de Jiankang Zhaogu yu Xingbie [Gender and Domestic Health Care in Early Imperial China],” 38.

<sup>47</sup> For more discussion on inner/outer space please see D. Ko, *Teachers of the Inner Chamber: Women and Culture in Seventeenth Century* (Stanford: Stanford University Press, 1994). Ko argues that women’s space is often negotiated.

<sup>48</sup> C.T. Liu, “Yiliao Shehuixue, Nuxing, Lishi Yanjiu [醫療社會學、女性、歷史研究],” *Jindai Zhongguo Funushi Yanjiu [近代中國婦女史研究]* 3 (August, 1995): 212.

In addition to those caretakers at home, female medical professionals of various kinds also existed in the Chinese society. They were to provide medical treatments at home of the patients. Since the Neo-Confucian principles of sex segregation “became increasingly stricter from the [Song] period onward,” the partition between male physicians and female patients became even clearer.<sup>49</sup> In a Yuan drama, according to Furth’s book, *A Flourishing Yin*, records exist of Chinese physicians who were “satirized for bungling the diagnoses of their invisible female clients; doctors baffled by a cloth-covered hand or pretentiously claiming to read a pulse through a string tied around a woman’s wrist.”<sup>50</sup> Notwithstanding the ridicules, the delimited body politics that segregated the two sexes in Chinese medical practice cannot be denied.

Given such strict sex segregation in Chinese medical tradition, a demand for female healers existed in public spheres, which gave opportunities for Chinese women to get into the medical field. Under these social contexts, the handbook for administration in the Yuan period (1271-1368) recorded the nine types of professional women in the Chinese society, which comprised “three nuns and six women” (*san gu liu po* 三姑六婆). These nine types included female spirit medium, Taoist nun, Buddhist nun, woman priest, woman ritual specialist, woman matchmaker, woman procuress, woman dispenser, and midwife.<sup>51</sup> The list suggested that other than religious specialists and sex workers, the third category of women comprised health care professionals, although the dichotomy of their tasks may not have been very clearly defined. All these women, however, were portrayed negatively and were often associated with immorality. Liu suggested that they were “given little if any credit for their work by society” and “were often accused of all sorts of crimes, such as abortion, poisoning, infanticide.”<sup>52</sup>

Angela Leung also noted in her article, “Women Practicing Medicine in Premodern China,” that in terms of health care and women’s profession, “women who made a living out of medical service” was under the category of “bad women.”<sup>53</sup> These resentments toward these female healers strikingly resembled the negative representations of women caretakers in the West prior to the emergence of institutional nursing training. However, the reason behind the negative reputation somewhat differed. In the West, the negative reputation was attributed

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<sup>49</sup> A.K. Leung, “Women Practicing Medicine in Premodern China,” in *Chinese Women in the Imperial Past*, ed. H.T. Zundorfer (Boston: Brill, 1999), 101.

<sup>50</sup> Furth, *A Flourishing Yin: Gender in China’s Medical History, 960–1665*, 142.

<sup>51</sup> R.L. Yi, *Sangu Liupo: Mingdai Funü yu Shehuide Tansuo* [三姑六婆: 明代婦女與社會的探索](Taipei: Daoxiang Chubanshe, 2002).

<sup>52</sup> Liu, “From *San Gu Liu Po* to Caring Scholar,” 319.

<sup>53</sup> Leung, “Women Practicing Medicine in Premodern China,” 103.

to the lack of sound nursing management and the insufficient trainings that resulted in the abhorrent sentiment of the public toward nurses, whereas in China, the public repulsion toward female medical workers was attributed to the “growing segregation of sexes, with respectable women sequestered and confined within the boundaries of family.”<sup>54</sup> In other words, the former was the reflection of the shortcomings of the hospital development in the West, whereas the latter was the manifestation of cultural constrictions in China.

However, Leung suggested that notwithstanding the prejudice and regulation against female healers in the Ming–Qing period, a large number of women continued to practice and eventually “obtained social fame and wealth through exercising their profession. The best of them even earned recognition from established male doctors.”<sup>55</sup> Tan Yuxian (1461-1556) was one prime example from the late Ming Period. Raised in a physician’s family, Tan acquired medical training from her grandparents. Noticing the problem of strict gender segregation in Chinese medical tradition, she saw the limitations in placing women’s bodies and illnesses into the hands of male doctors, hence arguing that female physicians were desperately needed in the late Imperial China. Her masterpiece, *Nuyi Zayan (Words of a Female Doctor)*, was considered one of the earliest case records of a female physician in China.<sup>56</sup> Lee also noted that female doctors were often known for their unique or uncanny ways of healing; some of them even were called to serve as loyal physicians in the late Imperial period.<sup>57</sup>

### *The Emergence of Patience Care Outside of Home*

The existence of “hospital,” or public sphere of healing, in China has been a subject of debate among historians. Leung’s research revealed that the first Chinese word for hospital, *Yi Yuan*, in Southern Song (1225-1227),<sup>58</sup> was to provide medical care for the prisoners, and it did not contribute directly to the development of medicine. Other scholars like Yang Nianqun also suggest that despite the existence of relief centres, the functions of these so-called “hospitals” were ambiguous and undefined, and they were mostly founded and organized by the medical department of the imperial court. Hence, service to the commoners

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<sup>54</sup> Leung, “Women Practicing Medicine in Premodern China,” 104.

<sup>55</sup> Leung, “Women Practicing Medicine in Premodern China,” 128.

<sup>56</sup> T.X. Lin & M. Zhu, “Zhongguo Gudai Nuyi ji Chengcai Moshi Chutan [Briefly on China Ancient Female Physicians and their Mode of Becoming a Useful Person],” *China Journal of Traditional Chinese Medicine and Pharmacy* 22:4 (2007): 242-243.

<sup>57</sup> J.D. Lee “Zhongguo Funushi Yanjiuzhong de Yiliao Zhaogu Wenti [The Caring and the Cared in Study of Chinese Women’s History],” *Journal of Sichuan University (Social Science Edition)* 2 (2005): 91.

<sup>58</sup> Leung, “Jindai Yiyuan de Dansheng [近代中國醫院的誕生],” 45.

was limited. Even after the establishment of privately founded healing institutions during the Ming dynasty (1368–1644), as we shall see below, the lack of sound organization and professional procedures of care limited the function and influence of these institutions.<sup>59</sup> The Qing period (1644-1911) also witnessed the advancement of court medical care system, since it was not available to the general public, played a very marginal role in the development of social health care system. There the peasants relied on the involvement of “individual doctors and traditional Chinese pharmacy,” as well as “the rise of the medical charity” to make up for “the deficiency of national welfare policy.”<sup>60</sup>

The medical charity Chang Lei referred to in his dissertation was *Shan Tangs* (善堂), or charity halls. The role *Shan Tangs* became noteworthy since the Ming Dynasty; it existed in Chinese society as an effort to relieve the poor and the sick.<sup>61</sup> On the one hand, according to Chang Lei, the Qing government’s *laissez faire* health care administration created the perfect space for *Shan Tangs* to operate.<sup>62</sup> These *Shan Tangs*, Wang Yojun argues, was mostly established and sponsored by local elites who took the public health affair into their own hands. Their main goal was not only to promote charity among the people, but more importantly to consolidate their reputation and to legitimize their position in the society.<sup>63</sup> There were also religious communities, such as Buddhist or Daoist monasteries, that were involved in the establishment and management of *Shan Tangs*. Their focus, very similar to the monasteries in the West, was to use the charitable organizations to spread “kindness” and promote religious virtue.<sup>64</sup> And ultimately, as Angela Leung pointed out, their primary function was to save lives—a clear reflection of Buddhist ideology.<sup>65</sup>

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<sup>59</sup> N.Q. Yang, *Zai Zao “Bing Ren”: Zhongxiyi Chongtuxia de Kongjing Zhengzhi, 1832-1985 [Remaking “Patients”: Politics of Space in the Conflicts between Traditional Chinese Medicine and Western Medicine]* (Beijing: Zhongguo Renmin Daxue Chubanshe, 2006), 67-68.

<sup>60</sup> L. Chang, “Qingdai Beijing Zhongyi Yiliao Moshi Yanjiu [Research on Beijing Medical Mode of Chinese Medicine in Qing Dynasty],” (Ph.D. Dissertation, China Academy of Chinese Medical Sciences, 2010), 8.

<sup>61</sup> Chang, “Qingdai Beijing Zhongyi Yiliao Moshi Yanjiu [Research on Beijing Medical Mode of Chinese Medicine in Qing Dynasty],” 9.

<sup>62</sup> Chang, “Qingdai Beijing Zhongyi Yiliao Moshi Yanjiu [Research on Beijing Medical Mode of Chinese Medicine in Qing Dynasty],” 8.

<sup>63</sup> Y.J. Wang, “Dui Qinghouqi Zaihua Jidujiao Yiliao Shiye de Jidian Sikao: Jianlun Qiyu Zhongguo Bentu Yiliao Shiye de Bijiao [Thinking About the Medical Industry of Christianity in China of later Qing Dynasty: Discussing the Difference of the Medical Undertaking between Christianity in China and China Native Country],” *Journal of Shangqiu Vocational and Technical College* 3:5 (October, 2004): 56.

<sup>64</sup> W. Lai & Y.C.Li, “Cong Tongxuan Ninajian Shetuan Dangan Kan Qingmo Quandong Shantang de Shehui Yiliao Jiuji Huodong [從統宣年間社團檔案看清末廣東善堂的社會醫療救濟活動],” in *Yiliao he Weisheng: Cong Shehuishi wei Shijia de Tansuo [清以來的疾病、醫療和衛生—從社會文化史為視角的探索]*, ed. X.Z Yu (Beijing: Sanlian Shudian, 2009), 237.

<sup>65</sup> A.K. Leung, *Shishan yu Jiaohua: Mingqing de Cishan Zuzhi [施善與教化：清明的慈善組織]* (Taipei: Lianjing Chubanshe, 2005), 96.

On the other hand, Qing government's abolition of the medical regulation established in the Ming gave even greater space for these charitable medical organizations to "develop into a real health care system to adapt to the characteristics of Chinese medicine and social needs."<sup>66</sup> As a result, *Shan Tangs* not only grew rapidly during the late Imperial period, but the gradual transition from providing "care for the poor" to providing "cure for the sick" in the latter part of the Qing was also apparent.<sup>67</sup>

Some large-scaled *Shan Tangs*, such as *Puji Tang* (普濟堂), did receive government support eventually; but the organization only began to falter when the government started to intervene. *Puji Tang* was first established as a caring unit for the road construction workers by a Buddhist monk; but it eventually became an influential caring institution that provided care for the sick. *Puji Tang* was known mostly for the classification of their patients in order to avoid contagion.<sup>68</sup> It received recognition from the Emperors since Kangxi's reign (1661-1722), and was honored with continual government financial support. However, *Puji Tang* was under a strict government supervision and surveillance during the Jiaqing period (1796-1820), which eventually turned the organization into a state institute. This ended *Puji Tang's* effectiveness to carry out their function as the power of the state declined significantly in the latter part of the nineteenth century.

In addition to *Shan Tangs*, there were also specific indigenous institutions that were designated to provide care for patients of specific illness. Leprosy was an example. In Angela Leung's research on Leprosy in China, she noted that leper asylum was established as early as the sixteenth century—usually as outgrowths of charitable institutions that provided care for the sick. These asylums were founded not only as a mean to physically segregate the lepers, but also as a way to provide livelihoods for and spaces to form a group identity among lepers. The segregation increased in the late Imperial Era, leading to the further segregation of the lepers in the Republican Period as a response to the challenge of modernity that was directly related to the regulation of the disease.<sup>69</sup>

Very similar to the treatment of leprosy, Yu Xinchung's research on epidemics and the Qing society indicated that even though the central government still played a marginal role

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<sup>66</sup> Chang, "Qingdai Beijing Zhongyi Yiliao Moshi Yanjiu [Research on Beijing Medical Mode of Chinese Medicine in Qing Dynasty]," 8.

<sup>67</sup> Wang, "Dui Qinghouqi Zaihua Jidujiao Yiliao Shiye de Jidian Sikao: Jianlun Qiyu Zhongguo Bentu Yiliao Shiye de Bijiao [Thinking About the Medical Industry of Christianity in China of later Qing Dynasty: Discussing the Difference of the Medical Undertaking between Christianity in China and China Native Country]," 56-57.

<sup>68</sup> L. Chang, & J. Liang, "Qingdai Beijing Cishan Jigou de Yiliao Tedian Qianxi [清代北京慈善機構的醫療特點淺析]," *Beijing Journal of Traditional Chinese Medicine* 29:5 (2010): 384-385.

<sup>69</sup> A.K. Leung, *Leprosy in China: a History* (New York: Columbia University Press, 2009), 84-131.

both in disease prevention and patient treatment efforts, the local society carried on the rescue mission by establishing refuges to both implement quarantine and provide patient care. There were even institutions that were designated to offer care for female patients of epidemics. Consequently, these institutions continued to grow in the latter half of Qianlong's time, carrying on to the Jiaqing era, and increased rapidly during Daoguang's reign. A number of non-medical charitable organizations also joined the relief efforts and incorporated medical service during outbreaks. Most of the funding came from the local society, but the records indicated that some institutions did start to implement patient payment in exchange for medical care.<sup>70</sup>

At the turn of the twentieth century, records indicated the presence of female doctors in various *Shan Tangs* in Southern China, participating in various relief efforts, including treating and caring patients of epidemic disease.<sup>71</sup> Even though the responsibilities of these woman physicians—in accordance with Chinese medical tradition where the dichotomy between doctors, pharmacists, and patient attendants was ambiguous—was difficult to define, the cultural demands for female doctors and the way these women healers respond to such demands in late Imperial China should be noted.

#### *The Transformation into Institutionalized Patient Care in the Late Nineteenth Century*

According to Andrews, “there was no such thing as a professional nurse in China before the arrival of the Western medical missionaries in the nineteenth century.”<sup>72</sup> Pang also noted in her book that “the ideas of caring for the sick in institutional settings and of nursing as a profession were foreign concepts when they were introduced to China.”<sup>73</sup> However, scholars, such as Wang, argued that nursing has existed in China in various forms for thousands of years, during which the Chinese physician him/herself played the roles of physician, pharmacist, and nurse simultaneously.<sup>74</sup> Although the existence of the actual “practice of nursing” is subject to debate, the concept of “institutionalized nursing,” where patient attendants were institutionalized to receive training and to provide care for the benefit of the physician and the hospital was new to China until the nineteenth century.

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<sup>70</sup> X.Z. Yu, *Qingdai Jiangnan Wenyi yu Shehui zhi Hudong: Yixiang Yiliao Shehuishi de Yanjiu* [清代江南瘟疫與社會之互動——一項醫療社會史的研究] (Beijing: Zhongguo Renming Daxue Chubanshe, 2003), 249-288.

<sup>71</sup> Lai & Li, “Cong Tongxuan Ninajian Shetuan Dangan Kan Qingmo Quandong Shantang de Shehui Yiliao Jiuji Hudong [從統宣年間社團檔案看清末廣東善堂的社會醫療救濟活動],” 242.

<sup>72</sup> Andrews, “From Bedpan to Revolution: Qui Jin and Western Nursing,” 58.

<sup>73</sup> Pang, *Nursing Ethics in Modern China*, 7.

<sup>74</sup> Y.Q. Wang, *Zhongguo Huli Fazanshi* [中國護理發展史] (Beijing: Zhongguo Yiyao Keji Chubanshe, 2000) 18.

However, nursing is generally one of the most overlooked and under-researched subjects in Chinese history. In the West, nursing is a multidisciplinary subject that drew significant attention from the fields of health care, gender, and religious studies. Consequently, scholars have produced a wide collection of research on nursing as early as the twentieth century.<sup>75</sup> The story is completely different in China. Although history of medicine has been one of the most popular topics in Chinese history, regrettably nursing neither drew any significant attention from scholars of various fields, nor did it create dialogues between different scholars. As a result, only a few fragmented works on the nursing development in Chinese history exist. Pang's *Nursing Ethics in Modern China* is a scholarly work on the development of nursing ethics in China, which is a practical topic that deserves attention. From the perspective of a nurse, Pang provides a valuable angle to the roles of modern nurses in China and the challenges these nurses faced in terms of ethics and morality in their posts. In the first two chapters of the book, Pang attempted to provide some historical insights by covering a very general historical development of nursing in China.

Andrews, an expert in the history of medicine in China, shared her insights on the history of nursing in "From Bedpan to Revolution: Qiu Jin and Western Nursing," a scholarly piece that looked at nursing from the perspective of the social and gender implications of medical advancement. She quoted Qiu in that the "promotion of Western nursing as a suitable profession for educated Chinese women is one example of how a particular combination of local interests, hopes, and ambitions made this particular Western-medical discipline attractive."<sup>76</sup> Andrews analyses the issue by focusing on the text of Qiu and presented how she translated and transmitted the nursing practice from Japan by endorsing this "revolutionary" profession for Chinese women and using nursing to ultimately construct a stronger nation in the early twentieth century in China. Although Andrews showcased the importance of how a foreign concept and practice is accepted by Chinese society, she failed to provide an in-depth analysis on some of the possible challenges Chinese women faced, as well as some of the negative consequences the women dealt with when pursuing a career in nursing.

John Watt's article, "Breaking into Public Service: The Development of Nursing in Modern China, 1870-1949" complemented Andrews' work by demonstrating some of the challenges these Chinese women faced before taking on the nursing profession. By surveying

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<sup>75</sup> One of the earliest works was M.A Nutting & L.L. Dock, *A History of Nursing* (London: The Knickerbocker Press, 1907.)

<sup>76</sup> Andrews, "From Bedpan to Revolution: Qui Jin and Western Nursing," 53.



the nursing development in China, Watt identified nursing as “an offspring of Western-style modernization,” but he also argued that it was a slow and arduous process for Chinese nurses to “establish their work as a legitimate component in the practice of health care.” Thus he concluded that “the evolution of nursing in China may be seen as a paradigm of the larger struggle toward modernization.”<sup>77</sup> Liu also expressed similar argument in her article “From San Gu Liu Po to ‘Caring Scholar’: the Chinese Nurse in Perspective.” While examining how nursing progressed in late imperial China and escaped from the foreign control, Liu particularly focused on role of Chinese tradition played during the process. She argued that “modern nursing in China can be seen as a transition within an extremely complex and ancient society rather than an extraneous implant from the West.”<sup>78</sup> Distinguishing the healing tradition in China and in the West, she laid out the ground when two healing cultures met in the nineteenth and twentieth century, even though Liu’s could have substantiated her argument from archival research.

The historians of mission studies contributed more to the topic than scholars of any other field, but most of these scholars heavily based their research on missionary’s biased accounts with the clear focus to see development of nursing from the Westerner’s perspective. In recent years, more studies have been produced on missionary nurses. One example would be Chen Kaiyi’s “Missionaries and the Early Development of Nursing in China.” Chen noted how missionaries used these Chinese nurses to carry out their medical mission, and the importance of nurse’s participation during the process. Chen identified missionaries’ introduction of nursing profession as “a fascinating chapter in the history of the nation’s health care as well as in the history of international cultural exchanges”<sup>79</sup>

Another major contribution was Sonya Grypma’s *Healing Henan: Canadian Nurses at the North China Mission, 1888–1847*. Grypma argued, “Canadian missionary nurses helped to transform the landscape of Chinese health care in Henan.”<sup>80</sup> For Western women of the early twentieth century, according to Grypma, nursing became a practical choice for them to enter into the mission field. However, nursing did not flourish until the national government recognized its significance and prioritized it in their agenda in 1928. Inopportunistly, the development of nursing took a rather unfortunate blow when the Sino-Japanese War broke

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<sup>77</sup> J. Watt, “Breaking into Public Service: The Development of Nursing in Modern China, 1870-1949,” *Nursing History Review* 12 (2004): 67.

<sup>78</sup> Liu, “From San Gu Liu Po to ‘Caring Scholar,’” 315-316.

<sup>79</sup> K.Y. Chen, “Missionaries and the Early Development of Nursing in China,” *Nursing History Review* 4 (1996): 144.

<sup>80</sup> S. Grypma, *Healing Henan: Canadian Nurses at the North China Mission, 1888–1947* (Vancouver: UBC Press, 2008), 3.

out in 1937. The nursing profession failed to revive its former glory until recently. She noted that through turmoil, despite being missionaries who lived and developed nursing under a socially and physically sheltered condition, they managed to influence Chinese society by introducing the systemized nursing ideals of Nightingale.

The collected works of John Stanley and Connie Shemo in *Pioneer Chinese Christian Women* also provided valuable historical analysis to the history of nursing from the viewpoint of Christian missions. In “Establishing a Female Medical Elite: The Early History of the Nursing Profession in China,” Stanley argues that compared with “professionally trained physicians,” nursing was an “innovation,” in China’s medical practice.<sup>81</sup> Stanley specifically focused on hospitals established by the American Presbyterian Mission in Weixian, Shandong and particularly examined at the demand for Chinese nurses that enhanced the development of nursing in China. The vital role later played by external agencies, such as Peking Union Medical College, Rockefeller Foundation, and Nurses’ Association, in the development of nursing transformed the nursing training focus from fulfilling the needs of the hospital to participating in the public health program.

Shemo surveyed the Danforth Memorial Hospital Nursing School, and Shi, in her article, “‘To Develop Native Powers’: Shi Meiyu and the Danforth Memorial Hospital Nursing School, 1903–1920,” followed up her research in her book *The Chinese Medical Ministries of Kang Cheng and Shi Meiyu, 1872–1937*.<sup>82</sup> Shi was a Chinese doctor who was trained in the US. She convinced the Chinese administration to adopt her nursing training program to provide a “showcase for the ability of Chinese women to become capable healers themselves.”<sup>83</sup> Shi continued to fight against the stereotypes of missionaries and discrimination against Chinese nurses, particularly as regards their ability to carry out the caring task without the proper management of professional nurses. Although the school was modelled according to the programs in the US, Shi placed great emphasis on the independent thinking and judgment of nurses. More importantly, Shi focused not only on elevating the

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<sup>81</sup> J.R. Stanley, “Establishing a Female Medical Elite: The Early History of the Nursing Profession in China,” in *Pioneer Chinese Christian Women: Gender, Christianity, and Social Mobility*, ed. Jessie G. Lutz (Bethlehem: Lehigh University Press, 2010), 270.

<sup>82</sup> C. Shemo, “‘To Develop Native Power’: Shi Meiyu and the Danforth Memorial Hospital Nursing School, 1903–1920,” in *Pioneer Chinese Christian Women: Gender, Christianity, and Social Mobility*, ed. Jessie G. Lutz (Bethlehem: Lehigh University Press, 2010); C. Shemo, *The Chinese Medical Ministries of Kang Cheng and Shi Meiyu, 1872–1937: on a Cross-Cultural Frontier of Gender, Race, and Nation* (Bethlehem: Lehigh University Press, 2011).

<sup>83</sup> Shemo, “‘To Develop Native Power’: Shi Meiyu and the Danforth Memorial Hospital Nursing School, 1903–1920,” 293.

position of Chinese nurses in the hospital but also contributed to the public health movement to create a stronger nation in accordance with the concept of hygienic modernity.<sup>84</sup>

Chinese scholarly works on nursing is just as scarce. One of the representative studies in the People's Republic of China (PRC) is Wang's *History of Nursing in China*. In his detailed volume on nursing, Wang begins with the ancient period and meticulously examines the traces of nursing tradition in each Chinese Dynasty until the PRC period. He argues that the practice of nursing existed in China thousands years ago, just not in the form of modern nursing introduced by Westerners. He never clearly distinguished the ambiguous distinction of "care" from "cure;" instead, he focused more on the rich patient care tradition in China. In Taiwan, where research on the history of nursing has been relatively prolific in recent years, one of the books most people refer to is Chang's *History of Nursing in Taiwan*, which is the standard textbook on the history of nursing in Taiwan.<sup>85</sup> This book gives a very general overview of how nursing emerged as a profession in various civilizations, giving detailed historical contexts that affected how nursing took form in different societies. However, given that the study was published as a textbook, it does not provide any critical analysis of the nursing history.

Build on all these scholarly works, when Western imperialists and missionaries inducted institutionalized nursing to China, they not only generated a new type of caring practice but, more importantly, brought forth a number of important transformations to the healing traditions outside the context of home and underwent the process of feminization, hierarchicalization, and localization. First, this feminized nursing changed the discourse of gender and health care in China. When nursing was introduced to the Chinese society by missionary doctors, some Chinese women, such as Qiu Jin, did benefit from this new practice of patient care; "nursing was a field in which women could become politically and even military active. That is, nursing for [Qiu Jin] was to be a professional activity carried out in the public sphere, which would benefit both the individual women and Chinese society in general."<sup>86</sup> Institutionalized patient care provided a new platform for a number of people, women in particular, to walk into the outer space and engage with the public. This also

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<sup>84</sup> R. Rogaski, *Hygienic Modernity: Meanings of Health and Disease in Treaty-Port China* (Berkeley: University of California Press, 2004).

<sup>85</sup> F.M. Chang, *Huli Xueshi [History of Nursing in Taiwan]* (Taipei: Huaxing Chubanshe, 2008)

<sup>86</sup> Andrews, "From Bedpan to Revolution: Qui Jin and Western Nursing," 68.

became the reason for missionaries to legitimize their nursing training: “The career of a nurse has, since the time of Christ, offered an opportunity for the emancipation of women.”<sup>87</sup>

However, just as what Nightingale intended her nurses to be, the institutionalized nursing care inevitably shaped another patriarchal space for Chinese women. Liu argued that “the adoption of nursing as a profession was, in this sense, no more than a transfer of commitment from one compelling task [in the inner sphere] to another [in the outer sphere],”<sup>88</sup> and also possibly from one male authority [i.e. father and husband] to another [male doctors]—as this model of institutional patient care also required Chinese nurses to play the subordinate role in the hospital, regardless of the race of male physicians.

At the same time such feminized caretaking work outside the context of home also “inevitably had to confront Confucian social practices requiring gender segregation,” where the presence of male nurses would be needed in such nursing care since in Chinese tradition cross-gender caring was prohibited outside of family context.<sup>89</sup> Yet these Western missionaries were not ready to make the compromise and tear the feminine label off their nursing training program. The effects of the feminization of health care remains until today, given that majority of nurses are still female. According to Pang, “maybe this can be attributed to the success of the pioneers of nursing in China in promoting nursing as a profession primarily for women.”<sup>90</sup>

Secondly, the division of labor within the Nightingale’s institutional nursing model further created an inevitable hierarchy among the health care workers. The process required that the medical missionaries tempered the Chinese medical profession by deliberately distinguishing the role of the physician from that of the nurse, a distinction that was not very clearly defined in Chinese medical tradition. The tasks assigned to the nurses, however professional Westerners claimed and wanted it to be, was still considered a dishonorable and humble job in Chinese society because “it was always difficult for the Chinese to accord professional status to individuals who either performed menial duties, or touched the human body, as nurses inevitably did.”<sup>91</sup> Later the course of professionalizing nursing based on specialized training did appear to change the public’s perception of the profession, but it was still tailored to meet the desperate demands of medical missionaries for low-priced and efficient local health care professionals to provide assistance in their work in the hospital.

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<sup>87</sup> N.D. Gage, “Stages of Nursing in China,” *The American Journal of Nursing* 20:2 (November, 1919): 119.

<sup>88</sup> Liu, “From *San Gu Liu Po* to Caring Scholar,” 324.

<sup>89</sup> Pang, *Nursing Ethics in Modern China*, 16.

<sup>90</sup> Pang, *Nursing Ethics in Modern China*, 17.

<sup>91</sup> Liu, “From *San Gu Liu Po* to Caring Scholar,” 321.

Under the management of the Western missionaries and doctors, these nurses' main task was to fulfil missionary hospitals' staff shortage and to contribute to drawing of local patients with their presence in medical treatments. According to Chen Kaiyi, "under these circumstances, the training of Chinese doctors and nurses became highly desirable."<sup>92</sup>

Lastly, institutionalized patient care slowly underwent the process of localization, or handing the responsibility of nursing management to the indigenous people, throughout its expansion in twentieth century China. When nursing was first introduced in the late nineteenth century, race continued to be an issue in missionary hospitals because nurses remained subordinated to physicians, not only in terms of gender and profession, but more importantly, in terms of race. The local nurses, as a result, were always placed at the very bottom of the hospital's professional, gender, and racial hierarchy. The localization process, which placed the fate of this "foreign" profession into the hands of the natives, did stage under the influence of anti-foreign sentiment and warfare in the twentieth century. This eventually expedited such process by replacing foreign doctors and nurses with Chinese doctors and nurses—although local nurses were still subordinate to Chinese doctors. For instance, in the research of Shemo, she noticed that the nurses of Shi Meiyu were trained to be in charge without any foreign supervision since 1906.<sup>93</sup> Pang also notes in her research that "by 1930 all officers of the [Chinese Nursing Association] were Chinese, with the foreign nurses taking a less active role."<sup>94</sup> This, however, was not the case in colonial Hong Kong where the presence of Westerners was legitimized by colonialism.

### **Nursing Development in Hong Kong**

#### *Hong Kong: A Colony*

When Hong Kong became a British colony after the first Opium War in 1842, the overwhelming British presence was immediately felt in the city. Medical and health care administration quickly became one critical aspect of the colonial government. The medical services provided by the Colonial administration were often criticized by scholars as a means to further colonize the bodies of the people. According to David Arnold's masterpiece on colonial medicine, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*, the British colonial government often used the treatment of

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<sup>92</sup> Chen, "Missionaries and the Early Development of Nursing in China," 129.

<sup>93</sup> Shemo, "'To Develop Native Power': Shi Meiyu and the Danforth Memorial Hospital Nursing School, 1903-1920," 299.

<sup>94</sup> Pang, *Nursing Ethics in Modern China*, 19.

epidemic diseases to explore the health of the population and to colonize Indian bodies.<sup>95</sup> This eventually resulted in the colonizer's disregard for indigenous healing culture. Arnold highlights that these newly arrived foreign female health care professionals, acting the role of the colonizer, "rarely had any knowledge of the 'languages, customs and habits' of the people among whom they were to work." Later when women doctors were required to learn the native language to better communicate with their patients, in the eyes of the local people these Western women still behaved haughtily and ignorantly by not understanding local healing customs.<sup>96</sup> Rosemary Fitzgerald also noted in her observation of colonial nursing in India, that such ignorance toward indigenous culture was perhaps due to the "growing confidence in medical and nursing innovations accomplished in the West" that they were on the mission to showcase the "professional forms of Western practice."<sup>97</sup>

When Hong Kong became a British colony in 1842, the colonial government faced a crucial issue in terms of health care. In 1843, the mortality rate of foreign soldiers and European residents in the colony was close to thirty-four percent. Yip Ka-che noted that "diseases proved to be one of the most serious threats to both the physical and mental health of the colonizers, not to mention the economic viability of the colonies, since an infected port would result in international quarantine and loss of trade."<sup>98</sup> As a result the Government Civil Hospital was established in 1850, with the specific mission of subduing the outbreak of tropical diseases. According to the memory of former principal matron, Stratton, the government hospital "was originally intended for the medical treatment of officers and sailors and mercantile marines, members of the Colonial Service and those suffering from accidents brought in by the Police."<sup>99</sup>

On the other hand, there were no hospitals designated to provide health care for the Chinese. Robin Gauld and Derek Gould argued that "the Colonial Office in London had little interest in investing in social services," and maintained their *laissez faire* health care

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<sup>95</sup> D. Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley: University of California Press, 1993), 8.

<sup>96</sup> Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*, 266.

<sup>97</sup> R. Fitzgerald, "Rescue and Redemption: The Rise of Female Medical Missions in Colonial India During the Late Nineteenth and Early Twentieth Centuries," in *Nursing History and the Politics of Welfare*, ed. A.M. Rafferty, J. Robinson, & R. Elkan (London: Routledge, 1996), 72.

<sup>98</sup> K.C. Yip, "Science, Culture, and Disease Control in Colonial Hong Kong," in *Science, Public Health, and the State in Modern Asia*, ed. L.P. Bu, D.H. Stapleton, and K.C. Yip (London: Routledge, 2012), 17.

<sup>99</sup> D. Stratton, "History of Nursing in Government Hospitals," *The Hong Kong Nursing Journal* 14 (May 1973): 34.

administration in the beginning.<sup>100</sup> Even though the Civil Hospital started appointing British nurses to attend its patients in 1880, the service of the European nurses was somewhat limited to foreigners in the colony because the Chinese, with the exception of prisoners, never approached the hospital due to the overwhelming foreign setting and the expansive admission fee.<sup>101</sup> Yip continued noted that “the government adopted a more or less non-interventionist policy toward the Chinese as long as no crises emerged to threaten the rest of the population and social and economic well-being of the colony.”<sup>102</sup>

The government’s health care administration did attempt to implement stringent control over the Chinese Tung Wah Hospital since the Plague Epidemic in 1894, as well as showing their concern over the infant mortality rate in the beginning of the 1900—after all, having a high mortality rate in a colony would reflect poorly on the colonial government, and leaving the colonized uncared for would go against their modernization mission. According to Gould, he argued that “the British colonial administration ran Hong Kong as a night watchman state, providing only the barest minimum of public services that were necessary to serve the economy.”<sup>103</sup> While the colonial government refused to take on the role of the primary health care provider to the general public, they left such responsibility to the private and voluntary sectors with the partial support from the government.<sup>104</sup>

Without the desperate desire to provide health care service for the Chinese, the Civil Hospital never saw the need to train Chinese nurses; they continued to appoint Western and Japanese nurses instead until 1921.<sup>105</sup> But as more hospitals began to participate in training institutionalized nurse, the colonial government began to take the lead in regulating the nursing development by implementing various standardized procedures. Consequently nursing became an important component of colonial health care administration in the 1930s.

### *Hong Kong: A Chinese City*

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<sup>100</sup> R. Gauld & D. Gould, *The Hong Kong Health Sector: Development and Change* (Hong Kong: The Chinese University of Hong Kong Press, 2002), 33.

<sup>101</sup> G.H. Choa, “A History of Medicine in Hong Kong,” in *The Medical Directory of Hong Kong*, Hong Kong: The Federation of Medical Societies (1981), 18.

<sup>102</sup> Yip, “Science, Culture, and Disease Control in Colonial Hong Kong,” 22.

<sup>103</sup> D. Gould, “A Historical Review: The Colonial Legacy,” in *Hong Kong’s Health System: Reflections, Perspectives, and Visions*, ed. G.M. Leung & J. Bacon-Shone (Hong Kong: Hong Kong University Press, 2006), 17.

<sup>104</sup> R. Beaglehole & R. Bonita, *Public Health at the Crossroads: Achievements and Prospects* (Cambridge: Cambridge University Press, 1997).

<sup>105</sup> K.Y. Wah, “Xianggang Zaoqi de Huli Xunlian [The Early Nursing Training in Hong Kong],” *Hong Kong Nursing Journal* 61 (1993): 3.

Despite of Hong Kong's colonial identity, it was still a Chinese city that was very much affected by China's political development. While Hong Kong showcased what Steve Tsang argued "the benefits of Western [ideas]" through its "transformation from a 'barren island with hardly a house upon it' into a thriving, peaceful and well-[organized] trading community."<sup>106</sup> Therefore Hong Kong attracted many Southern China's reform-minded scholars and elites. A number of active supporters of the Self-Strengthening Movement (1861-1895), a movement for institutional reform after a series of military defeats and concessions to foreign powers, were based in Hong Kong. Later on many ideas of revolution was envisaged and plotted in the colony under its revolutionary leader Sun Yat-sen; Sun "attributed his ideas for the revolution as having come entirely from Hong Kong."<sup>107</sup> A number of reform-minded Chinese elites, such as Sir Kai Ho Kai, also became leaders in Hong Kong and made significant contribution to the development of Chinese community in the colony.<sup>108</sup> In other words, Hong Kong "was the nearest place for most progressive-minded Chinese to gain firsthand knowledge of a functioning Western government."<sup>109</sup>

On the other hand, Hong Kong also felt the aftermath of China's chaotic switch from a dynastic empire to an independent republic and the cunning transition from a militant rule to a communist regime since the late nineteenth until the twentieth century. This was a period of unprecedented political turmoil where China was under constant upheaval because of domestic disturbances and foreign aggressions. And due to the nation's major violent uprisings and dreadful warfare during this period, the mobility rate between China and Hong Kong was high. Starting from the Taiping Rebellion, many people escaped to Hong Kong, and the Chinese population in the colony increased rapidly ever since. And during the revolutionary uprisings since 1895 until 1911, the colony also became a safe haven for political refugees. Many civilians also sought refuge in Hong Kong during the Civil War in 1927, as well as the Second Sino-Japanese War in 1937. Hong Kong maintained a very close association with mainland despite of its colonial identity.

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<sup>106</sup> S. Tsang, *A Modern History of Hong Kong* (London: I.B. Tauris), 73.

<sup>107</sup> Zhongguo Guomindang Dangshihui [中國國民黨黨史會] ed., *Guofu Zuanji* [國父傳記], v.2, 184. Quoted in Tsang, *A Modern History of Hong Kong*, 76.

<sup>108</sup> Sir Kai Ho Kai was a close friend of Sun Yatsen. He was an important figure who actively participated in the development of medical service in Hong Kong. He also promoted colony's nursing training; the first hospital that offering nursing training, Alice Memorial Hospital, was named after his wife. For more information please see G.H. Choa, *The Life and Times of Sir Kai Ho Kai: A Prominent Figure in Nineteenth-Century Hong Kong* (Hong Kong: The Chinese University of Hong Kong), 2000.

<sup>109</sup> Tsang, *A Modern History of Hong Kong*, 73.



Due to the close association with China, the influx of refugees often had direct impact on how nursing took form in Hong Kong by increasing the demand for health care workers. But compared to China where nursing was developed in China under such time of unrest and turbulence, Hong Kong's experience was quite different. According to Grympa, the history of nursing in Henan was a tale of survival and rescue; most nurses had to escape and find refuge during the mayhem while risking their lives to look after the sick at the same time. Even though Hong Kong was not free from the effects of turmoil, and according to Philippa Levine the evidence of Hong Kong's resistance against "modernity" was also apparent,<sup>110</sup> it still had a relatively serene turn of the century compared with most cities in China. The progress of Western hospitals and medical services continued somewhat undisturbed until the Japanese occupation from 1941 to 1945.

In addition, the influence of external intrusion and foreign aggression on late Qing and Republican China resulted in a number of anti-foreign movements. Numerous missionaries had to work under such a hostile environment, most notably during the Boxer's Rebellion in the 1900s and the anti-Christian Movement in the 1920s. Some missionaries were killed, others left their mission post. Those who decided to stay, however, did use various ingenious means to shelter themselves, including requesting protection from their ambassadors. This anti-foreign sentiment expedited the localization of nursing field, and nursing administration fell into the hands of Chinese staff as early as the 1920s.<sup>111</sup> In Hong Kong, under the natural protection of the colonial government, missionaries, nurses, and other foreign health care workers were relatively safe to conduct their mission to Christianize the colony, despite Hong Kong's foreigners did experience some local resistance under the influence of anti-foreign sentiment which resulted in a number of strikes and protests. Thus, while a large proportion of missionaries stormed out of South China during this period, missionaries stationed in Hong Kong kept their posts. The localization of nursing in Hong Kong, where local people started to assume the responsibility of the management and training of nursing staff, consequently slowed down significantly compared with the mainland.

### *Hong Kong: A Mission Field*

In terms of missiology, Hong Kong was a rather unique mission field for Protestant missionaries in the twentieth century. For the missionaries, China was a land of opportunities

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<sup>110</sup> P. Levine, "Modernity, Medicine, and Colonialism: the Contagious Diseases Ordinances in Hong Kong and the Straits Settlements," *Positions East Asian Cultures Critique* 6:3 (Winter 1998): 675.

<sup>111</sup> Grympa, *Healing Henan: Canadian Nurses at the North China Mission, 1888-1947*, 18.

for mission and a place that needed rescue. Eventually, Hong Kong became one of the key access points for missionaries to enter China after its official colonization in 1842. The First Opium War opened up five Chinese ports for missionaries, but Hong Kong arguably became the most important mission gate during early Protestant evangelism because of the presence of legitimate British governance. Thus, a large number of missionaries used “Hong Kong as a stepping stone for entering China to do missionary work with the strong support of Western churches,” according to Lo Lung-Kwong. As a result, most churches in Hong Kong “had abundant resources to support a long tradition of educational and social ministry.”<sup>112</sup>

Consequently, almost all major protestant missionary figures travelled through the island of Hong Kong. At a certain point, Hong Kong even served as the “sanctuary” for missionaries to settle with their wives when the residence of foreign women in China was illegal and unsuitable.

Nonetheless, the situation began to change when more ports were opened for missions, and missionaries went increasingly deeper into the heart of the heathen land in the mid-nineteenth century, primarily under the influence of Hudson Taylor of the China Inland Mission since 1865. As a result, Hong Kong not only began to lose its importance in Protestant missions, but the evangelism became fully focused on Mainland China by the late nineteenth century. For most missionaries, the need for “Christening” in Hong Kong was not as urgent as in the main-heathen-land, given that Hong Kong was under direct Western rule. According to the account of former medical missionary Dr. Patterson, “it would seem that the Missionary Societies had their eyes solely on China. Hong Kong was a convenient steeping stone, or safe retreat in time of trouble but no more. Its tiny population was not seen, at that time, as a worthy target.”<sup>113</sup> Majority of mission resources began to go into China. This change is significant to our story because the early development of nursing was mostly established and funded by Christian missions. Given that the primary focus of most missions, including the sending of missionary nurses, was on the mainland, nursing development in Hong Kong lagged behind. This condition explains why the very first missionary nurse chose to arrive in Shanghai in 1884, why the very first nursing program in China was established in Fuzhou in 1889, and why Beijing and Shanghai later became the heart of nursing development in China before 1949.

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<sup>112</sup> L.K Lo, “Taiwan, Hong Kong, Macau,” in *Christianities in Asia*, ed. Peter C. Phan (West Sussex, UK: Wiley-Blackwell, 2011), 187.

<sup>113</sup> E.H. Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital* (Hong Kong: Alice Ho Miu Ling Nethersole Hospital, 1987), 10.

The London Missionary Society (LMS), however, was one mission organization that never neglected Hong Kong. The LMS was considered one of the earliest and most influential missionary organizations in Britain that was known for sending important early medical missionaries, such as William Lockhart and Benjamin Hobson, to China in the 1840s. However the lack of funding caused the medical mission's failure to thrive. LMS had to wait until the 1880s to revive its medical mission.<sup>114</sup> On the other hand, LMS was also considered a conservative mission organization in terms of recruiting female missionaries compared with other missions, American organizations in particular. LMS waited until 1884 to send their first female missionary, Jessie Philip, to Tianjin and waited a decade later to send their first female medical missionary, Lillie Saville, also to Tianjin.<sup>115</sup> Both dates were relatively late compared with other more progressive missions. In terms of nursing in the mission field, according to LMS official records, trained nurses, by whom "much good medical work has been done," were excluded from the missionary list.<sup>116</sup> Some sources indicated, however, that LMS began sending trained nurses as missionaries as early as 1887, a few years prior to their official recruitment of female missionary physicians.<sup>117</sup>

While LMS continued to send missionaries to various places in China in the nineteenth century, including such major cities as Beijing and Shanghai, Hong Kong was never excluded from their mission radar, most likely due to their close ties with the British government. The LMS missionaries in Hong Kong continued their work while looking for alternative support and funding to sustain their ministry. According to the research of Timothy Wong on the LMS medical mission in Hong Kong, these missionaries were sponsored by local volunteerism that consisted of the support from "affluent merchants, social leaders, and senior government officials." Without their support, the medical mission in Hong Kong would have been even more difficult.<sup>118</sup> Such volunteerism gave birth to the very first hospital in Hong Kong that offered training for institutionalized nurse, the Nethersole Hospital.

Timothy Wong argued that such unprecedented local volunteerism was made possible in Hong Kong by the "largest foreign community resident in China," an aftermath of colonialism where a number of wealthy foreign merchants and officials participated in

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<sup>114</sup> T.M. Wong, "Local Voluntarism: The Medical Mission of the London Missionary Society," in *Healing Bodies and Saving Souls: Medical Missions in Asia and Africa*, ed. D. Hardiman (Amsterdam: Rodopi, 2006), 93.

<sup>115</sup> R. Lovett, *The History of the London Missionary Society, 1795-1895* (London: Henry Frowde, 1899), 746.

<sup>116</sup> Lovett, *The History of the London Missionary Society, 1795-1895*, 235.

<sup>117</sup> Lovett, *The History of the London Missionary Society, 1795-1895*, 581.

<sup>118</sup> Wong, "Local Voluntarism: The Medical Mission of the London Missionary Society," 87.

funding charitable organizations.<sup>119</sup> Consequently, the close ties between missionaries and the colonial government was inevitable and imminent. On the one hand, “the colonial government supported the work of missionaries,”<sup>120</sup> especially in the field of medical mission, primarily because medical missionaries needed financial support and official approval from the colonial government to establish hospitals and health care institutions to carry out their mission. However, the colonial government also needed the input of missionaries, mainly to utilize medical institutions so as to govern the colony more effectively. And due to colonial government’s *laissez faire* health care administration mentioned earlier, missionaries took on the responsibility to provide care for the local Chinese residents in the nineteenth and early twentieth century Hong Kong.<sup>121</sup>

According to Hardiman, in most colonies it was medical missionaries, instead of the colonial government, that successfully introduced and supplied the colony with Western medicine.<sup>122</sup> Ultimately, “Christianity in Hong Kong has not only acted as a partner of the colonial government to provide... medical services, it has also expressed concern over social issues and put pressure on the colonial government to remedy them,”<sup>123</sup> including relying on LMS to train qualified nurses and to raise the standard of nursing in the colony. The close collaboration between the LMS missionaries and the colonial government, despite the obvious differences in their functionality, resulted in a mutually beneficiary partnership. Nursing was established and developed in Hong Kong, a unique mission field, under such partnership, and “the LMS continued to play a leading role in the training of nurses and midwives” in the colony.<sup>124</sup>

Despite its location of much strategic significance, there has been no extensive research effort conducted in Hong Kong on nursing development in the colony, with the exception of the Wong Yusim’s dissertation “Nursing Professionalization in Hong Kong.”<sup>125</sup> Looking at the issue from the standpoint of a sociologist, Wong went beyond the transformation of nursing profession which occurred 1980s and attempted to provide some historical review on how nursing evolved in Hong Kong under the control of the colonial government. She

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<sup>119</sup> Wong, “Local Voluntarism: The Medical Mission of the London Missionary Society,” 89.

<sup>120</sup> Wong, “Local Voluntarism: The Medical Mission of the London Missionary Society,” 89.

<sup>121</sup> Y.G. Yang, “Yinger Siwanglu yu Jindai Xianggang de Yinger Jiankang Fuwu [嬰兒死亡率與近代香港的嬰兒健康服務],” in *Diguo yu Xiandai Yuxue* [帝國與現代醫學], ed. S.J. Li (Taipei: Lianjing Chuban Gongsi, 2008), 148

<sup>122</sup> Hardiman, *Healing Bodies and Saving Souls*.

<sup>123</sup> Lo, “Taiwan, Hong Kong, Macau,” 188.

<sup>124</sup> Wong, “Local Voluntarism: The Medical Mission of the London Missionary Society,” 101.

<sup>125</sup> Y.S.M. Wong, “Nursing Professionalisation in Hong Kong,” (Ph.D. Dissertation, The City University of Hong Kong, 2000).

offered a comprehensive analysis on Hong Kong's nursing development, although the in-depth textual analysis on historical accounts was missing in Wong's work. Sally Chan and Francis Wong, "Development of Basic Nursing Education in China and Hong Kong," also briefly surveyed the nursing history with the comparative analysis.<sup>126</sup> However, once again the authors' lack of a historical outlook on the nursing development undermined their contribution. The other related work was Susanna Hoe's *The Private Life of Old Hong Kong*, where she provided very detailed analysis of the lives of foreign women in Hong Kong since the colonization, including the rise of foreign female health care workers.<sup>127</sup> However, Hoe's emphasis on Western women attributed to her failure on elaborating the significance of local women's role and their involvement in the process. And building on these few existing scholarly works, this paper will examine Hong Kong's multidimensional and shifting identities, that is, as a colony, a Chinese city, and a mission field, in relation to the development of institutionalized nursing throughout the nineteenth and twentieth century.

### **Nursing Development in Nethersole Hospital**

Alice Memorial Hospital and affiliated Hospitals<sup>128</sup> were the medical institutions that started formal nursing training in Hong Kong. Founded in 1887 by the LMS, unlike other existing government hospitals, Alice Memorial was established to function as a "charity hospital along Western lines for poor Chinese"—the first of its kind in Hong Kong.<sup>129</sup> Upon the establishment of the hospital, administrators boldly hired Mrs. Kwan, an untrained Chinese nurse, to be its matron to make the hospital more approachable to the local populace. Mrs. Kwan served during the first few years of hospital development until the arrival of the very first missionary nurse in Hong Kong in 1891. This event was significant because no other hospital in China employed Chinese female matrons until the twentieth century. This unprecedented appointment marked the beginning not only of the intervention of missionary medicine in colonial health care, but more importantly, symbolized the launching of the

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<sup>126</sup> S. Chan and F. Wong, "Development of Basic Nursing Education in China and Hong Kong," *Journal of Advanced Nursing*, 29:6 (1999).

<sup>127</sup> S. Hoe, *The Private Life of Old Hong Kong: Western Women in the British Colony, 1841-1941* (Hong Kong: Oxford University Press, 1991).

<sup>128</sup> The four hospitals managed by London Missionary Society were Alice Memorial Hospital (founded in 1887), Nethersole Hospital (a hospital for women and children, founded in 1893), Alice Memorial Maternity Hospital (founded in 1904), and Ho Miu Ling Hospital (a hospital for men, founded in 1906). The nursing training took place at the Nethersole Hospital, and the maternity nursing/midwifery training took place at the Alice Memorial Maternity Hospital. These four hospitals were interconnected; generally they were referred to as Alice Memorial and Affiliated Hospitals.

<sup>129</sup> Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 15.

eternal meeting point of the two cultures throughout more than a century of nursing development.

At present, the Nethersole School of Nursing remains the longest running nursing training program in Chinese history. Nethersole was the first nursing school established in Southern China. Later China's development of nursing took a rather drastic turn in 1949 when the Communist government took over and drove out all foreign missionaries and health care professionals. As a result, almost every mission-funded nursing school in China was forced to close down. The Communist government implemented their own nursing programs. Nethersole, not affected by the Communist regime initially, continued its nursing training throughout the twentieth century. However, the significance of the nursing program of Nethersole Hospital exceeded its ground-breaking character and time-honored qualities.

More importantly, Nethersole continued to extend its influence beyond the colony by dispatching their nurses to China and South Asia. Their nurses went back to serve in Guangdong and other parts of China since the early twentieth century, including participating in multiple disaster relief efforts. Nethersole's nurses also started working aboard and serving in South Asia as early as the 1920s. They were perhaps the very first Chinese nursing institute that produced nurses to serve abroad, and the hospital continued to do so throughout the development. LMS' Nethersole, therefore, has an important place in the history of nursing in China.

Examining the development of nursing in Nethersole Hospitals, this project will rely heavily on records of missionaries, including their official mission reports, confidential correspondences, published meeting minutes, unclassified letters, and others. The shortcoming of using these materials lies in the overwhelming biases of missionaries toward the situation in the "heathen land." Hence, the story will be incomplete and perhaps, deceptive without incorporating the voice of the indigenous agencies; in this case, the Chinese nurses. However, similar to a large number of female voices in Chinese history, most voices of Chinese nurses went undocumented. The only possible way to overcome such an unfortunate deficiency is to use the documents of the missionaries with discretion and good judgement, hoping that these sources would reflect the tales and the voices of this unique group of Chinese women. This study did attempt to incorporate interviews, both with former medical missionaries and Chinese nurses, to find alternative perspectives on the voices of the nurses. Nevertheless, heavy reliance on the interviews is unfeasible because most people who participated in the earlier development of the hospital either passed away or could not be identified due to lack of information. This condition was particularly true with Chinese nurses

in the early period, because their full names were rarely mentioned in reports and documents of the missionaries.

In this dissertation, the history of nursing in Nethersole Hospital will serve as the focus for a generally chronological survey. I shall place Nethersole nursing training at the center of each period of nursing development in Hong Kong. Three main constituents of nursing will be focused on, namely, the religion, gender, and health care. In particular, this project will examine how these constituents influenced one another when institutional nursing took form in Hong Kong. According to a former medical missionary who served in Alice Memorial and affiliated Hospitals for a few decades, when missionary doctors introduced their medical technology and their model of the institutionalized healing sphere to Hong Kong, their primary purpose was to use healing as “a way to bring people into range of Gospel preaching.”<sup>130</sup> But attracting the native people to enter this unfamiliar and uncertain space of healing was challenging, as “there was reluctance among many Chinese to seek admission to hospitals and be treated in an isolated...environment,” thus missionaries realized the presence of native medical staff was needed for the hospital to be functional. Furthermore, managing a modern hospital without sufficient assistance was also challenging, and missionaries recognized that the participation of native medical staff was necessary for the hospital to be serviceable. In other words, as Wong rightfully pointed out, “there was a continuing strong demand for [Chinese] nurse.”<sup>131</sup>

Western medicine, according to Tsang, “had become a compelling force of modernity in Hong Kong in the late nineteenth century, benefited local women greatly.”<sup>132</sup> This became apparent, Tsang argued, when Chinese women began to show more reliance on Western medicine throughout the hospitals’ development. This phenomenon, I would argue, would not have happened with the participation of Chinese nurses as liaisons. The “middlemen” in Carl Smith’s research often refer to Chinese elites who enjoyed wealth, status, and influence in the society while working for the colonial government.<sup>133</sup> The Chinese nurses also took on this intermediary role, between Western missionaries and Chinese women, between Western hospital and Chinese female patients, and between Western medicine and Chinese women’s illness. These women, however, did not necessarily enjoy such prestigious treatment or

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<sup>130</sup> Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 12.

<sup>131</sup> Wong, “Local Voluntarism: The Medical Mission of the London Missionary Society,” 101.

<sup>132</sup> C.L. Tsang, “Out of Dark: Women’s Medicine and Women’s Diseases in Colonial Hong Kong,” (Ph.D. Dissertation, The University of Hong Kong, 2011), 44.

<sup>133</sup> C.T. Smith, *Chinese Christians: Elites, Middlemen, and the Church in Hong Kong* (Hong Kong: Oxford University Press, 1985).

position. In fact, most of them went through various social challenges and cultural stigmatizations, as well as patriarchal and racial oppression for the role they played in the hospital, which required “appropriate deference to doctors, predominately male.”<sup>134</sup>

Arnold pointed out in his research, “Indians were often active, and not just passive participants” because “the colonizing process of colonial medicine could never find their fulfilment in colonial hand alone.”<sup>135</sup> Medical missionaries saw the participation of Chinese women as a means of carrying out their medical mission. Chinese nurses, as a result, became one of the first groups of heathen people to experience and endorsed what Fu Dawei described as medical modernity.<sup>136</sup> And according to Cristina Zaccarini’s research on local female medical professionals, these women “refined modernity for China and for themselves, using understandings of culture to serve power.”<sup>137</sup> And this is what I would like to further examine in my subsequent chapters.

I will first start by looking at the China context and examine the history of nursing in modern China, focusing particularly on the development of a few key hospitals and institutions that provided China’s nursing education in Chapter Two. Then, I shall examine how the nurse’ platform emerged in the late nineteenth century Hong Kong, and the reason why missionary Nethersole Hospital established colony’s very first institutionalized nursing training program in Chapter Three. I will survey the very first group of institutionalized female nurses recruited by medial missionaries, and study how these Chinese women took on the nursing occupation at the Western medical institution. I will also examine the responsibilities assigned to these Chinese nurses in relation to their working relationship with the hospital’s foreign staff members.

Chapter Four looks at how the increased level of acceptance of the nursing occupation within the Chinese Christian community further enhanced Nethersole’s leadership role in nursing training. The participation of the Chinese nurses became even more significant when European doctors attempted to institutionalize childbirth by promoting hospital delivery at the turn of the century. Chapter Five then studies how nurses’ professional identity emerged at the time of political unrest, and how social movements influenced the development of nursing in Republican China. Placing Hong Kong’s nursing development under China’s

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<sup>134</sup> J. George, “Moving with Chinese Opinion: Hong Kong’s Maternity Service, 1881-1941,” 150.

<sup>135</sup> Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*, 294.

<sup>136</sup> D. Fu, *Yaxiya de Xin Shenti: Xingbi, Yiliao, yu Jindai Taiwan [Assembling the New Body: Gender/Sexuality, Medicine and Modern Taiwan]* (Taipei: Qunxue Chuban Youxian Gongsi, 2005), 16.

<sup>137</sup> C. Zaccarini, “Connect Histories of Gender, Health and U.S.-China Relations,” in *Making Women Histories: Beyond National Perspective*, ed. P.S. Nadell & and K. Haulman (New York: New York University Press, 2013), 229.



context, I will analyze how Chinese nurses in Nethersole started to embrace their professional identity, and the ways these professional identities expanded nurses' opportunities both inside and outside the hospital. On the other hand, I will also look at the remaining gender barrier for these Chinese nurses.

Chapter Six discusses the way Chinese nursing leaders emerged under China's social movements in 1920s, and the way Chinese nurses contributed to the development of nursing in China. I will also look at how nursing leaders emerged in Hong Kong when more hospitals joined Nethersole in participating in training for institutionalized nurses, and how the emergence of various nursing programs in the colony influenced the structure of the nursing curriculum at the Nethersole Hospital. At the same time, I will further address the issue with cross-gender nursing which continued to challenge the missionary hospital and Chinese nurse during this period.

Lastly, Chapter Seven will survey how Hong Kong's colonial government found ways to monitor the colony's nursing profession. I will particularly focus on how government's supervision affected Nethersole's nursing training program, and how missionary hospital continue to find ways to play a vital role in Hong Kong's nursing development. I will conclude the chapter by making remarks to the breaking of gender boundary in the men's hospital, and how nursing ultimately became feminized at the onset of Japanese Invasion.

## - CHAPTER 2 -

### THE CHINA CONTEXT: FROM MISSIONARY HOSPITALS TO STATE INSTITUTIONS

According to the president of the Nursing Association of China Evelyn Lin, “There is no record in Chinese History before the nineteenth century by which we can trace the words ‘nurse’ or ‘nursing.’”<sup>1</sup>

Before medical missionaries imported Nightingale’s institutionalized nursing from Britain to Hong Kong, other Christian hospitals in mainland China already commenced nursing training in the late Qing’s Treaty Ports. To place the nursing development in Hong Kong in the context of China, this chapter briefly surveys how medical missionaries introduced the foreign occupation to China and how this occupation was accepted by and transformed in the Chinese community under the political turmoil and social movements since the late nineteenth century until the Japanese Invasion in 1937.

Avoiding the generalization of the nursing development in China since the late Qing, I highlight and focus on the significance of a number of important nursing institutions and organizations that determined how nursing took shape in China. This chapter argues that Western missionaries introduced nursing to China for them to employ Chinese nurses to conduct evangelism and to provide assistance in Christian hospitals. Therefore, the fate of nursing development in China was initially in the hands of Westerners. However, with the internal revolts and foreign aggressions in China that carried on to the twentieth century, Chinese nursing leaders began to emerge and earned important positions in the nursing fields. The Nationalist Government finally implemented official regulations to monitor the nursing profession in the end of the Civil War, marking what scholars considered as the “golden years” of nursing development in China until the Second Sino–Japanese War.<sup>2</sup>

#### *Late Nineteenth Century*

As Choa argues, “The Protestant medical missionaries made a deliberate, concerted effort to introduce Western medicine and eventually changed the medical outlook.”<sup>3</sup> In 1835, when Peter Parker erected the first Western clinic in China located in Guangzhou, later

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<sup>1</sup> E. Lin, “Nursing in China,” *The American Journal of Nursing* 38:1 (1938): 2.

<sup>2</sup> . Grypma, *Healing Henan: Canadian Nurses at the North China Mission, 1888–1947* (Vancouver: UBC Press, 2008), 105.

<sup>3</sup> G.H. Choa, “Hong Kong’s Health and Medical Services,” 174.

known as the Canton Hospital, the clinic officially ushered in an important age of Western medicine in China. After five decades of development, Protestant medical missionaries finally recruited the first missionary nurses in the 1880s.

Before the arrival of missionary nurses, traces of institutionalized nursing existed in the Taiping Kingdom in the 1850s. According to Shen Yuwu, the Taiping Kingdom emphasized health care and medical science, establishing institutions to provide care for soldiers in particular. Within the institution, the *Nenglire* 能理人 was appointed to serve the sick and the wounded. The duties assigned to these *Nenglire* actually resembled those of Nightingale's nurses in that their duties included preparing the patient's diet and medication.<sup>4</sup> Later on, more *Nenglire* were trained to provide medical care for low-class citizens.<sup>5</sup> However, little is known about their work. Given that the Taiping Kingdom was a religious sect inspired by Christian ideology, speculating that the earlier Western missionary's methods of patient care and hospital management influenced how health care developed in the Kingdom is not unreasonable.

After the end of the Taiping Rebellion, the missionary's official introduction of institutionalized nursing was well underway. In 1884, the first missionary nurse Elizabeth McKechnie (1845–1939) arrived in Shanghai. Evelyn Lin recalled, "McKechnie of the United States brought the Florence Nightingale system of nursing to China for the first time on a rainy day, March 24, 1884, when she planted the seed at the West Gate Red House Hospital."<sup>6</sup> The institution was Shanghai's first maternity hospital, later known as Margaret Williamson Hospital. McKechnie recruited local girls and started the basic nursing training, that was, a hospital-based training program. This account was China's earliest known example of nursing education in China.<sup>7</sup> Their job was to replace the presence of patients' relatives and friends as the caretaker in the Western hospitals. This included administrating diet and bath.<sup>8</sup>

Since McKechnie, nursing training in China has concentrated heavily on the treaty ports of Eastern China. Fuzhou, for instance, was one of the first cities where missionaries began

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<sup>4</sup> Y.W. Shen, "Lun Taiping Tienguo Dui Kexuejishu de Zhongshi [On the Importance Taiping Heavenly Kingdom Attached to Science and Technology]" *Journal of Zhejiang Normal University* 34:4 (2009): 85–90. Y.W. Shen, "Taiping Tienguo de Yiliao Weisheng [太平天國的醫療衛生]" *Journal of Hangzhou Teachers College* 1 (1980): 80–84.

<sup>5</sup> Y.Q. Wang, *Zhongguo Huli Fazanshi [中國護理發展史]* (Beijing: Zhongguo Yiyao Keji Chubanshe, 2000), 60.

<sup>6</sup> Lin, "Nursing in China," *The American Journal of Nursing* 38:1 (1938): 3.

<sup>7</sup> D.R. Smith & S. Tang, "Nursing in China: Historical Development, Current Issues and Future Challenges," *Japanese Journal of Nursing and Health Sciences* 5:2 (2004): 16.

<sup>8</sup> H. Balme, *China and Modern Medicine: A Study in Medical Missionary Development* (London: United Council for Missionary Education, 1921), 137-138.

the training of local nurses. When Dr. Trask founded Fuzhou's first hospital for women in 1877, he opened the door for female medical missionaries, including nurses, to come to China. In 1888, China's first formal nursing school was established in Fuzhou's Liang Au Hospital by an American missionary nurse Ella Johnson.<sup>9</sup> In Johnson's nursing training, Lin recalled, "Practical nursing midwifery, and dispensing were taught at the convenience of the teachers and when the work of the ward permitted."<sup>10</sup> By contrast, in the northern regions where China's first maternity hospital was established in 1875,<sup>11</sup> no hospitals participated in formal nursing training until the early twentieth century.

Nursing training in Southern China also started relatively late, with the exception of Hong Kong. This observation comes as a surprise, given that Guangzhou is not only the birth place of Western medicine in China<sup>12</sup> but is also one of the first places in China where official medical training was provided by Western doctors.<sup>13</sup> Later on, the first medical school to provide training for Chinese female doctors was also established in Guangzhou in 1879.<sup>14</sup> Nonetheless, formal training for nurses did not begin until the early twentieth century. Hackett Medical College for Women, the first medical college for women in China, was established in Guangzhou at the turn of the century. Although the hospital recruited a number of female medical students, the institute had difficulty recruiting nursing probationers. Hackett's affiliated David Gregg Hospital also started its own nursing programs in 1902 called the Julia M. Turner Training School for Nurses. The school offered a two-year nursing training program and produced its first nurse in 1906. The Canton Hospital also did not start its systematic nursing training until 1912. In Shantou, another city in Guangdong Province where the presence of protestant missionaries was evident, a maternity hospital was established in 1877. However, no records of formal nursing training were found until

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<sup>9</sup> A.J. Davis and others, "The Young Pioneers: First Baccalaureate Nursing Students in the People's Republic of China." *Journal of Advanced Nursing*, 17:10 (October 1992), 1166–1170.

<sup>10</sup> Lin, "Nursing in China," 4.

<sup>11</sup> China's first hospital for women and children was established in Beijing in 1875. See the comprehensive list of Western hospitals in China in Y.Q. Wang, *Zhongguo Huli Fazanshi* [中國護理發展史], 71–80.

<sup>12</sup> In 1835, the first clinic was established by an American medical missionary named Dr. Peter Parker (1804–1888). The clinic was later known as the Canton Hospital. Although the hospital was particularly intended for the treatment of eye diseases, patients suffering from other maladies also approached Dr. Parker, particularly female patients. For more information on Dr. Parker and his female patients, see D.J. Kang, "Women's Healing Spaces: A Case Study of the Female Patients and their Foreign Doctor in the Canton Hospital, 1835–55," *Journal of Comparative Asian Development* 11:1 (June 2012): 3–34.

<sup>13</sup> In 1866, Dr. John Kerr established Guangzhou's first medical school.

<sup>14</sup> G.H. Choa, "Heal the Sick" was their Motto: *The Protestant Medical Missionaries in China* (Hong Kong: Chinese University Press, 1990), 124.

later.<sup>15</sup>In other words, Hong Kong's Nethersole Hospital remained the only institute that offered institutionalized training for nurses in Southern China in the nineteenth century.

China's pioneering nursing programs had their challenges. Balme recalled,

In those early days [missionary nurses] could only secure the services of ward attendants drawn from a poorly-educated or illiterate class. The dignity of service for the sick and needy members of the community had not at the time penetrated deeply into the consciousness of Chinese, and students had not incentive to take up as a profession a form of work which they considered quite derogatory to their rank."<sup>16</sup>

As a result, most of China's early nursing probationers were poor and uneducated Christians. Balme added,

[Chinese nurses'] lack of education made it impossible for them to grasp the scientific basis of modern nursing; and in their anxiety to please the patients, and to keep everything peaceful in the wards, it is not surprising that they often failed to enforce medical instructions which seemed absurd and unnecessary both to them and to the patients.<sup>17</sup>

Therefore, most nursing programs in the nineteenth century remained personal and practical in nature. But the situation would gradually change in the twentieth century under the influence of Revolution.

### *Revolutionary Era (1901–1911)*

Prior to the twentieth century, most Western hospitals in China remained relatively small and limited, but revolutions against the imperial government and Chinese traditional culture somehow benefited the development of Western medicine. During this period, many revolutionists who promoted Western learning ultimately embraced the nursing occupation and saw it as a method to strengthen Chinese women. While foreign missionaries still controlled China's nursing development, Chinese medical professionals and the local government also began to participate in nursing education throughout China.

China's disappointing defeat in the First Sino–Japanese War in 1894 and the Boxer Uprising in 1900 somehow paved the way for the rise of medical professionals in Western medicine. According to Andrews, "The [Westernization] of many aspects of Chinese life,

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<sup>15</sup> Wang, *Zhongguo Huli Fazanshi* [中國護理發展史], 73.

<sup>16</sup> Balme, *China and Modern Medicine: A Study in Medical Missionary Development*, 138.

<sup>17</sup> Balme, *China and Modern Medicine: A Study in Medical Missionary Development*, 138.

including medicine, seemed necessary for the survival of China as a strong and independent state” to many Chinese.<sup>18</sup> This nationalist agenda eventually resulted in the rise of reformers and revolutionists, particularly among scholars who actively promoted the learning of Western science and philosophy, which consequently facilitated the propagation of Western medicine. Nursing, which was classified under Western medical treatment, also attracted the attention of the reformers during this period.

Qiu Jin (1875–1907) was a Chinese nurse and revolution martyr. Andrews argues that the Chinese people’s nationalistic awakening made nursing appealing to the general public. For Qiu Jin in particular, nursing was not only a way for Chinese women to attain financial independence but was more importantly a scheme to generate a “modern state in China.”<sup>19</sup> Qiu Jin was from a wealthy family in Southern China and was an advocate of women’s liberation. She divorced her husband and went to Japan in 1904, during when she received her nursing training. Although Qiu Jin mostly earned her living by teaching and writing rather than nursing, she promoted the occupation by translating Japanese nursing textbooks.<sup>20</sup> Nursing proficiency became practical during the Revolutionary Era because the activities and conflicts generated injuries and casualties. The emergence of nationalistic awakening, the rise of the women’s movement, and the demand for combat nursing at the onset of the Republican Era gradually changed the image of nursing in the early twentieth century. According to missionary nurse Nina Gage, “In China, the Revolution of 1911 brought a greater interest in nursing, allowed women nurses to care for men patients among the wounded soldiers, and improved the class of applicants for nursing schools.”<sup>21</sup>

On the other hand, missionaries and other foreign nurses still controlled the nursing program, from determining the recruitment process to designing the training curriculum during the Revolutionary Era. Andrews claims, “Sadly, nursing education remained firmly in the hands of foreigners until well after the start of the Republican period in 1912.”<sup>22</sup> One positive effect of such control was the network between Christian missionaries within the

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<sup>18</sup> B. Andrews, “From Bedpan to Revolution: Qui Jin and Western Nursing,” in *Women and Modern Medicine*, ed. A. Hardy & L. Conrad (New York: Rodopi), 53.

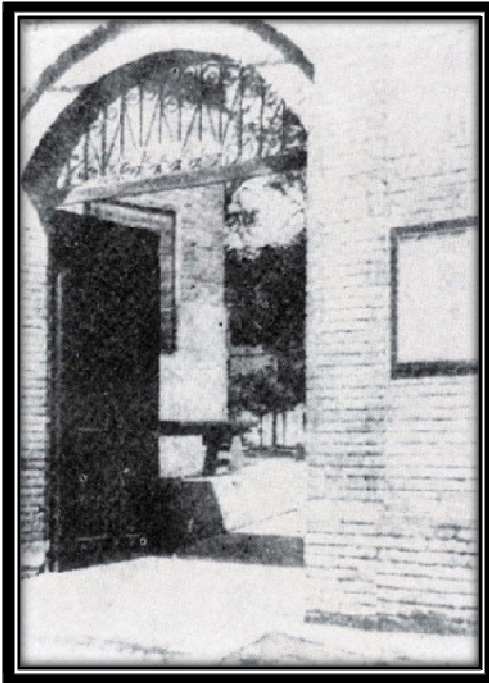
<sup>19</sup> Andrews, “From Bedpan to Revolution: Qui Jin and Western Nursing,” 53.

<sup>20</sup> The title of the textbook is *Kan Hu Xue Jiao Cheng*. In addition to Qiu Jin’s nursing textbook, China’s first nursing textbook, *Essentials of Nursing*, was translated and published in 1905. The Chinese translation of the book was *Hu Bing Yao Shu*. This publication became an important textbook that introduced the concept of nursing to Chinese; the third edition was published in 1916. In 1909, the American textbook *Nursing Principles and Practice* was translated by missionary nurses E. Chestnut and R. Boggs. This textbook was used in many nursing programs, and its fourth edition was published in 1920.

<sup>21</sup> N.D. Gage, “Stages of Nursing in China,” *The American Journal of Nursing* 20:2 (November 1919): 120.

<sup>22</sup> Andrews, “From Bedpan to Revolution: Qui Jin and Western Nursing,” 67.

missionary hospitals in China and Hong Kong, which allowed for the mobility of the nurses within the missionary-dominant nursing field.



One rare exception of this missionary-dominant program during that period was the Beiyang Nuyi Xuetang 北洋女醫學堂 (Figure 1),<sup>23</sup> China's first government-funded medical school for female students established in 1907. Jin Yunmei (1864–1934), the first Chinese female student to study abroad, was appointed as the first superintendent of the school.<sup>24</sup> Yuan Shikai (1859–1916), the Governor-General of Zhili, funded the program, which also offered nursing and midwifery training.<sup>25</sup> The two-year program adopted the Western nursing training model. Elsie Mawfung Chung, a Chinese nurse trained in Britain,<sup>26</sup> was appointed the instructor of the

program in 1909. Chung later helped translate the *Oxford Handbook of Nursing*, which subsequently became a significant figure in the development of nursing in China.

China's most autonomous and rare "grassroots" nursing program was perhaps Shi Meiyu's nursing program in Jiangxi. Shi was part of the first group of female physicians from China who underwent medical training in the United States in the late nineteenth century. When Shi Meiyu returned to China after obtaining her degree from the University of Michigan Medical School, she was placed in charge of the Danforth Memorial Hospital in Jiangxi, Nanchang. The hospital was named after one of her American supporters Dr. I.

<sup>23</sup> *Renmin Zhengxie Bao* 人民政協報 (China) 27<sup>th</sup> November 2009.

<sup>24</sup> Jin Yunmei (also known as Yamei King) was an orphan adopted by missionaries. She received her medical degree from the Women's Medical College of the New York Infirmary in 1885. She returned to China in 1905. As noted in Dr. Kin Says Japan in America's Bitterest Enemy, *The New York Times*, April 16, 1911, President Roosevelt wrote to Yuan Shikai personally to recommend Jin's service. This period was when the first four female medical students who studied abroad in the late nineteenth century returned to China. In addition to Jin, Shi Meiyu (English name Mary Stone, 1872–1954), Xu Jinhong (also known as Hu Kingeng, 1865–1929), and Kang Aide (English name Ida Kahn, 1873–1931) were also the four earliest female students who received higher education abroad. These female medical students returned to China in the early twentieth century and continued to make significant contributions to the development of women's health care, including nursing, in Republican China.

<sup>25</sup> H.E. Li and others, "Ji Zhongguo Diyisuo Gongli Hushi Xuexiao: Beiyang Nuyi Xuetang [記中國第一所公立護士學校—北洋女醫學堂]," *Health Vocational Education* 28:14 (2010): 35–37.

<sup>26</sup> She was a graduate of Guy's Hospital in London. See Sonya Grypma, *Healing Henan: Canadian Nurses at the North China Mission, 1888-1947* (Vancouver: UBC Press, 2008).

Danforth. Shi was offered funding to recruit a trained nurse from the United States as her work load began to increase. Shi turned down the proposal and continued her work with Chinese nurses. In 1911, Shi made the following statement:

First, that it should convince Chinese women that they can do things of they have never dreamed of. Second, that it should show the people of other nations that the only reason why Chinese women have for centuries lived such narrow lives is that they have not had opportunity to develop native powers.<sup>27</sup>



Shi encouraged nurses to think and act independently, which was in contrast to the emphasis on submission in the Western missionary's nursing program.<sup>28</sup> In 1906, Shi's local nurses took charge when she was on sick leave for six weeks. Since then, Shi did not hesitate to place her nurses in command whenever she had other engagements. In 1914, Shi's nurses cared for more than 7,000 patients while Shi was once again sick and had to take a leave of absence for three months.<sup>29</sup>

Figure 2: China's first female medical students who studied in the United States<sup>30</sup>

### *Founding of the Republic (1912–1920)*

Although the revolution successfully ended the imperial governance in the end of 1911, the political struggles carried on to the Republican China, which ultimately resulted in the conflicts between political leaders and local warlords. The struggles also gave rise to social movements that continued to challenge Chinese traditional culture and the “selective adoption” of Western learning, including Western medicine. As a result, nursing in China made significant progress, and this period was arguably the most important for nursing

<sup>27</sup> M. Burton, *Notable Women of Modern China* (New York: Revell, 1912), 212–213.

<sup>28</sup> C. Shemo, “To Develop Native Powers: Shi Meiyu and the Danforth Memorial Hospital Nursing School, 1903–1920,” in *Pioneer Chinese Christian Women: Gender, Christianity, and Social Mobility*, ed. J.G. Lutz (Bethlehem: Lehigh University Press, 2010), 296.

<sup>29</sup> Shemo, “To Develop Native Powers: Shi Meiyu and the Danforth Memorial Hospital Nursing School, 1903–1920,” 299.

<sup>30</sup> *Wenweipo* 文匯報 (Hong Kong) 24<sup>th</sup> October 2010.



development in China. The development included the participation of the Rockefeller Foundation in facilitating China's nursing education, the establishment of medical school-affiliated nursing training programs, and the founding of the Nursing Association of China (NAC). Nonetheless, despite the growing number of Chinese nurses and the consolidation of their status in the society, they remained passive in their roles, whereas foreign nurses continued to dominate China's nursing field.

The Qing imperial government was overthrown, and a republic was officially established on January 1, 1912. In March, the first elected president Sun Yat-Sen (1866–1925) handed the power over to military leader Yuan Shikai (1859–1916). However, Yuan disregarded the republican institutions and constitutions and started his militant governance.<sup>31</sup> Meanwhile, Sun Yat-Sen was exiled to Japan during this political struggle. After Yuan's initial success in suppressing the revolutionary army, he disbanded the parliament and the executive court to establish a cooperative court with his own cabinet members to legitimize his dictatorship and reinstate the feudal system. This move infuriated the members of the Nationalist Party, thus igniting warfare against the imperial dictator. Provincial governors also opposed Yuan and declared independence. After Yuan unexpectedly passed away on June 6, 1916, China underwent an era of warlordism. Local military leaders ascended to power and asserted autonomy, and their administration became known as the Beiyang government.

In 1917, Sun Yat-Sen returned from exile to Guangdong Province. His goal was to launch an expedition to reunify China. While Sun and the Nationalist Party seized control in the South, the Beiyang government in Northern China was ruled by three military leaders.<sup>32</sup> As movements against the struggling Beiyang government grew stronger, Sun Yat-Sen established a new government in Guangzhou and the Constitutional Protection Army in 1917. Meanwhile, the Beiyang government failed to unify or even negotiate with the Southern provinces. It also failed to contain foreign aggression by responding weakly to the Treaty of Versailles, the settlement at the end of World War I that transferred German concessions from

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<sup>31</sup> Without the sanction of the National Assembly, Yuan applied for loans from the Five-Power Banking Consortium, a banking association of Britain, France, Germany, Japan, and Russia, for his military expansion. This situation eventually led to opposition at the provincial level and the outbreak of the second revolution. Led by Chen Hanming and Chen Jiongming, Guangdong Province declared independence on July 18, 1913 under the revolutionary wave. With the foreign loan, however, Yuan's newly expanded military operation defeated the revolutionary army and the provincial government in the beginning of September. Yuan officially declared himself as the new emperor of China on December 1915 and continued to consolidate his authority by undermining the provincial government. For more information, see E.A. Mccord, *The Power of the Gun: The Emergence of Modern Chinese Warlordism* (Berkeley: University of California Press, 1993), 161–204.

<sup>32</sup> The leaders were Duan Qirui, Feng Guozhang, and Zhang Zuolin.

Shandong to Japan instead of restoring sovereignty over China. This incident led to the May Fourth New Culture Movement that re-evaluated “China’s entire cultural heritage.”<sup>33</sup> Given that the leaders of the Movement promoted Western ideals of democracy and science, they blamed Chinese traditional culture and values for the nation’s decline.<sup>34</sup>

The issue on women, who bear the responsibilities of giving birth to and raising a stronger generation, was also discussed by the reformers. As Li posited,

Among the Western models that these intellectuals tried to introduce to China, in addition to a democratic social system and scientific orientation, were family and marriage patterns. They advocated equality between women and men, free love and marriage, educational opportunities for women, labor force participation of women, in a word, women's emancipation.<sup>35</sup>

The number of female medical students, both locally and abroad, started to increase dramatically since the end of the imperial era. According to Lu, the fields of education, journalism, and medicine were particularly popular among female students because of relevant employment opportunities.<sup>36</sup> In the area of education, the rapid growth of schools for women contributed to the increasing demand for female educators. Thus, more than thirty percent of female students studying abroad pursued an education degree. In journalism, opportunity for women similarly increased, given the accumulation of women’s journals and periodicals since China’s revolution. In medical science, statistics indicated that at least 170 female doctors obtained postgraduate degrees by 1919, far higher than other higher degrees obtained by Chinese women. Nursing, an important element in the field of medicine, was not included in Lu’s analysis.

By the late 1910s, Ye noted a new group of female students that emerged under the influence of the May Fourth New Culture Movement. Unlike the earlier generation of female medical students who embraced Western modernity yet upheld their domestic role, the new

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<sup>33</sup> H. Fan, *Footbinding, Feminism and Freedom: The Liberation of Women’s Bodies in Modern China* (London: Frank Cass, 1997), 119.

<sup>34</sup> For more details on May Fourth and the New Culture Movement, see K.W. Chow ed., *Beyond the May Fourth Paradigm: in Search of Chinese Modernity* (Plymouth: Lexington Books, 2008); M. Dolezelova-Velingerova & O.Kral, *The Appropriation of Cultural Capital: China’s May Fourth Project* (Boston: the President and Fellows of Harvard College, 2001); R. Mitter, *A Bitter Revolution: China’s Struggle with the Modern World* (New York: Oxford University Press, 2004); P.Zarrow, *After Empire: The Conceptual Transformation of the Chinese State, 1885–1924* (Stanford: Stanford University Press, 2012).

<sup>35</sup> Y.H. Li, “Women’s Movement and Change of Women’s Status in China,” *Journal of International Women’s Studies* 1:1 (April, 2001).

<sup>36</sup> H.J. Lu, “Luelun Qingmuo Mingqu Zhishi Nuxing de Zhiye Zhuang Kwong [The Occupation Situation of the Educated Women in the Late Qing Dynasty and Early Republic of China],” *Journal of Shijiazhuang University* 10:1 (January 2008): 88.

group “sought to break the boundaries set by their male compatriots and took the initiative to define their own roles.”<sup>37</sup> More women were encouraged to embark on professional fields, including careers that were traditionally defined as masculine, as a means to acquire financial independence and uphold their equal rights, thus resulting in the increase in the professional female workforce. As observed by Cora Simpson, an American missionary nurse, “The Chinese women are at liberty to study any profession they choose and in the new Republic have equal rights with men in matters of education.”<sup>38</sup> Under the category of Western medical science and within the discourse of women’s education and labor, nursing benefited from the New Culture Movement.

Political and social influences on the westernization of medical culture and on the professionalization of female workers advanced China’s nursing training standard. To transform the image of servitude and promote the professional identity of nurses, many hospitals upgraded their admission requirements for the public not to consider nurses as menial laborers.<sup>39</sup> While medical missionaries continued to dominate China’s nursing field, the Rockefeller Foundation’s participation in China’s medical education during the period of social movement helped to uphold the nurses’ professional identity in the newly established republic.

Before the Republican Era, the development of nursing in China was manipulated exclusively by protestant missionaries. A crucial breakthrough transpired in 1906, when missionary organizations founded the Peking Union Hospital in Beijing.<sup>40</sup> With the support of the imperial government, the hospital also established its Peking Union Medical College (PUMC) and nursing school, the Peking Union School for Nurses, that same year. Initially, the nursing program recruited male nursing students only.<sup>41</sup> When the Rockefeller Foundation,<sup>42</sup> which was established in 1913, became responsible for the finances of the PUMC in 1915, the college became officially associated with Johns Hopkins University. Supervised by the Rockefeller Foundation’s China Medical Board, the new medical school

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<sup>37</sup> W.L. Ye, *Seeking Modernity in China's Name: Chinese Students in the United States, 1900–1927*, Stanford: Stanford University Press, 2002), 115.

<sup>38</sup> C.E. Simpson, “Does China Need Nurses?,” *The American Journal of Nursing* 14:3 (December 1913): 192.

<sup>39</sup> J. Watt, “Breaking into Public Service: The Development of Nursing in Modern China, 1870–1949,” *Nursing History Review* 12 (2004): 70.

<sup>40</sup> Participating organizations included The American Board of Commissioners for Foreign Missions, the Board of Foreign Missions of the Presbyterian Church in the USA, the London Missionary Society, the Board of Foreign Missions of the Methodist Episcopal Church, the Society for the Propagation of the Gospel, and the Medical Missionary Association of London.

<sup>41</sup> Y.Q. Wang, *Zhongguo Huli Fazanshi [中國護理發展史]*, 83.

<sup>42</sup> Rockefeller Foundation was established in 1913 aiming to promote the well-being of mankind through the world.

appointed faculty members from John Hopkins University in accordance with the foundation's plan to establish a John Hopkins for China.<sup>43</sup> As John Stanley stated, the process was significant in the modernization of PUMC.<sup>44</sup> Consequently, its new nursing school was established in 1920, becoming "Asia's first five-year bachelor of nursing degree" and the leading nursing training program in China.<sup>45</sup>

Since the reestablishment of the PUMC's nursing school, more nursing training programs were founded in various cities in republican China, along with the growing demand for nurses. As Cora Simpson purported, "Nurses' training schools are being opened all over China."<sup>46</sup> Following the model of PUMC, many new medical school-affiliated nursing training programs prepared their nursing students based on the standards for medical students. A particular example was Changsha's Yali Hospital, which was affiliated with Yale-China Association and established in 1915. Instituted in 1914, the medical school of this hospital was a product and vision of Dr. Edward Hick Hume, an Indian-born medical missionary and graduate of Yale University, who emphasized the improvement of China's medical education. The nursing program also became one of the thrusts of the school and the hospital.<sup>47</sup> Hume was very critical of the nursing training program in China and saw the need for honing Chinese nursing leaders because they were "more able to understand the Chinese sick person's psychology and far more able to be genuinely gracious to them."<sup>48</sup> The nursing school was managed by Nina Gage, an American nurse who became the first woman dean ever appointed by Yale University to serve in China.<sup>49</sup> Another example of a medical school-affiliated nursing program was that at the Nanjing University Hospital, which was established in 1918.<sup>50</sup> In Southern China, more hospitals commenced nursing training since the founding of the republic, including the medical school-affiliated program at the Guanghua Medical College in 1912.

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<sup>43</sup> Please See M. B. Bullock, *An American Transplant: The Rockefeller Foundation and Peking Union Medical College* (Berkeley: University of California Press, 1980).

<sup>44</sup> J.R. Stanley, "Establishing a Female Medical Elite: The Early History of the Nursing Profession in China," in *Pioneer Chinese Christian Women: Gender, Christianity, and Social Mobility*, ed. J.G. Lutz (Bethlehem: Lehigh University Press).

<sup>45</sup> Y.S. Hong & R. Yatsushiro, "Nursing Education in China in Transition," *Journal of Oita Nursing and Health Sciences* 4:2 (2003): 43.

<sup>46</sup> Simpson, "Does China Need Nurses?," 192.

<sup>47</sup> Wang, *Zhongguo Huli Fazanshi [中國護理發展史]*, 85.

<sup>48</sup> E.H. Hume, *Doctors East, Doctors West: An American Physician's Life in China* (New York: Norton, 1946), quoted in J. Spence, *To Change China* (Boston: Little Brown, 1969), 181.

<sup>49</sup> "Nurse Tells Troubles Met Starting School in China: Natives Thought Whites Healed by Incantations, Says Miss Nina D. Gage, Recently Returned After Twenty Years," *Milwaukee Sentinel*, 9<sup>th</sup> June 1930.

<sup>50</sup> Watt, "Breaking into Public Service: The Development of Nursing in Modern China, 1870-1949," 71.

As a result of these medical school-affiliated nursing programs, an increasing number of nursing students enrolled were from middle-class or educated families during the republican period. This condition is in contrast to the earlier period when only women from low social backgrounds enrolled in the training program so they could earn a living and support their families. Thus, the quality of nursing candidates improved. According to Simpson, “The Chinese women make kind, conscientious, faithful nurses. Their calm manner, sunshiny dispositions and their ability to make their patients comfortable and happy insure them great success in their profession.”<sup>51</sup>

Aside from the external factors that propelled nursing development in China, the missionary nurses themselves also advocated the standardization of the nursing profession. According to Gage,

We realized that there was need of some sort of universal standard of nursing, and of course there was no Government to take over licensure...So we set ourselves to formulating a curriculum, a standard for schools, and for examination on the results of which diplomas could be issued, all from a national point of view.<sup>52</sup>

Therefore, in 1914, the Nursing Association of China (NAC) conducted its first official national congress in Shanghai, the birthplace and center of China’s nursing development. The association was founded by a group of foreign nurses in 1909. When Cora Simpson founded and directed the Florence Nightingale School of Nursing in Fuzhou in 1909, she wrote to medical personnel in China, expressing an overwhelming desire to establish a nurses’ association. However, distance hindered the nurses’ gathering. In the summer of 1912, Simpson indicated that “because so many [missionary nurses] were together on account of the Chinese Revolution, very helpful and enthusiastic meetings were held” in Lushan, Jiangxi.<sup>53</sup>

According to Pang, the “main functions were to plan and [standardize] the nursing curriculum, scrutinize certificate examinations, and issue registration certification.”<sup>54</sup> Among the twenty-four nursing representatives who attended the first national assembly in 1914, only one Chinese nurse, Elsie Mawfung Chung, was actively involved. During the assembly, she was elected the vice president of the Association. Nina Gage, an American missionary

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<sup>51</sup> Simpson, “Does China Need Nurses?,” 193.

<sup>52</sup> N.D Gage, “Life at Yali” January, 1930.

<sup>53</sup> Simpson, “Does China Need Nurses?,” 191–192.

<sup>54</sup> S.M.C.Pang, *Nursing Ethics in Modern China: Conflicting Values and Completing Role Requirements* (New York: Rodopi),19.

nurse and the superintendent of the nursing training program of Yali Hospital, was elected the first president of NAC, and Cora Simpson became the general secretary.<sup>55</sup>

In the first meeting, issues on the methods of training Chinese nurses and the opportunities available for trained Chinese nurses were extensively discussed. The Chinese term for nurse, *hushi* (護士), was notably suggested by Elsie Chung during the meeting. In the late Qing period, the original Chinese term for nurse was *kanhu* (看護), which means “to keep, watch, and protect.” When the term *hushi* was adopted by the association in 1914, the term was officially incorporated into the *Kangxi Dictionary*, the standard Chinese dictionary. The new term kept the *hu* character, which denotes the protective aspect of the expression, but added the word *shi*, meaning scholar or professional. The inclusion of this term was the first time in Chinese history that the character *shi* was associated with an occupation commonly identified with women; female medical professionals were previously known as *po* or *nu*.<sup>56</sup> *Hushi*, or a scholar that protects, conveyed reverential and professional connotations. The use of the term was an attempt to signify nursing with “a positive image of the nurse.”<sup>57</sup>

In 1915, President Yuan Shikai, who previously founded China’s very first government-funded nursing training institute, was invited to give a special address at the NAC’s second official meeting. He stated,

The Nurses’ Association of China is at present composed mainly of graduate nurses from Europe and America, who, in hospitals in the various provinces of China, are engaged in the training of nurses and midwives. Year by year the number of graduate Chinese nurses will increase, and they will gradually take up the leadership of the Association in China. The foreign members of the Association are but helping to lay the foundations upon which may be built the great nursing profession of China, the members of which shall come to be as much admired and respected by public sentiment as are the members of the profession in other lands.<sup>58</sup>

The President’s address and his involvement in NAC denoted the recognition, as well as the

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<sup>55</sup> For more information about the NAC, see M. Sasaki-Gayle’s “Entangled with Empire: American Women and the Creation of the ‘New Woman’ in China, 1898–1937,” (PhD Dissertation, Johns Hopkins University, 2008).

<sup>56</sup> *Po* literally means old woman or grandmother. *Yaopo* are female dispensers; *qianpo* are female healers; and *wenpo* are midwives according to the Ming text. *Nu* literally means girl or woman. Many female occupations, such as prostitution (*Jinu*), have the character *nu* attached to it. For more information, see R.L. Yi, *San Gu Liu Po: Mingdai Funüyu Shehui de Tansuo* [三姑六婆: 明代婦女與社會的探所], (Taipei: DaoxiangChubanshe, 2002).

<sup>57</sup> Pang, *Nursing Ethics in Modern China: Conflicting Values and Competing Role Requirements*, 17.

<sup>58</sup> Yuan Shikai’s Address, quoted in Balme, *China and Modern Medicine: A Study in Medical Missionary Development*, 148.

evolution of the nursing profession.

NAC was also involved in the translation, publication, and circulation of nursing textbooks to standardize the curriculum. Many missionaries already assisted in the publication of voluminous nursing textbooks before NAC's first national congress, including Hampton Robb's *Principles and Practice of Nursing*, Fullerton's *Nursing in Abdominal Surgery and Disease of Women*, Hopkins' *The Roller Bandage*, Porter's *Physiology, Till the Doctor Comes*, *Military Hygiene*, *A Treatise on Bacteria*, and the *Manual of Nursing for Probationers*.<sup>59</sup> These books were available in the library for the nurses' reference. The association also continued to translate and produce additional nursing literature for Chinese nurses. In 1914, a famous Japanese nursing textbook, *Kan Hu Xue*, was translated by Ding Fubao.<sup>60</sup>

After NAC's first congress, missionary nurses continued to introduce more foreign textbooks, the content and usage of which were discussed and circulated during NAC meetings. In 1915, *Hu Bing Jiao Ke Shu (The Nursing Textbook)* and *Hu Sheng XuZhi (The Manuals for Nursing Students)* were translated, followed by *Jie Chan XuZhi (Midwifery for Nurses)* and *Hu Shi Tui Na Fa (Nurse Massage Therapy)* in 1916; *Hu Bing Xue (Pathology Nursing)*, *Niu Jin Hu Li Shou Ce (Oxford Handbooks in Nursing)*, and *Jian Xi Hu Shi Shou Ce (Handbooks for Nursing Probationers)* in 1918; and *Hu Shi Yin Shi Xue (Nutrient and Nursing)*, *Hu Bing Xin Lun (New Pathology Nursing)*, and *Kan Hu Yao Lun (Theories of Nursing)* in 1920.<sup>61</sup> Nursing ethics and the morality of nurses were also emphasized as more textbooks on nursing theory and practice were translated.

However, the lack of a unified standard for the admission of nurses led to the continued inconsistency of the quality of nurses during this period. According to Watt, the employment of uneducated or illiterate nurses persisted in the rural parts of China.<sup>62</sup> NAC introduced the first nursing examination in China in 1915 and the registration of nursing training programs to address the uneven quality of Chinese nurses. Seven Chinese nursing students took the examination in the first year, but only one female nurse (along with two male nurses) passed.<sup>63</sup>

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<sup>59</sup> Simpson, "Does China Need Nurses?," 192.

<sup>60</sup> B.Q. Wang & X.Y. Zhao, "Woguo Jindai Huli Shuji Gaishu [我國近代護理書籍概述]," *Huli Yanjiu 護理研究* 22:21 (July 2008): 1973. Ding Fubao (丁福保) was a medical scholar trained in Japan. He was an expert in Chinese and Western medicine.

<sup>61</sup> Wang, *Zhongguo Huli Fazanshi [中國護理發展史]*, 90.

<sup>62</sup> Watt, "Breaking into Public Service: The Development of Nursing in Modern China, 1870–1949," 70.

<sup>63</sup> Wang Fuzhen, Yang Shaokun, and Song Ruiqing were the three nurses who passed the first standardized examination of NAC. See Wang, *Zhongguo Huli Fazanshi [中國護理發展史]*, 144.

In 1920, NAC published the first nursing journal in China called *China Nursing Quarterly*. Prior to this journal, NAC published reports and discussions in the *China Medical Journal*. An exclusive journal became an important mean for disseminating the latest information on and knowledge of the nursing profession. The journal became especially helpful for nurses who could not attend NAC meetings. However, the *China Nursing Quarterly* might not have been particularly helpful for local nurses because most of the articles were written in English. Foreign nurses wrote four of the six articles in the first issue, and only two articles were written by Chinese nurses. One of these local nurses was a female Chinese nurse, Li Mingzen, who worked in the Puai Maternity Hospital in Wuhan; the other author was a male Chinese nurse, Liu Ganqing, who worked in the Puai Men's Hospital.<sup>64</sup>

Despite the rapid development of nursing during this period, majority of the nursing programs in China continued to be founded and operated by missionaries. Statistics indicated that 119 of the 139 registered nursing schools were affiliated with missionary hospitals.<sup>65</sup> Therefore, Chinese nurses remained passive toward the development of their profession despite the consolidation of nursing training programs. For instance, NAC remained dominated by missionary nurses. By 1920, a total of 40 out of the 42 NAC members were missionary nurses. Although the number of Chinese members and their involvement increased and improved, the ratio between the Chinese and foreign nurses remained uneven. The translation of nursing textbooks was also handled by missionaries. The aforementioned first government-funded nursing program in Beiyang Nuyi Xuetao closed down in 1914 because of the financial difficulties caused by political struggles. The renowned superintendent of the program, Jin Yunmei, resigned in the same year to return to the United States.<sup>66</sup>

Nevertheless, Shi Meiyu's nursing program in Jiangxi continued despite the political turmoil and missionary dominance. Shi's nursing program at Danforth Memorial Hospital was the first known nursing program that was founded and remained under the supervision of a Chinese medical professional. In her nursing training, Shi continued to be an advocate of public health and designated her nurses to provide lectures on health-related issues such as "hygiene in the home." According to Shi, "If the mothers in our country were only educated

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<sup>64</sup> Y.P. Liu, "Waiji Hushi Dui Zhongguo Hulide Zhuoyong Yu Yingxiang [外籍護士對中國近代護理的作用與影響]," *Today Nurse* 2 (1996): 35.

<sup>65</sup> Y.P. Liu & J. Huo, "Zhongguo Huli de Shiji Huimo 1[中國護理的世紀回眸(一)]," *Today Nurse* 5 (2001), 14.

<sup>66</sup> Jin Yunmei returned to China in 1905. The article, "Dr. Kin Says Japan in America's Bitterest Enemy," (*The New York Times*, 16<sup>th</sup> April 1911), notes that President Roosevelt personally wrote to Yuan Shikai to recommend Jin's service



in the science of hygiene and sanitation, they would never allow their children or themselves so much suffering before seeking for medical help.” These words placed the responsibility of promoting health care and hygienic modernity in the hands of Chinese women.<sup>67</sup>

### *The Civil War Period (1921–1928)*

“China entered an age of political turmoil in the mid-1920s when endless strife and fighting tore through the nation.”<sup>68</sup> However, nursing continued to develop throughout the crisis and was “well on its way to becoming a well-organized, professional workforce of Chinese and foreign nurses.”<sup>69</sup> In particular, PUMC played a significant role after the launch of the first Bachelor of Nursing program in China in 1920. NAC also continued to contribute to the process of localizing the nursing curriculum of China by welcoming the increased involvement of Chinese nursing leaders under the influence of anti-foreign sentiment.

China remained divided after the death of President Yuan Shikai in 1916. A new period of warlordism occurred during which regional military leaders rose to power and asserted autonomy. These leaders were collectively known as the Beiyang Government of Northern China. The internal power struggles were caused by the conflict of military leaders over the legitimacy of their respective reigns—a dynamic that continued into the 1920s. In 1917, Sun Yat-Sen returned to China as the opposition to the power struggles of the Beiyang regime grew stronger and established a new government in Guangzhou with the Constitutional Protection Army. Sun proclaimed the founding of the Nationalist Government of the Republic of China in 1925 from his base in Guangzhou. The National Revolutionary Army launched its Northern Expedition the following year. Warfare within the divided military leaders of the Beiyang Government continued until 1928, when China finally reunified under the Nationalist Government. According to Chen, the number of soldiers injured in combat reached 10,000. Major hospitals and nursing programs consequently received emergency requests to provide care for the wounded even from Sun herself.<sup>70</sup> These hospitals played an important role during the Northern Expedition by providing immediate patient care to those injured during combat. For instance, a hospital in Anhui reported that the women’s ward was

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<sup>67</sup> M.Y. Shi, “What I Consider the Most Pressing Need of Central China’s Medical Work among Women (1913),” quoted in C. Shemo, “Army of Women: the Medical Ministries of Kang Cheng and Shi Meiyu,” (Ph.D. Dissertation, State University of New York at Binghamton, 2002), 211.

<sup>68</sup> K.Y. Chen, “Missionaries and the Early Development of Nursing in China,” *Nursing History Review* 4 (1996): 137.

<sup>69</sup> Grypma, *Healing Henan: Canadian Nurses at the North China Mission, 1888–1947*, 73.

<sup>70</sup> Chen, “Missionaries and the Early Development of Nursing in China,” 138.

“crowded beyond capacity.”<sup>71</sup> According to Simpson, China’s nursing development during this period was “unsurpassed in any land at any time in the history of nursing” under such the political mayhem and social disorder.<sup>72</sup>

In 1922, national-level organizations were formed to address issues such as the constitutional guarantee of women’s right to equal education, husband–wife relations, inheritance, marriage, concubinage, prostitution, slave trade, foot binding, and compensation. This debate gave women greater opportunity to play an active role in the outer sphere.<sup>73</sup> Therefore, the number of female nursing probationers increased. More importantly, Chinese nurses became prepared to take on hospital leadership positions under the influence of the reestablished nursing program of PUMC in 1920.

PUMC continued to be one of the most significant drivers of the nursing development in China in the 1920s. Anna Wolf, a graduate of Johns Hopkins University, led PUMC, and twelve American nurses were brought into the organization in 1918.<sup>74</sup> The strict admission standard was implemented in this Asia’s very first bachelor’s degree in nursing under their management. Candidates were required to finish two years of higher education in selected universities before transferring to the nursing program in their third year. Given the strict standards and the use of English as the medium of instruction of the program, PUMC boasted “the best facilities and a first-class faculty and staff, even by [the] standards of the Western world.”<sup>75</sup>

The university only admitted three female students in the first nursing class.<sup>76</sup> The lack of students was caused not only by the strict recruitment standards but also by the cross-gender nature of the new nursing curriculum, which required nurses to provide care for both male and female patients, a stipulation that prevented most women from applying to the program. Nursing probationers were trained in an institutionalized setting and had to follow strict regulations on meals, beds, and visiting hours. Male visitors were not allowed, and marriage often resulted in employment termination. The initial dropout rate of the school was

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<sup>71</sup> Hospital Sketch of the Cragin Memorial Hospital for Women and Children, Presbyterian Historical Society, Yates Family Papers: “Miscellaneous Reports, 1922-1981.”

<sup>72</sup> C.E. Simpson, “With Our Nurses,” *Chinese Recorder* 56 (1925): 22–25.

<sup>73</sup> Chen, “Missionaries and the Early Development of Nursing in China,” 139.

<sup>74</sup> Anna D. Wolf, the former superintendent of Johns Hopkins Hospital, was hired to oversee the nursing program at PUMC. Johns Hopkins was one of the leading institutions for nursing training in the early twentieth century, and Wolf and her nurses were renowned and highly experienced faculty members. For more information, see J.R. Stanley, “Establishing a Female Medical Elite: The Early History of the Nursing Profession in China,” in *Pioneer Chinese Christian Women: Gender, Christianity, and Social Mobility*, ed. J.G. Lutz (Bethlehem: Lehigh University Press, 2010).

<sup>75</sup> Chen, “Missionaries and the Early Development of Nursing in China,” 137.

<sup>76</sup> Watt, “Breaking into Public Service: The Development of Nursing in Modern China, 1870–1949,” 71.

also high due to the high academic standards and the “loss of interest and family pressures.”<sup>77</sup> Only one student from the first group of enrollees completed the training. Nevertheless, PUMC produced roughly five to ten nurses each year since 1925. Bower noted, “The caliber of [the] nursing students matched that of the medical students: ‘excellent, conscientious, [hardworking]—so very bright.’”<sup>78</sup> The nursing curriculum included courses in general education; social, physical, and medical sciences; and clinical nursing. PUMC also started the first public health nursing education in China in 1925 and created a postgraduate course in institutional nursing in 1928.<sup>79</sup>

The program was also attractive in pecuniary terms. Nursing students not only received a stipend of twenty-five dollars per month and free accommodation, but nurses who wanted to pursue postgraduate degree were also offered scholarships by the program.<sup>80</sup> According to Liu, many PUMC graduates subsequently became nursing leaders because the program was designed to train nursing educators and administrators, which paved the way for Chinese nurses to undertake leadership positions.<sup>81</sup> Statistics showed that twenty-seven percent of PUMC graduates became matrons, 18% became hospital head nurses or instructors, and seven percent became leaders in health care departments.<sup>82</sup> PUMC also began to substitute its foreign nurses with local nurses in the latter half of the 1920s under the influence of the growing anti-foreign sentiment.<sup>83</sup> The number of foreign nurses in the employ of PUMC accordingly decreased from seventeen to nine by 1927.<sup>84</sup> The absence of foreign nurses gave Chinese nurses opportunities to play a more significant role in hospitals.

NAC also significantly progressed in the 1920s. In 1922, NAC became the first official member of the International Council of Nurses (ICN) in Asia. The ICN membership further propelled nursing in China to the level of international standards. Long-time NAC leader Nina Gage was elected president of the ICN.<sup>85</sup> The number of students who registered in the

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<sup>77</sup> J.Z. Bower, *Western Medicine in a Chinese Palace: Peking Union Medical College, 1917-1951* (Philadelphia: Josiah Macy, Jr. Foundation, 1972), 202.

<sup>78</sup> Bower, *Western Medicine in a Chinese Palace: Peking Union Medical College, 1917-1951*, 202.

<sup>79</sup> Lin, “Nursing in China,” 6.

<sup>80</sup> Y.P. Liu, “Jiefangqian de Xiehe Huxiao [解放前的協和護校],” *Today Nurse* 3 (1997): 28.

<sup>81</sup> Y.P. Liu, “Jiefangqian de Xiehe Huxiao [解放前的協和護校],” 27.

<sup>82</sup> Y.P. Liu, “Jiefangqian de Xiehe Huxiao [解放前的協和護校],” 27.

<sup>83</sup> The anti-imperial and anti-Western organizations began as the propaganda of the Nationalist Party to consolidate its power in the early 1920s. In 1925, such propaganda escalated into the May Thirtieth Movement, a major labor and anti-imperialist movement in Shanghai. This movement began when a Shanghai police officer opened fire at Chinese protesters. The shooting sparked international censure and nationwide anti-foreign demonstrations and riots.

<sup>84</sup> Stanley, “Establishing a Female Medical Elite: The Early History of the Nursing Profession in China,” 285.

<sup>85</sup> Chen, “Missionaries and the Early Development of Nursing in China,” 138.

nursing schools increased from thirty in 1920 to 126 in 1928. NAC also notably implemented standardized nurse uniforms in all registered nursing training programs. During this period, standardized uniforms were introduced for various professionals, including lawyers and the clergy. Liu suggests that the introduction of the uniforms helped consolidate the social status of nurses and unify nursing standards.<sup>86</sup>

The active involvement of local nurses also increased in NAC at this time. By 1924, Chinese nurses constituted the majority of the NAC membership.<sup>87</sup> Sun Yat-Sen was invited to give the opening ceremony speech for the association, but he turned down the invitation because of his busy schedule. During the 1924 meeting, NAC made the pivotal decision to establish a translation committee to make published articles available in Chinese and to translate nursing textbooks, “establishing a Chinese language base for future students.”<sup>88</sup> In 1926, Chinese became the official language of the association. Wu Zheyang then became the first Chinese leader of the association two years later. In the 1928 assembly, only 400 of the 1,409 NAC nurse attendees were foreigners.<sup>89</sup> According to Watt, “In the 1920s and 1930s, Chinese women began to take over both the profession of nursing and its organized leadership.”<sup>90</sup>

### *The Nationalist Governance*

In 1938, NAC president Lin noted, “We are very glad that our government is now taking an interest in its development and has begun to realize that nursing is a real profession.”<sup>91</sup> When the Nationalist Government ended the rule of the warlords and reunified China in 1928, the government attempted to become more proactive in healthcare administration by playing a larger role in supervising the nursing development of China. The influence of foreign nurses also continued to diminish when Chinese nursing leaders and scholars emerged. The nursing leaders and scholars not only took control of the nursing development in China but also produced scholarly nursing works both locally and internationally.

The Nationalist Government established the Ministry of Health in 1928 to implement a more hands-on health care administration, and “hospitals and medical and nursing schools

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<sup>86</sup> Y.P. Liu, “Zhongguo Huli de Hushi Fuzhuang Shihua [中國護理的護士服裝史話],” *Today Nurse* 8 (2001): 13.

<sup>87</sup> Watt, “Breaking into Public Service: The Development of Nursing in Modern China, 1870–1949,” 71.

<sup>88</sup> Watt, “Breaking into Public Service: The Development of Nursing in Modern China, 1870–1949,” 71.

<sup>89</sup> The name of the nurse was Wu Zheyang. See P.Y. Chang, *Chou Meiyu Hsiensheng Fangwen Chilü* [周美玉先生訪問紀錄] (Taipei: Academia Sinica, 1992), 22.

<sup>90</sup> Watt, “Breaking into Public Service: The Development of Nursing in Modern China, 1870–1949,” 67.

<sup>91</sup> Lin, “Nursing in China,” 8.

were now required to register with the new ministry.”<sup>92</sup> In 1930, the Ministry of Health requested that NAC move its headquarters from Hankow to Nanjing to maintain close ties with the Nationalist Government.<sup>93</sup> In the subsequent years, the government relied on the NAC to promote public health awareness.<sup>94</sup> Shi Meiyu was also appointed General Secretary of the Ministry of Health in 1930. Given her extensive experience in running a successful and localized nursing training program at the Danforth Memorial Hospital in Jiangxi,<sup>95</sup> she was also named the Director of Nursing in China.<sup>96</sup>

In 1932, the Ministry of Health established a Central School of Nursing in Nanjing. The Ministry of Education also began to offer postgraduate courses at the institute.<sup>97</sup> When the National Health Administration (NHA) replaced the Ministry of Health in 1934, the efforts of the Nationalist Government in monitoring public health continued. In the following year, NAC was relieved of its nurse registration responsibility when NHA took over.<sup>98</sup> Under the supervision of NHA, a number of nursing schools were established at the provincial level. The Nationalist Government clearly valued nursing as an important administrative tool.

The government also insisted on “having Chinese nurses as principals of the schools as one of the requirements for registration;” Lin adds, “They feel that Chinese nurses should begin to stand on their own feet and not be ‘babies’ any longer.”<sup>99</sup> As Watt argues, “Nursing was able to reduce considerably its dependence on foreign missionary leadership.”<sup>100</sup> By 1930, most of the foreign nurses in the association stepped down when the Chinese nurses took over the majority of its leadership positions. The leadership changes first took place within the Chinese Medical Association and later within NAC. By 1936, the number of registered nurses in China reached 6,000, majority of whom were Chinese.

In 1936, the Chinese name of NAC was changed from *Zhonghwa Hushi Hui* to *Zhonghwa Hushi Xuehui* at its 13<sup>th</sup> Assembly in Nanjing; the new name placed emphasis on

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<sup>92</sup> Chen, “Missionaries and the Early Development of Nursing in China,” 139–140.

<sup>93</sup> Y.P. Liu & J. Huo, “Zhonghua Huli Xuehui Huisuo de Bianqian [中華護理學會會所的變遷],” *Today Nurse* 12 (1997): 29.

<sup>94</sup> Y.Q. Wang, *Zhongguo Huli Fazanshi* [中國護理發展史], 86.

<sup>95</sup> For more information on Shi Meiyu’s nursing training program, see C. Shemo, “‘To Develop Native Power’: Shi Meiyu and the Danforth Memorial Hospital Nursing School, 1903–1920,” in *Pioneer Chinese Christian Women: Gender, Christianity, and Social Mobility*, ed. Jessie G. Lutz (Bethlehem: Lehigh University Press, 2010), 292–311.

<sup>96</sup> T. C. Liu, “From *San Gu Liu Po* to Caring Scholar,” *International Journal of Nursing Studies* 28:4 (1991): 219.

<sup>97</sup> Lin, “Nursing in China,” 6.

<sup>98</sup> J.R. Stanley, “Establishing a Female Medical Elite: The Early History of the Nursing Profession in China,” in *Pioneer Chinese Christian Women: Gender, Christianity, and Social Mobility*, ed. Jessie G. Lutz (Bethlehem: Lehigh University Press, 2010), 287.

<sup>99</sup> Lin, “Nursing in China,” 8.

<sup>100</sup> Watt, “Breaking into Public Service: The Development of Nursing in Modern China, 1870–1949,” 72.

the scholarly nature and indigenous focus of the association.<sup>101</sup> In the same year, the membership of the association jumped to 5,545 with nurses from the 174 registered nursing programs across China, including programs from inner China and rural areas.<sup>102</sup> The official publication of the Chinese Nursing Association, *Nursing Quarterly*, was also officially registered under the Nationalist Government and changed its name to the *Nursing Journal of China*.<sup>103</sup>

Chinese women began to participate in compiling and composing nursing textbooks and books on nursing history. Wang Xiu-Ying was the first known nursing historian in China. She became a practicing nurse since 1926 and wrote the *History of Nursing in China*. She traced the origin of nursing back to Florence Nightingale and emphasized the significance of nursing and the importance of nursing education. According to Li,

In her [Wang's] studies she came across the story of Florence Nightingale, and was deeply impressed by the way she had rescued and cared for wounded soldiers during the Crimean War, and thus helped reduce the death rate from 50 to 2.2%. Florence was awarded a special-class medal. What was more, she wrote articles on fundamental principles [of] nursing and set up the first modern nursing school. Wang Xiuying was inspired by Florence's example and wanted to do her best to help her fellow countrymen.<sup>104</sup>

Another nurse, Yao Chang-Xu, compiled nursing textbooks for middle school students. She also shared Nightingale's vision of nursing<sup>105</sup> and embraced her notion of the subordination of nurses "to physicians and to medical sciences, in the sense that the nurse could help apply but not master the knowledge of medicine."<sup>106</sup> Pang reported that Chinese nurses published articles in both national and international nursing journals, and cited statistics to show that, in 1933, "China ranked fifth in the number of publications among the member countries of the International Council of Nurses."<sup>107</sup>

On the eve of the Second Sino-Japanese War in 1937, Chinese nurses were appointed at the level of assistant dean at the Nursing School of PUMC. When war broke out in July, NAC

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<sup>101</sup> The English name of the association was changed from the Nursing Association of China (NAC) to the Chinese Nursing Association (CNA). For more information, see Y.P. Liu & J. Huo, "Zhonghua Huli Xuehui Fazhan Yangge [中華護理學會發展沿革]," *Today Nurse* 10 (1997): 31.

<sup>102</sup> Chen, "Missionaries and the Early Development of Nursing in China," 139.

<sup>103</sup> Y.P. Liu & J. Huo, "Zhongguo Diyifan Huli Kanfu: 'Zhonghua Hushi Sijibao Chuangban Shimo [中國第一份護理刊物—中華護士四季報創辦始末]," *Today Nurse* 1 (1998): 38.

<sup>104</sup> F. Li, *Women of China Special Series: Half the Sky (1)* (Beijing: Women of China, 1985), 185-186. Quoted in S.M. Pang, *Nursing Ethics in Modern China* (Amsterdam: Rodopi, 2003).

<sup>105</sup> Pang, *Nursing Ethics in Modern China*, 21.

<sup>106</sup> Pang, *Nursing Ethics in Modern China*, 23.

<sup>107</sup> Pang, *Nursing Ethics in Modern China*, 19.

remained functional, set up a temporary office in Wuhan, and later established a permanent office in Chongqing in 1942.<sup>108</sup> The warfare prompted another wave of foreign nurses and missionaries to leave China, which increased the opportunities for local nurses and consolidated their leadership in the hospitals in the country. Watt points out, “During the War of Resistance against Japan (1937–1945), women nurses and auxiliary aides began to play a significant part in military health care.”<sup>109</sup> This event reflected the nursing development in Britain (during the Crimean War), the United States (during the American Civil War), and Japan (during the First Sino–Japanese War and Russo–Japanese War). The readiness of local nurses to provide practical care became significant during the war. Many nursing training programs were relocated to Western China because a large number of medical schools moved inland. The publication of the *Nursing Journal of China* temporarily ceased in 1942.

### *Conclusion*

Since the introduction of Western medicine by Protestant missionaries in the late nineteenth century, nursing became an integral element in Western hospitals in China. Nursing rapidly progressed under the guidance of a number of professional nursing organizations and education institutes and evolved from an improper menial job to a standardized profession for women. PUMC and NAC, in particular, took on leadership roles during the country’s nursing development. Asia’s first Bachelor’s degree in nursing program, offered by the PUMC, became a highly competitive nursing training program that produced a number of the country’s nursing leaders. The NAC continued to establish nursing standards and helped to promote the nursing profession in China

The Nationalist Government later took on a more proactive role in health care administration, including the supervision of China’s nursing development. Establishing close ties with the NAC, the government implemented different measures to regulate and standardize the nursing profession. The result was the rise of Chinese nursing leaders and scholars who produced influential scholarly works on nursing. The nursing profession in China slowly changed from foreign dominance to local management during the process. The development of nursing, as we will see in the subsequent chapters, took a route similar to that of Hong Kong but had a different form because of its colonial identity.

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<sup>108</sup> Liu &Huo, “Zhonghua Huli Xuehui Huisuo de Bianqian [中華護理學會會所的變遷],” 29.

<sup>109</sup> Watt, “Breaking into Public Service: The Development of Nursing in Modern China, 1870–1949,” 67.

## - CHAPTER 3 -

### THE INITIAL STAGE: ESTABLISHMENT OF MISSIONARY HOSPITALS AND EMERGENCE OF INSTITUTIONALIZED NURSING IN HONG KONG (1887–1900)

“The early period of Chinese nursing was chiefly under the leadership of missionary nurses from the West.”—Sally Chan and Frances Wong<sup>1</sup>

When Florence Nightingale proved the importance of nursing during the Crimean War (October 1853–February 1856), her model of institutionalized nursing—in which nurses were confined in a medical institution, designated to follow a doctor’s orders in serving the sick—spread rapidly to various parts of the world. In British colonial Hong Kong, the *laissez-faire* health care administration of the colonial government allowed the nineteenth-century missionaries to introduce nursing training as a means to carry out their mission. This chapter argues that the medical missionaries created the nursing position not as a means to liberate Chinese women through new employment opportunities; instead, they desperately needed Chinese women to reach out to the local populace. Initially, however, these Chinese nurses did not earn the respect and trust of the medical missionaries due to the latter’s assumption about the nursing profession and their prejudice against Chinese women.

This paper first looks at how the nurses’ platform emerged by examining three major hospitals in nineteenth-century Hong Kong: the colonial government’s Civil Hospital, the Chinese Tung Wah Hospital, and the Missionary Alice Memorial and Affiliated Hospitals (including Nethersole). By examining why the missionaries trained and worked with Chinese nurses in Hong Kong, this study analyzes the background of the first group of institutionalized female nurses in the missionary hospital, and the responsibilities of these Chinese nurses in relation to the hospital’s foreign staff. My research seeks to highlight the external and internal factors that influenced the transformation of Chinese nurses’ role in the hospital before the twentieth century.

#### *The Emergence of the Nurses’ Program*

What circumstances gave rise to the institutionalized nurses in Hong Kong? Although several hospitals and medical institutions have been established in Hong Kong since the

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<sup>1</sup> S. Chan and F. Wong, “Development of Basic Nursing Education in China and Hong Kong,” *Journal of Advanced Nursing*, 29:6 (1999): 1301.



Treaty of Nanjing, which made Hong Kong island a Crown Colony, it was not until 1880 that trained British nurses started to arrive at the colony. These professionals were all recruited by the colonial government to provide care for the patients at the colonial Civil Hospital. Nonetheless, given that the Civil Hospital's primary goal was to provide services for foreigners in Hong Kong, the hospital never considered training local nurses or relying on their input. Similarly, training for institutionalized nurses was not available at the Chinese Tung Wah Hospital due to the nature of treatments performed in the institution. It was not until the establishment of the London Missionary Society's (LMS) hospitals that the services of Chinese nurses were needed owing to the evangelical nature of the medical institution. In other words, the missionaries relied on Chinese nurses to serve as the liaison between Western medicine and the Chinese patients. This setup ultimately allowed the missionaries to introduce the concept of institutionalized nursing to Hong Kong.

When Hong Kong became a British colony in 1842, the colonial government faced a crucial issue in the area of health care. In 1843, the mortality rate of foreign soldiers and European residents in the colony was close to thirty-four percent. Four hospitals were established as a result<sup>2</sup>—first was the LMS's hospital on Morrison Hill, followed by the privately funded Seaman's Hospital, the Royal Naval Hospital, and the Military Hospital. When the mortality rate of foreigners continued to rise in the early 1850s, the Government Civil Hospital was also established, with the specific mission of subduing the outbreak of tropical diseases. The Civil Hospital became significant in the subsequent decade, when the foreigner population grew rapidly as the duty free port of Hong Kong continued to attract merchants from all over the world, turning the city into “the largest merchandise distribution [center] in South China.”<sup>3</sup> Consequently the government hospital began to expand, appointing colonial surgeons and additional medical staff members. The service of trained nurses, however, was not yet available for almost the next three decades.

In 1878, the existing Civil Hospital was destroyed by a great fire, which led to the construction of a new colonial hospital. Furthermore, to improve public health and sanitation in the colony, the colonial government appointed their very first Sanitary Board in 1883. Nevertheless, it was not until 1887—45 years after the establishment of the colony—that the first colonial health care administration, the Medical and Health Services Department, was

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<sup>2</sup> A. Wright & H.A. Cartwright, *Twentieth Century Impressions of Hong Kong, Shanghai, and Other Treaty Ports of China: their History, People, Commerce, Industries, and Resources* (London: London Lloyd's Greater Britain Pub. Co., 1908), 262.

<sup>3</sup> J.S.P. Ting, *Hong Kong. Benevolent City: Tung Wah and the Growth of Chinese Community* (Hong Kong: Hong Kong Museum of History, 2010), 25.

established. In 1889, the Civil Hospital also decided to restructure the nursing staff by placing emphasis on the quality of the Nursing Department through the appointment of Hong Kong's first European Matron, Miss Eastmont, to attend to the patients. Miss Eastmont and her five nurses were asked to "administer medicines, to change dressings, to see diets given out and temperatures taken, to receive and admit patients, to attend to their wants pending the Superintendent's arrival."<sup>4</sup> These nurses, according to Colonial Surgeon, "[did] the greatest credit to the Hospitals from which they came and by their skill and kindness have earned the good will of all with whom they came into contact."<sup>5</sup> In other words, the colonial health care administration started to recognize the value of the nurses' services. Unfortunately, the two foreign nurses were eventually discharged due to misdemeanor,<sup>6</sup> and were replaced by two "non-commissioned officers of the Medical Staff Corps" who continued their work in the hospital.<sup>7</sup> In the same year, five French Catholic Sisters of Mercy arrived to provide assistance in the government hospital, although they all resigned within a year after discovering how taxing their job was.<sup>8</sup>

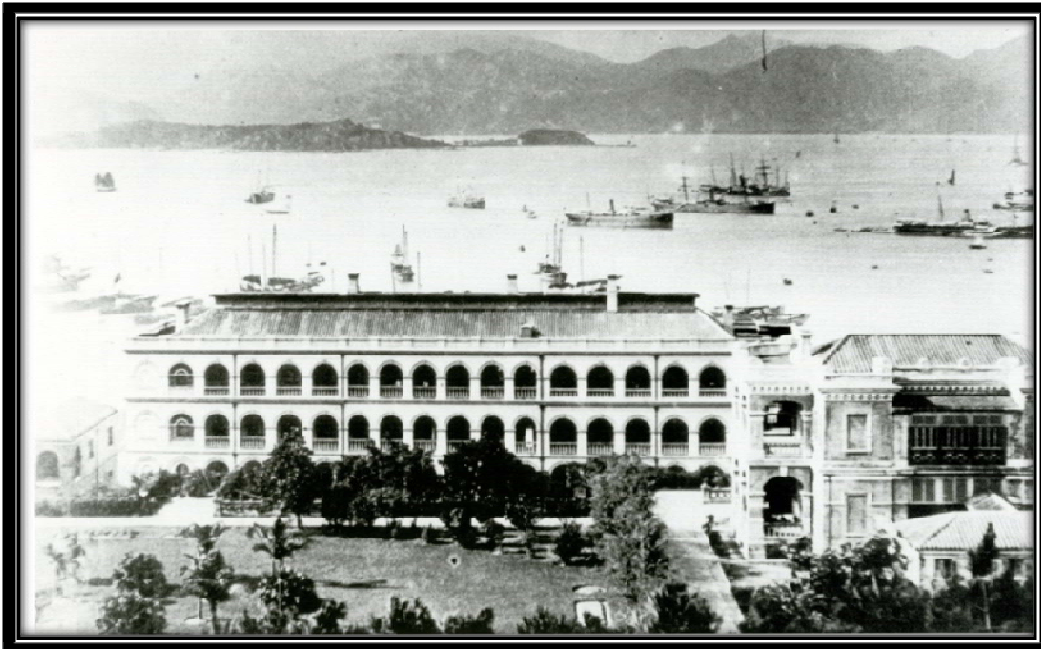


Figure 3: Civil Hospital, CA 1893.<sup>9</sup>

<sup>4</sup> D.Stratton, "History of Nursing in Government Hospitals," *The Hong Kong Nursing Journal*14 (May 1973): 34.

<sup>5</sup> *Annual Report of the Colonial Surgeon for 1880 and 1881*, Hong Kong.

<sup>6</sup> Stratton, "History of Nursing in Government Hospitals," 34. These two European Wardmasters were charged with stealing from their dying patients.

<sup>7</sup> Stratton, "History of Nursing in Government Hospitals," 34.

<sup>8</sup> Stratton, "History of Nursing in Government Hospitals," 34. Although these French sisters resigned from their posts, they all stayed in the colony and joined the rescue force during the 1894 Bubonic Plague Epidemic.

By the time the Colonial Nursing Service in Britain was established in 1896, Hong Kong's colonial government had no problem recruiting British nurses.<sup>10</sup> This also helped the establishment of the Victoria Hospital for Women and Children and the Training Institute for Nurses in the following year, and foreign nursing probationers were admitted to serve in the hospital.<sup>11</sup> The hospital was named after Queen Victoria as a means to commemorate the 60<sup>th</sup> year of her reign. The service of these nurses was important not only for the comfort of the patients under treatment but also the efficiency of the institution. In other words, the importance of nursing was further acknowledged.<sup>12</sup>

Nevertheless, the service of the European nurses was somewhat limited to foreigners in the colony because the Chinese, with the exception of prisoners, never approached the Civil Hospital.<sup>13</sup> Wong Yusim argued in her dissertation that "the government's reluctance to shoulder full responsibility to provide medical care for the general public was also evidenced in its attitude towards nursing care."<sup>14</sup> Given that the mortality rate of locals never exceeded two percent prior to 1850,<sup>15</sup> the Colonial Surgeon's primary responsibility was to provide medical service for "government officials and employees, their dependents and other nations, but not the indigenous Chinese."<sup>16</sup> That is, no hospitals were designated to provide health care for the Chinese. Gauld and Gould also noted that "the Colonial Office in London had little interest in investing in social services," and maintained their *laissez faire* health care administration.<sup>17</sup> Thus, the training of Chinese nurses was never included in the Colonial Surgeon's agenda until 1921.<sup>18</sup>

To be fair, the Civil Hospital never actively excluded the Chinese from using the hospitals or placed any restrictions on admitting Chinese patients. According to Benedict,

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<sup>9</sup> *Shaping the Health of Hong Kong: 120 Years of Achievements* (Hong Kong: The University of Hong Kong, 2006), 30.

<sup>10</sup> For more information, see A. M. Rafferty & D. Solano, "The Rise and Demise of the Colonial Nursing Service: British Nurses in the Colonies, 1896–1966," *Nursing History Review* 15 (January 2007).

<sup>11</sup> All the nurses and midwives were foreigners.

<sup>12</sup> Stratton, "History of Nursing in Government Hospitals," 35.

<sup>13</sup> G.H. Choa, "A History of Medicine in Hong Kong," in *The Medical Directory of Hong Kong* (Hong Kong: The Federation of Medical Societies, 1981), 18.

<sup>14</sup> Y.S.M. Wong, "Nursing Professionalisation in Hong Kong," (Ph.D. Dissertation, The City University of Hong Kong, 2000), 90.

<sup>15</sup> E.J. Eitel, *Europe in China: the History of Hong Kong from Beginning to the Year 1882* (Hong Kong: Oxford University Press, 1985).

<sup>16</sup> G.H. Choa, "Hong Kong's Health and Medical Services," in *Whither Hong Kong: China's Shadow or Visionary Gleam?*, ed. A.H. Yee (Oxford: University Press of America, 1999), 154.

<sup>17</sup> R. Gauld & D. Gould, *The Hong Kong Health Sector: Development and Change* (Hong Kong: The Chinese University of Hong Kong Press, 2002), 33.

<sup>18</sup> K.Y. Wah, "Xianggang Zaoqi de Huli Xunlian [The Early Nursing Training in Hong Kong]," *Hong Kong Nursing Journal* 61 (March 1993): 3.

“debate had already existed for years over the extent to which the colonial government should impose Western-style public health measures on Chinese residents”<sup>19</sup> Nevertheless, the \$1 admission fee was simply unaffordable for most people. According to Colonial Surgeon John Murray:

Very few Chinese private paying patients sought admission. This may be that they do not yet appreciate Western scientific medical treatment, but it is very probable that the fees charged have more to do with it. The lowest charge for a patient of this class is \$1 a day which is a considerable sum for an ordinary Chinaman to pay.<sup>20</sup>

In addition, the colonial government’s medical institutions were of no use to the Chinese populace, given the Chinese’s resentment toward Western doctors and suspicion on their treatment methods. In particular, the establishment of a Western hospital outside the patients’ family-oriented environment was a foreign concept to the Chinese. In fact, public institutions devoted to healing did exist in China, and according to Needham, they first appeared in Han dynasty.<sup>21</sup> However, Yang highlighted in his book *Remaking Patients* that the functions of these institutions were ambiguous and undefined; most were founded and organized by the medical department of the Imperial Court. Hence, services for commoners remained limited. Even after the establishment of private healing institutions and charity halls in Ming dynasty (1368–1644), the lack of proper organization and professional care procedures limited the function and influence of these institutions.<sup>22</sup>

In 1843, the colonial government assigned the Chinese people to the Tai Ping Shan District near Sheung Wan, and constructed a ghetto for the local people. Chinese elites and merchants later established a religious charity hall, called *I-Tsz*, in the community, and provided care for the ill and service for the dead. However, the unsanitary conditions and unsound administration of the *I-Tsz* concerned some colonial officials. Registrar General Alfred Lister said the following regarding the situation:

At my first visit [to *I-Tsz*], dead and alive, about nine or ten patients [were] in the so-called hospital. One, apparently dying from emaciation and diarrhea, was barricaded into a place just large enough to hold the board on which he lay, and not high enough to

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<sup>19</sup> C. Benedict, *Bubonic Plague in Nineteenth-Century China* (Stanford: Stanford University Press, 1996), 139.

<sup>20</sup> J. Murray, “The Report of the Superintendent of Civil Hospital,” in B. C. Ayres, *Annual Report of Colonial Surgeon for the Year 1881, Administrative Reports 1881*.

<sup>21</sup> J. Needham, *Clerks and Craftsmen in China and West* (London: Cambridge University Press, 1970), 277.

<sup>22</sup> N.Q. Yang, *Zai Zao “Bing Ren”: Zhongxiyi Chongtuxia de Kongjing Zhengzhi, 1832-1985 [Remaking “Patients”: Politics of Space in the Conflicts between Traditional Chinese Medicine and Western Medicine]* (Beijing: Zhongguo Renmin Daxue Chubanshe, 2006), 67-68.

stand up in, another room contained a boarding on which lay two poor creatures half-dead, and one corpse, which the floor, which was of earth, was covered with pools or urine. The next room contained what the attendant asserted to be two corpses, but on examination one of them was found to be alive.<sup>23</sup>

In 1860, the rapid increase of the Hong Kong population from 5,650 to 94,917 after the Kowloon Peninsula was incorporated into British governance under the Convention of Peking in 1860,<sup>24</sup> as well as the outbreak of the Taiping Revolution in Southern China, led to the influx of refugees from China. In response, Lister and other officials believed that the colony needed a medical institution for the Chinese. Lister's account, as part of a scandal, highlighted "the question of official responsibility for this state of affairs, added pressure on the Governor," which eventually led to the colonial government's support for the construction of a Chinese hospital.<sup>25</sup>



Figure 4: Tung Wah Hospital<sup>26</sup>

<sup>23</sup> Lister to Colonial Secretary, 22 April 1869. For more information on the condition of *I-Tsz* and the establishment of the Tung Wah Hospital, quoted in E. Sinn, *Power of Charity: A Chinese Merchant Elite in Colonial Hong Kong* (Hong Kong: Hong Kong University Press, 2003).

<sup>24</sup> The Convention of Peking was an unfair treaty signed between the Qing Government and the United Kingdom, France, and Russia after the Second Opium War.

<sup>25</sup> E. Sinn, *Power of Charity: A Chinese Merchant Elite in Colonial Hong Kong*, 33.

<sup>26</sup> *Sapientia et Humanitas: a History of Medicine in Hong Kong* (Hong Kong: Hong Kong Academy of Medicine Press, 2011), 35.

In 1869, a hospital committee composed of Chinese elites, merchants, and residents was formed. According to Elizabeth Sinn, “The Tung Wah Committee was the first Chinese group in Hong Kong to be recognized by the government as representatives of the Chinese community.”<sup>27</sup> The Tung Wah Committee was formed to study the establishment of Hong Kong’s first Chinese hospital, which was to be funded by local Chinese elites and administered by Chinese medical professionals with the approval and support from the colonial government. In 1872, the Tung Wah Hospital was established in the Tai Ping Shan District where the Chinese ghetto was located. The primary objective of the hospital was to provide proper medical care for the Chinese using traditional medicine while maintaining ties with the colonial government.<sup>28</sup> The Tung Wah Hospital thus enjoyed some degree of autonomy and maintained its special identity until the outbreak of the Bubonic Plague in 1894, and the institutionalized nursing care had not yet existed in the Tung Wah Hospital.

On the other hand, the missionaries had a different plan for Hong Kong. As mentioned earlier, the LMS managed to establish Hong Kong’s first clinic in 1843, a hospital that was moved from Macau under the supervision of one of the medical pioneers in China, William Lockhart (1811–1896). Lockhart noted that “it was thought more desirable to have the hospital in a British colony than in the Portuguese settlement of Macao,” given that British missionaries were expelled from Macao in 1839.<sup>29</sup> According to Lockhart, the hospital immediately drew people’s attention: “The hospital is filled with patients, men, women, and children of varied diseases, age, and dialect, who come with greatest confidence, from a circuit of at least fifty miles, bring with them their bedding, cooking utensils, rice and fuel, and be simply healed of their maladies.”<sup>30</sup> Owing to its “gratuitous surgical and medical aid,” the missionary hospital attracted more patients than the civil hospital.

However, the first missionary doctors never stayed in Hong Kong for an extensive period, most probably due to their vision to Christianize the mainland instead of limiting their missionary work to the British colony.<sup>31</sup> In 1848, a newly appointed medical missionary, Dr.

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<sup>27</sup> E. Sinn, *Power of Charity: A Chinese Merchant Elite in Colonial Hong Kong*, 40.

<sup>28</sup> Ting, *Hong Kong. Benevolent City: Tung Wah and the Growth of Chinese Community*, 40.

<sup>29</sup> W. Lockhart, *The Medical Missionary in China: A Narrative of Twenty Years of Experience* (London: Hurst and Blackett, 1861), 126–127.

<sup>30</sup> Lockhart, *The Medical Missionary in China: A Narrative of Twenty Years of Experience*, 204.

<sup>31</sup> William Lockhart (1811–1896) only stayed in Hong Kong for one short year; he left in 1843 to continue his mission in Chusan and Shanghai. Benjamin Hobson (1816–1873), who succeeded Lockhart’s position at the hospital, also used Hong Kong as a transitory missionary station; he stayed in Hong Kong from 1843 until 1845 when his wife became ill, eventually passing away on their way home. While he was away, his Chinese apprentice, Chan A-poon, assumed responsibility of the management of the hospital. When Lockhart returned, he decided to go to Guangzhou, in accordance with LMS’ plan to replenish their missionary work in Guangzhou. Afterwards, he returned to Hong Kong in 1856 when the great fire



Henri Hirschberg, arrived in the colony, and the hospital continued to expand under his management for a few years. Dr. Hirschberg even established a new dispensary in the Kowloon Peninsula before he left for Amoy in 1853. However, this missionary hospital was turned over to the colonial government after Dr. Hirschberg's departure and transformed into the naval hospital due to Hong Kong's economic crises and the mission's financial difficulties.<sup>32</sup> Since then, the medical mission in Hong Kong was put to a halt and according to Timothy Wong, and "there was no medical work carried out under [LMS'] auspices in Hong Kong until 1881."<sup>33</sup>



Figure 5: Alice Memorial Hospital<sup>34</sup>

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destroyed the Canton Hospital. However, he left the colony once again in 1859 and returned to England. A similar incident also happened to Jerome Macgowan (1814–1893), who was known for introducing Western medicine to Ningpo. Before starting his medical work in Ningpo, he has spent a few years in Hong Kong treating opium addicts under the sponsorship of the Hong Kong Medical Missionary Society. For more information on early medical missions in Hong Kong, see C. Wong's *Lancet and Cross* (Shanghai: Council on Christian Medical Work, 1950).

<sup>32</sup> Minutes of the LMS Hong Kong Mission, 8 and 16 September 1851.

<sup>33</sup> T.M. Wong, "Local Voluntarism: The Medical Mission of the London Missionary Society in Hong Kong, 1842–1923," in *Healing Bodies and Saving Souls*, ed. D. Hardiman (New York: Rodopi, 2006), 93.

<sup>34</sup> SOAS CWM Archive.

In 1881, a group of local elites and Western physicians in Hong Kong met to discuss the plan to build a new hospital that involved the participation of the LMS. After years of planning and preparation, in the beginning of 1887, the Alice Memorial Hospital was finally established in the Tai Ping Shan district, where the Chinese ghetto had been located in nineteenth century Hong Kong. Funded by local elites, the hospital was to provide Western medicine while respecting the local tradition, such as allowing the patient's family to perform preferred funeral rituals, and not making autopsy compulsory.<sup>35</sup> To make the hospital more accessible for the Chinese, the Alice Memorial Hospital only charged the patients 10 cents a day for the medical services, one-tenth of the price of the government hospital. Also, influenced by the development of nursing training and institutionalized nursing in Britain in the late nineteenth century, these medical missionaries attempted to implement their nursing model in the new missionary hospital in 1887. However, unlike the government's Civil Hospital, where the colonial medical staff opted to hire a number of trained nurses from Britain, the medical missionaries hired a local nurse, Mrs. Kwan, as Alice Memorial's first matron.



Mrs. Kwan 關黎氏 (1840–1902), in figure 6,<sup>36</sup> was the first nurse hired by Alice Memorial Hospital and was later appointed as the matron of the hospital. Mrs. Kwan, also known as Kwan Lai A-Mei or Lai A-Mei, was placed under the care of Dyer Ball, a medical missionary stationed in Guangzhou. She was first placed into a boarding school for girls operated by Mrs. Isabella Ball, where she learned English and basic education. Unfortunately Lai A-Mei's father never came back to take her back home.<sup>37</sup> According to Man Kong Wong's finding, the Ball family later brought her to Hong Kong where Lai A-Mei "was

<sup>35</sup> A.K. Leung, "Jindai Yiyuan de Dansheng [近代中國醫院的誕生]," in *Jiankang yu Shehui: Huaren Weisheng Sinshi* [健康與社會: 華人衛生新史], ed. P.Y. Zhu (Taipei: Lianjing Chuban, 2013), 59.

<sup>36</sup> R. Hao, "Xianggang Shouwei Nandinggeer—Guanyuanchang Shinai Lishi [香港首位南丁格爾—關元昌師奶黎氏]," *Christian Weekly* 2231 (May 2007).

<sup>37</sup> M.K. Wong, "The Stories of Urban Christian Women in Nineteenth Century South China: With Special Reference to Missionary-Related Sources," in *Overt and Covert Treasures Essays on the Sources for Chinese Women's History*, ed. C.W.C Ho (Hong Kong: Chinese University Press, 2012), 549.



introduced to Mr. Kwan Yuen-Cheong for marriage.”<sup>38</sup> Because of her English skills, she was employed by LMS schools in Hong Kong after her marriage. Later, when the Kwan family relocated to Guangzhou, Mrs. Kwan helped her husband in his dentistry practice during the 1870s where she “picked up basic skills and knowledge in providing nursing services to attending physicians and dentists through on-the-job training.”<sup>39</sup> When the Kwan family moved back to Hong Kong in mid-1880s, Mrs. Kwan was recommended for the position as Matron at LMS’ newly established Alice Memorial Hospital due of her language ability and work experience.<sup>40</sup>



Figure 7: Nethersole Hospital<sup>41</sup>

<sup>38</sup> Wong, “The Stories of Urban Christian Women in Nineteenth Century South China: With Special Reference to Missionary-Related Sources,” 550. Kwan Yuen-Cheong [關元昌] (1832-1912) was Hong Kong’s first registered dentist. More information on the Kwan family can be obtained from Z.S. Guan & Y.Y. Rong, *Xianggang Kaibu yu Guanjia* [香港開埠與關家] (Hong Kong: Guangjiaojing Chubanshe, 1997). His seventh son, Kwan King-Leung 關景良 (1869–1945), was a close friend and classmate of Sun Yat-Sen 孫中山 (1866–1925). They were members of the very first class of medical students of Alice Memorial’s College of Medicine for the Chinese, later known as the Hong Kong College of Medicine.

<sup>39</sup> Wong, “The Stories of Urban Christian Women in Nineteenth Century South China: With Special Reference to Missionary-Related Sources,” 552.

<sup>40</sup> R. Hao, “Xianggang Shouwei Nandinggeer—Guanyuanchang Shinai Lishi [香港首位南丁格爾—關元昌師奶黎氏].”

<sup>41</sup> *Sapientia et Humanitas: a History of Medicine in Hong Kong*, 29.

Owing to their strong religious intentions behind the missionary hospital's medical treatments, the missionaries desperately needed the liaison of Chinese nurses to effectively reach out to the Chinese. According to a missionary's account, "without language I found it very trying and very slow [to] work [with the Chinese patients]."<sup>42</sup> By work missionary meant both medical treatments and evangelism. This then became the reason why the medical missionaries, rather than the colonial government, took the initiative to work with Chinese women and eventually started Hong Kong's first training for nurses. Despite Mrs. Kwan's lack of formal training as a nurse, she remained in her post for four years until the arrival of Hong Kong's very first missionary nurse, Mrs. Stevens, in 1891. Two years later, the LMS established its second hospital, Nethersole, a hospital designated to provide medical services for women and children.<sup>43</sup> In this new medical institution, Mrs. Stevens took on Chinese women as nursing probationers, officially opening up a new chapter in Hong Kong's history of formal training for nurses.

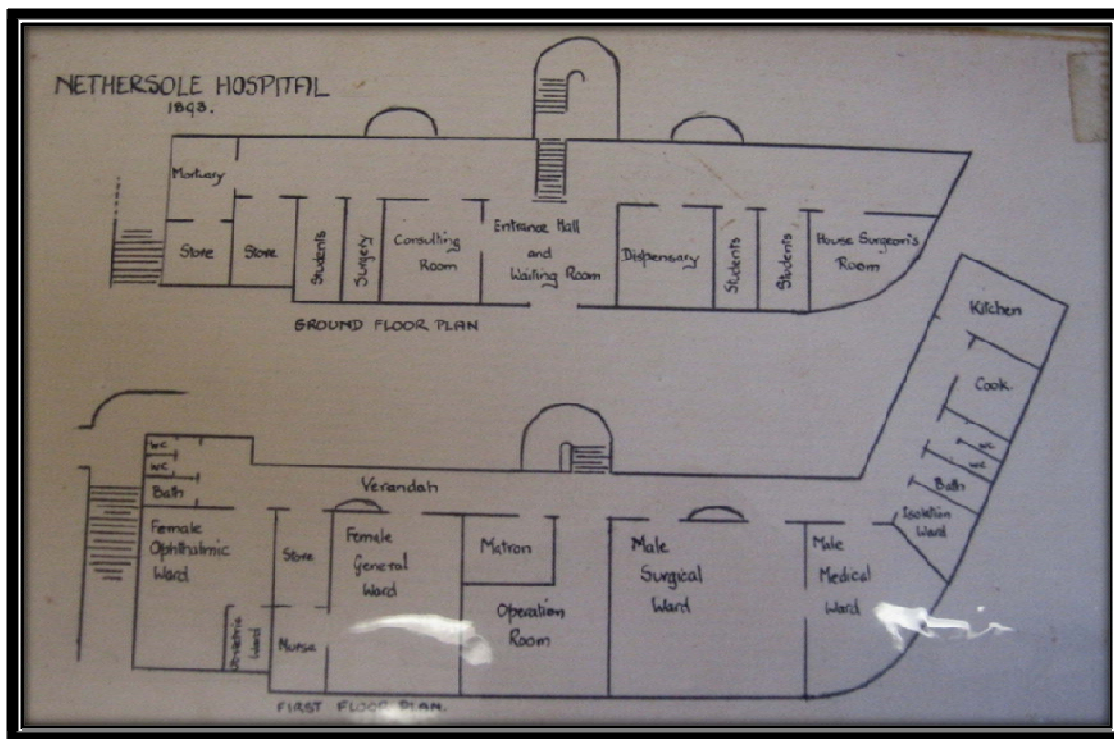


Figure 8: Nethersole Hospital Floor Plan, 1893, with Matron and Nurses' Room<sup>44</sup>

<sup>42</sup> H. Stevens, "Report 1892 Hospital Work in Hong Kong."

<sup>43</sup> Alice Memorial Hospital and Nethersole Hospital were under the same management, and were thus often referred to as Alice Memorial and Affiliated hospitals. The nursing training took place at the Nethersole Hospital.

<sup>44</sup> SOAS CMS Archive

### *The Nurses' Background*

Who were Hong Kong's first groups of nurses and how did they end up pursuing nursing? First and foremost, Nethersole Hospital's nursing program opted to only recruit female nursing probationers due to the Western feminized model of nursing. More importantly, medical missionaries wanted to hire Christian nurses who could participate in hospital evangelism, which was the most important focus of the missionary hospital. Under such circumstance, the only Chinese Christian women who would fit the position were rescued *Mui Tsai* (妹子), who had the English ability and therefore able to follow foreign doctors and nurses' instructions. Nonetheless, given the negative perception of the nursing profession as a menial line of work, most nurses found it difficult to get married. As a result, the majority of nurses remained single. At the same time, nursing also became a means for widows to support themselves.

The recruitment of Chinese women as hospital's nurses during this period was in accordance with Nightingale's vision of labeling nursing as a woman's job. She noted that "every woman, or at least almost every woman, in England has, at one time or another of her life, [taken] charge of the personal health of somebody, whether child or invalid, —in other words, every woman is a nurse."<sup>45</sup> This was like the case in China; Andrews noted that the process of feminization began when missionary nurse McKechnie started recruiting local nurses for training in Shanghai in 1884.<sup>46</sup>

When Hong Kong's first missionary nurse, Mrs. Helen Stevens, took over the Nursing Department from Mrs. Kwan in 1891, she continued to embrace this feminized model of nursing. All of the thirteen nurses she trained during this period were Chinese women. The potential problem, however, was providing care for male patients. Although Mrs. Stevens firmly believed that nursing was a women's profession, she also realized the existence of gender segregation in China's health care tradition. It was rare for a male patient to be looked after by a female medical professional outside of his family. Thus, Mrs. Stevens was unable to assign her nurses to work in the men's wards. Instead, she singlehandedly, or with minimal assistance from medical students, looked after the male patients.

Into the men's wards no women had ever entered, as my appearance created much surprise and comment among both students and patients; and it gave me no comfort to be

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<sup>45</sup> F. Nightingale, *Notes on Nursing: What it is, and What it is Not* (New York: D. Appleton and Company, 1860), 3.

<sup>46</sup> B. Andrews, "From Bedpan to Revolution: Qui Jin and Western Nursing," in *Women and Modern Medicine*, ed. A. Hardy & L. Conrad (New York: Rodopi), 62.

told by the doctor, that they would not know whether I was a man or a woman. In there...I commenced work, merely being able to take pulses, and to see that everything was in order, examining, clothing, bedding, and insisting as much as possible on personal cleanliness.<sup>47</sup>

However, her presence in the men's wards still caused discomfort, especially in the first few years of her service in the hospital. In an 1893 report, Mrs. Stevens wrote:

I help the House surgeons to dress a poor little hip joint disease case in the male ward. The child is too old for the female ward but such a sad little sufferer that he specially needs a serious care. So every morning the screens are quietly put around the bed and the work done...[Thereafter] on the day of dressing I am immediately warned not to enter: they know I should feel it being much, and show the utmost delicacy. This I appreciate more than I can tell.<sup>48</sup>

Even during the plaque epidemic in 1894, when the missionaries were faced with a shortage of workers, gender segregation remained and "the Chinese women did not help in the male ward."<sup>49</sup> However, Mrs. Stevens noted the subtle changes in how male patients reacted to her presence and her service in the ward after nine years.

After more than nine years, although the aspect of our male wards is greatly changed for the better, I come and go, in just much the same way, expecting that I can talk to the patients now, and instead of suspicious looks I meet—for the most part—with smiles and friendly greetings. Once, years ago, I undertook the daily and difficult cleaning of a little hip joint case in the male wards, but gave it up after a time. It was evidently thought to be something not "according to ceremony."<sup>50</sup>

Evidently, the different gender roles in health care imposed by Chinese culture continued to play a role even when feminized institutional nursing started to take root in Hong Kong.

Secondly, missionaries were not only looking to hire Chinese women, but specifically Christian Chinese women. Mrs. Kwan was an earnest Christian; it was said in the first hospital report that "The female nurse Mrs. Kwan A-Mui [was] an excellent Christian woman whose influence [was] invaluable."<sup>51</sup> The hiring of Mrs. Kwan was significant, since no other hospitals in China had employed a Chinese female matron until the subsequent century. This unprecedented appointment marked the beginning of more than a century of nursing

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<sup>47</sup> H. Stevens, "Decennial Report 1891–1900."

<sup>48</sup> H. Stevens, "Report of Hospital Work Hong Kong," 1893.

<sup>49</sup> H. Stevens, "Decennial Report 1891–1900."

<sup>50</sup> H. Stevens, "Decennial Report 1891–1900."

<sup>51</sup> J.C. Thomas, "Report of the Hong Kong Stations for 1887."

development, where there was an interface of the two cultures. Nonetheless, despite the reference to Mrs. Kwan as the Florence Nightingale of Hong Kong by scholars, one fact remains: she never received any formal training in nursing, except her experience in helping her husband in dentistry. The missionary report wrote, “[Mrs. Kwan] is a Chinese lady of wonderful intelligence and ability, born, I suppose, hundreds of years before her time; but of nursing, as we understand it, of course, she knew little.”<sup>52</sup> However, without proper training, why was she appointed as Matron and hired to conduct “nursing” in the hospital? The only possible explanation would be her religious faith.

While serving in the hospital for four years, Mrs. Kwan also took in a Chinese woman, Mrs. Wong, as her assistant. Little is known about Mrs. Wong as there were no discoverable reports by Mrs. Kwan. Missionary report indicated that she was “a widow of a native preacher.”<sup>53</sup> Superintendent Dr. Thomson noted that Mrs. Wong was a “professing Christian” who “came into clear light, and is now experience a large influence for good in the female ward.”<sup>54</sup> Missionary nurse Mrs. Stevens later recalled, she “was an earnest Christian” despite having “little or none of the nursing instinct so common among our own women at home.”<sup>55</sup> Since then, all the nurses recruited by the Alice Memorial hospitals after Mrs. Kwan and Mrs. Wong were all Christians. The tradition of recruiting Christian women as nurses remained until the end of the first decade of the twentieth century.

Christianity played a crucial role in shaping the patient care culture in Western medicine as well as the birth of institutionalized nursing in Britain. Some may even argue that the foundation of early Western nursing was the nurses’ Christian faith. In the case of Hong Kong’s missionary hospitals, the rationale behind recruiting only Christian women was clearer because the primary purpose of the hospital was evangelism –saving the patients’ souls. This, of course, was also the case in China’s early nursing training programs. As American nurse Nina Gage, who was stationed in Changsha reported, “in most hospitals, nurses [were] to preach as well as nurse. This is due to the fact that the hospital is considered an evangelistic agency, and nurses as well as others must do their part in carrying out its prime purpose.”<sup>56</sup> As a result, the nurses not only served as the liaison between Western

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<sup>52</sup> H. Stevens, “Report 1891 Hospital Work in Hong Kong,” 1891.

<sup>53</sup> H. Stevens, “Report 1891 Hospital Work in Hong Kong,” 1891.

<sup>54</sup> J. Thomson, “Supplementary Report for 1891 of the London Missionary Society’s Medical Mission at Hong Kong,” 29<sup>th</sup> January 1892.

<sup>55</sup> H. Stevens, “Decennial Report 1891–1900.”

<sup>56</sup> N.D. Gage, “Stages of Nursing in China,” *The American Journal of Nursing* 20:2 (November, 1919), 115.

medicine and Chinese patients, but more importantly as the liaison between Christianity and heathen people.

This trend became more apparent when Mrs. Stevens took over the Nursing Department in 1891. Religious faith became the hospital's most important recruitment criterion.<sup>57</sup> After the hiring of Mrs. Kwan and her assistant Mrs. Wong, the first local nurse assigned to Mrs. Stevens in 1893 was Luk Chan; she was not only a Christian, but a Bible Woman<sup>58</sup> who was trained to evangelize under other LMS missionaries in Hong Kong. Mrs. Stevens recalled:

Luk Chan. A woman whom Mrs. Davis had put to Miss Field school to train as Bible woman. But who felt drawn towards Hospital work. I felt rather uncertain about her capabilities but knowing her to be an earnest Christian and extremely conscientious...I took her on trial and do not think I shall have causes to resent.<sup>59</sup>

Like Mrs. Kwan and Mrs. Wong, Luk Chan's religious identity and her experience in evangelism became important factors for her recruitment. Not surprisingly, a number of Bible Women entered nursing training after Luk Chan was employed.

A Ngan was another example. In 1897, prior to Mrs. Stevens's furlough—a critical period where she had to find a reliable person to take charge of the patients while she returned to England—she specifically requested her missionary colleague to take on her Bible Woman, A Ngan, as nursing probationer.<sup>60</sup> Mrs. Stevens recorded, “I begged to have her for three years as she was of suitable age to be partially trained, and left in hospital while I was home on furlough” in 1899.<sup>61</sup> Interestingly, A Ngan was converted while she was a patient in the hospital seven years before. Later, she gained extensive experience in working with several missionaries in Hong Kong as well as Guangzhou, and “she [had] been the hero of converting many.”<sup>62</sup> When A Ngan became available, Mrs. Stevens immediately expressed her willingness to train her as a nurse so that A Ngan could carry on religious work in the hospital while Mrs. Stevens went on furlough.<sup>63</sup>

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<sup>57</sup> Wang, *Zhongguo Huli Fazanshi* [中國護理發展史], 91.

<sup>58</sup> According to Ling Oi Ki, Bible Women “were Chinese Christians who, after several years of training by missionaries, were employed by the missions or supported by the Chinese church as evangelists. Most of the early Bible women were well into their middle or old age. They might be widows, wives, or mothers of preachers or catechists.” For more information, see O.K. Ling, “Bible Women,” in *Pioneer Chinese Christian Women: Gender, Christianity, and Social Mobility*, ed. J.G. Lutz (Bethlehem: Lehigh University Press, 2010), 246–266.

<sup>59</sup> H. Stevens, “Report of Hospital Work Hong Kong,” 1893.

<sup>60</sup> H. Stevens, “Report of Hospital Work, 1896.”

<sup>61</sup> H. Stevens, “Decennial Report 1891–1900.”

<sup>62</sup> H. Stevens, “Report of Hospital Work, 1896.”

<sup>63</sup> Wang, *Zhongguo Huli Fazanshi* [中國護理發展史], 91.

The only people who would fit the category of Chinese Christian women with sufficient English training, other than the daughters of local Christian elites, were the rescued *Mui Tsai*. According to Jaschok and Miers, *Mui Tsai* represents a unique custom that emerged in Southern China during the Late Imperial Era. Generally, they were lower-class girls who were sold to upper-class families to accompany and serve their daughters. *Mui Tsai* were often employed as household maids and performed various types of physical work. Unfortunately, many *Mui Tsai* suffered physical and sexual abuses, and were subject to reselling to other families. In the end, many were “left with no kin and hence no face in a society where only family [ascribed] identity.”<sup>64</sup>

The practice of having *Mui Tsai* emerged rapidly in nineteenth century Hong Kong. According to statistics, the ratio of male to female in the 1870s was seven to one. A police report indicated that only less than twenty percent of women living in Hong Kong were wives and concubines, the rest were *Mui Tsai* and prostitutes.<sup>65</sup> In other words, with the exception of the overwhelming number of prostitutes and sex workers in the latter part of the nineteenth century, the majority of Chinese women were sold to Hong Kong as *Mui Tsai*. According to John Carroll, many young girls from Guangzhou were kidnapped and sold to Hong Kong as prostitutes, and the number increased dramatically during the latter half of the nineteenth century to meet the colony’s high demand for sex workers.<sup>66</sup> The close association between *Mui Tsai* and prostitution also explains the rapid increase in the number of sex workers later in the nineteenth century.

Nonetheless, *Mui Tsai* is a complicated concept that involves various social, cultural, and even political constituents. Dealing with the phenomenon was difficult for both local elites and the colonial government. In theory, most local elites regarded *Mui Tsai* as a form of Chinese custom that ultimately provided an alternative to committing infanticide. For the lower-class families who could not afford to raise a child, the existence of *Mui Tsai* represented a chance for their children to have better lives. At the same time, some local elites did try to provide refuge for girls who were identified as *Mui Tsai*. In 1880, four Chinese merchants funded and founded Po Leung Kuk to protect women from abduction by providing temporary shelter for female refugees.<sup>67</sup> Po Leung Kuk’s mission, however, was only to

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<sup>64</sup> M. Jaschok and S. Miers, ed., *Women and Chinese Patriarchy: Submission, Servitude, and Escape* (Hong Kong: University of Hong Kong Press, 1994), 11.

<sup>65</sup> J.M. Carroll, “A National Custom: Debating Female Servitude in Late Nineteenth Century Hong Kong,” *Modern Asian Studies* 43:6 (2009): 1470.

<sup>66</sup> J.M. Carroll, “A National Custom: Debating Female Servitude in Late Nineteenth Century Hong Kong,” 1467.

<sup>67</sup> “Government Notification No. 318,” *The Hong Kong Government Gazette*, 5<sup>th</sup> August 1882.

terminate illegal and involuntary transactions of women.<sup>68</sup> As a result, Po Leung Kuk and numerous local elites still believed the practice of having *Mui Tsai* actually did more good than harm. More importantly, they had no idea what to do with the escaped *Mui Tsai*.

The colonial government also had difficulty dealing with the local custom. Persuaded by local elites, the officials saw the merit of the practice and decided not to actively condemn the custom, at least not until the 1870s when the colonial government's concern emerged as a result of the increasing number of kidnappings. Hong Kong Chief Justice John Smale estimated that the number of *Mui Tsai* and prostitutes to be between 10,000 and 20,000 in 1879.<sup>69</sup> The government therefore went as far as to prohibit *Mui Tsai* from being sold into prostitution in 1887.<sup>70</sup> Nevertheless, the colonial government never actively participated in the rescue efforts for *Mui Tsai*, and only donated 1,000 dollars during the first 12 years of Po Leung Kuk's establishment (1880–1892).<sup>71</sup>

Missionaries, however, had one of the strongest collective voices against the *Mui Tsai* practice. Protestant missionaries mainly focused on the negative aspects of the custom and often deemed the custom an evil practice of slavery.<sup>72</sup> As a result, many missionaries attempted to rescue these girls by helping them escape from their owners or by purchasing them from their masters. Once rescued, missionaries placed the girls in Christian boarding schools or foster families. In their new homes, these Chinese girls were provided with not only basic care, but also education opportunities that would prepare them to pursue various professions. In other words, they somehow became one of the first Chinese women in Hong Kong to receive Western learning. Majority of the graduates went on and became Bible Women—one of the first professions created for Chinese Christian women. Nursing became another choice for these rescued women.

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<sup>68</sup> H.M. Yip, *Zhuti de Zhuixun: Zhongguo Funushi Yanjiu Xilun*[*In Search of Subjectivities: Historical Studies of Chinese Women*](Hong Kong: Hong Kong Educational Publishing Co., 1999), 121. For more information on the establishment of Po Leung Kuk and the controversy of *Mui Tsai*, see H. J. Lethbridge, ed., "Evolution of a Chinese Voluntary Association in Hong Kong: The Po Leung Kuk," in *Hong Kong: Stability and Change: A Collection of Essays* (Hong Kong: Oxford University Press, 1978), 71–103; E. Sinn, "Chinese Patriarchy and the Protection of Women in nineteenth-century Hong Kong," in *Women and Chinese Patriarchy: Submission, Servitude, and Escape*, ed. M. Jaschok and S. Miers (Hong Kong, Hong Kong University Press, 1994), 141–170.

<sup>69</sup> Smale to Hennessy, 20 October 1879, enclosed in Hennessy to Hicks Beach, 23 January 1880.

<sup>70</sup> For more information on the colonial government's debate on *Mui Tsai*, see J.M. Carroll, "A National Custom: Debating Female Servitude in Late Nineteenth Century Hong Kong," *Modern Asian Studies* 43:6 (2009).

<sup>71</sup> H.L. Wang, "Jiuji, Baohu yu Mujuan[救濟, 保護與募捐]" in *Yi Shan Xing Dao: Donghua Sanyuan 135 Zhounian Jinian Zhuanti Wenji* [益善行道：東華三院 135 周年紀念專題文集], ed. E. Sinn & R.H. Liu (Hong Kong: Sanlian Shudian, 2006), 196.

<sup>72</sup> For more information about *Mui Tsai* and their treatments, see M. Jaschok, *Concubines and Bondservants* (New Jersey: Zed Books, 1988).





Figure 9: Medical Students and Chinese Nurse A Kwai<sup>73</sup>

Missionaries' reports indicated that almost all the nurses before the twentieth century were rescued *Mui Tsai*. An example was A Kwai, the very first nursing student recruited by Mrs. Stevens in 1893:

A Kwai had been taken to Miss Davies' school as a little slave child and brought up there, later she was one of Miss Davies' pupil teacher. Then, at her own most earnest request, she came to me and received five years training in the women's hospital. She became a very clever and accomplished nurse.<sup>74</sup>

Miss Helen Davies, a female missionary from LMS who was in charge of girl's education, arranged for A Kwai to receive primary education at her own school and become her pupil. The girl who came after A Kwai was A Sik; she too was a slave who attempted suicide in order to escape slavery.

Years ago she was a little slave child, and so badly treated that she ran away one day and tried to drown herself in the harbour. She was rescued, however, by a gentleman who had seen the poor little thing, and taken by him to Miss Davies. Not only did [Miss Davies] save her life, but she has provided her maintenance ever since; [A Sik] is with me only as

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<sup>73</sup> SOAS CMS Archive.

<sup>74</sup> H. Stevens, "Decennial Report 1891–1900."

a day pupil, she is both capable and intelligent; while her brightness and perfect obedience make her a pattern to all and a great help and comfort to myself.<sup>75</sup>

These were common tales for the majority of Chinese nurses during the initial period. Missionary nurse Mrs. Stevens recruited girls from various Christian Girl Schools, where missionaries provided care and education for the rescued *Mui Tsai*. In a way, it was understandable that missionaries recruited rescued *Mui Tsai* because most of the girls were equipped with the required language skills due to their exposure to English education either in foster families or boarding schools. English was an important skill to possess to follow the instructions of foreign doctors and nurses. Actually, in the early years, the missionaries used English as the medium of instruction in their nursing training.<sup>76</sup>

The chance for these girls to continue their education in nursing opened up an opportunity to work and to achieve financial independence. Thus, missionary nurses often portrayed themselves as rescuers and liberators of Chinese girls from oppression. However, this perspective further confirmed the missionaries' cultural imperialism because they failed to appreciate the value of the Chinese culture and the connotations behind the Chinese *Mui Tsai* custom. Instead, they focused solely on imposing Western Victorian feminine ideology on Chinese women as a means to justify their rescue efforts.<sup>77</sup>

Indeed, the training of Chinese nurses was the direct result of the missionaries' heroic efforts to save these Chinese women from possible maltreatment and slavery, and nursing did become the means for Chinese women to venture into the public sphere. However, as evident in subsequent decades, these Chinese nurses not only walked into another confined and patriarchal institution that required obedience to foreign doctors and nurses, but more importantly, they were forced to make significant sacrifice in handling the hospital's menial labors, including those tasks that society considered as detestable such as cleaning bedpans and touching the dead. In other words, nursing was a line of work that required Chinese women to "self-sacrifice", as Liu argued.<sup>78</sup> Thus, despite the missionaries' effort to "rescue" these girls, society in the nineteenth century often labeled nurses as "public *Mui Tsai*." This stigmatization consequently made it difficult for nurses to find a partner and get married.

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<sup>75</sup> H. Stevens, "London Mission, Hong Kong," January 1896.

<sup>76</sup> S. Chan & F. Wong, "Development of Basic Nursing Education in China and Hong Kong", 1302.

<sup>77</sup> M. Jaschok, "On Colonies, Colonials, and the Colonized: Contextualizing Women's Studies in Hong Kong," in *Engendering Hong Kong Society: A Gender Perspective of Women's Studies*, ed. F.M. Cheung (Hong Kong: Hong Kong Chinese University Press, 1997).

<sup>78</sup> C.T. Liu, "From San Gu Liu Po to 'Caring Scholar': the Chinese Nurse in Perspective," *International Journal of Nursing Studies* 28:4 (1991): 324.

Being single, either as an unmarried or widowed woman hence became another identity shared by these local nurses in the earlier period. Nightingale talked about the struggle of nursing and marriage:

Behind [the husband's] destiny woman must annihilate herself, must only be his complement. A woman dedicates herself to the vocation of her husband; she fills up and performs the subordinate parts in it. But if she has any destiny, any vocation of her own, she must renounce it in nine cases out of ten.<sup>79</sup>

Nightingale managed to stay single despite the pressure from her family. In the case of Hong Kong's nurses, Nightingale was absolutely right with regard to how nurses had to choose between job and marriage most of the time. It was not until the turn of the century that we finally saw a married nurse, a proof that for some a choice between the two was not mandatory. Nevertheless, the overwhelming majority of nurses remained single.



A Kwai (Figure 10),<sup>80</sup> the hospital's first official probationer, followed Nightingale's path and was clear in the beginning that marriage would not be an option for her. Mrs. Stevens reported what happened when she first approached A Kwai: "she made up her mind not to marry and begged that she might enter [the] hospital as my pupil. It is delightful to have such a well-educated girl to teach: she is very bright and quick."<sup>81</sup> Other Chinese nurses who followed A Kwai, however, did not choose to remain single voluntarily; instead, it was simply difficult for them get married due to the society's bias on nursing. For those who eventually got married, the only Chinese men who would marry them were native preachers.

In 1896, the rescued *Mui Tsai A Sik* became Nethersole's very first nurse to get married. She was recruited as a nursing probationer in 1984. Mrs. Stevens wrote,

<sup>79</sup> F. Nightingale *Cassandra* (New York: Feminist Press, 1979), 29. The original work was published in 1852.

<sup>80</sup> Alice Ho Miu Ling Nethersole Charity Foundation Archive.

<sup>81</sup> H. Stevens, "Report of Hospital Work Hong Kong," 1893.

[A Sik] is engaged to be married in July, to a young native preacher, when she will go up country to live and will, I hope, have many opportunities of helping others. I shall miss A Sik very much for she is the sweetest of all my girls, and has more of the nursing instinct than any Chinese woman I have yet met, and during the two years of her training I have never had occasion of find fault with her.<sup>82</sup>

Losing A Sik might have been difficult for Mrs. Stevens and the hospital since A Sik was the first nurse who offered “to help the meanest and most loathsome of [their] patients, also of touching and helping with the dead, and always with such a tender grace”. Mrs. Stevens actually commented that “[she had] never met with such an honorable Chinese girl.”<sup>83</sup> Nonetheless, A Sik’s marriage was a relief to missionary nurse Mrs. Stevens because this was an important step toward mending the Chinese prejudice against hospital nurses, as indicated in one of her reports: “it was said that no Chinaman would care to marry a girl who had trained in Hospital, and I should be very sorry to interfere with the marriages.”<sup>84</sup> The man who married A Sik was not only a preacher, but also a widower with one child. In 1897, Lsik Lam followed A Sik’s footsteps and was married to a preacher. According to Mrs. Stevens, she had been in training for 16 months.<sup>85</sup> Lsik Lam’s departure was also difficult for the hospital since, at that time, the two new nursing probationers admitted that they had decided to leave the hospital for reasons other than marriage.

The husbands of both A Sik and Lsik Lam did not allow them to continue working in the hospital. Marriage meant departure from their nursing career. The trend started to change though at the turn of the century when Mrs. Stevens came back from her furlough. Another nurse named A Yi was “engaged to be married to a native preacher” and moved to New Territories in 1901.<sup>86</sup> She, too, left the hospital, but continued to render patient care in the rural area outside of the Western institutional setting. Mrs. Stevens noted:

Not only does she dress wounds at her own place and help according to her knowledge to all the women round about, but when she finds anyone very ill, she at once seizes her umbrella (hats are not worn here) and brings her patient right across to [the] hospital: it is good to see her bright happy face when she has done service of this kind.<sup>87</sup>

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<sup>82</sup> H. Stevens, “Report of Hospital Work, 1896.”

<sup>83</sup> H. Stevens, “Decennial Report 1891–1900.”

<sup>84</sup> H. Stevens, “Report of Hospital Work, 1896.”

<sup>85</sup> H. Stevens, “Report of Work for 1897,” 29<sup>th</sup> January 1898.

<sup>86</sup> H. Stevens, “Decennial Report 1891–1900.”

<sup>87</sup> H. Stevens, “Report for 1901, Nursing,” January 1902.

A Yi became the first nurse who continued to conduct patient care after marrying.



Figure 11: A Kwai and her classmates<sup>88</sup>

Practice and perception also started to change in Nethersole Hospital at the turn of the century. When Miss Stewart took over the Nursing Department while Mrs. Stevens went on furlough, she dismissed two nursing students who were deemed unfit for the job. As a result, there was only the youngest nurse left to assist her. Fortunately, the LMS was able to appoint a nurse from Guangzhou, a “young married woman who had already been doing some work for a lady doctor.”<sup>89</sup> Since this unprecedented hiring of a married woman, Nethersole Hospital received two married applicants in 1900: “one nurse married three years ago to a native preacher, and another on the eve of her marriage with a man in the same position.”<sup>90</sup> Even more interestingly, one of the applicants actually came to the hospital under the request of her family. It was evident that the public image of nurses had started to change, even though the husbands were all native preachers.

In Southern China, however, nursing was not the first employment opportunity offered to Chinese women as an alternative to marriage. According to Andrea Sankar, “the Canton delta of Southern [Guangdong] witnessed the formation of an unusual population of marriage-resisting spinsters” in the latter half of the nineteenth century. This phenomenon

<sup>88</sup> Alice Ho Miu Ling Nethersole Charity Foundation Archive.

<sup>89</sup> H. Stevens, “Decennial Report 1891–1900.”

<sup>90</sup> H. Stevens, “Decennial Report 1891–1900.”

“emerged from a unique combination of cultural, social and economic factors.”<sup>91</sup> Various forms of marriage resistance provided a means for girls to stay with their natal family.<sup>92</sup>

The marriage resistance practice was directly related to the development of women’s work and the revival of womanly work in the silk factory. According to Majorie Topley’s observation, the establishment of large silk factories in Guangdong in the nineteenth century gave unmarried women the opportunity to work because the new machinery required women’s delicate fingers.<sup>93</sup> This new institution not only reinstated the role of women in silk and fabric production, which had been taken away from female workers since the Song dynasty (960-1279),<sup>94</sup> but also inevitably took the job away from men and slowly redefined silk production as women’s work. With the ability to contribute financially by becoming wage-earners, women’s value in the family and their status in the society were accorded another definition. This, as Topley pointed out, was a “rare option in traditional society” because “elsewhere the only alternatives to marriage were religious orders or occupations connected with sex and procreation: prostitution, matchmaking, midwifery”<sup>95</sup>. Marriage, therefore, became less desirable to these working women and their families. For nurses, nursing also became a way to achieve financial independence. However, the difference between silk factory workers and nurses was the society’s perception explored above. As a result nurses often remained single involuntarily due to the negative image associated with nursing. Even after there were married nurses, the overwhelming majority of nurses before the twentieth century were still single women.

For silk factory workers who were single women, numerous religious institutes such as Buddhist or Daoist vegetarian halls provided accommodation, support network, and socialization. They played the role of an immediate family and a unique kind of sisterhood was formed among the workers. Sankar also noted that Buddhist halls, in particular, were popular due to their well-organized sisterhood structure and their “highly committed yet flexible support system.”<sup>96</sup> Missionary hospitals, as another type of religious institute, were

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<sup>91</sup> A. Sankar, “Spinsterhood Sisterhoods,” in *Lives: Chinese Working Women*, ed. J.W. Salaff (Bloomington: Indiana University Press, 1984), 51.

<sup>92</sup> Marriage resistance in the region included the delay-transferred marriage system, where the bride negotiates to stay with her natal family for an extensive period of time after marriage. For more information, see J.E. Stockard, *Daughters of the Canton Delta: Marriage Patterns and Economic Strategies in South China 1860–1930* (Stanford: Stanford University Press, 1989).

<sup>93</sup> M. Topley, “Marriage Resistance in Rural Kwangtung,” in *Women in Chinese Society*, ed. M. Wolf & R. Witke (Stanford: Stanford University Press, 1975).

<sup>94</sup> F. Bray, *Technology and Gender: Fabrics of Power in Late Imperial China* (Berkeley: University of California Press, 1997).

<sup>95</sup> M. Topley, “Marriage Resistance in Rural Kwangtung,” 80.

<sup>96</sup> A. Sankar, “Spinsterhood Sisterhoods,” 52.

also a place where the Chinese women lived. There was this belief that “a nurse, in order to do good work, whether in hospital or field, must have a good home in which to live.”<sup>97</sup>

When missionaries established these institutions, their primary objective was to better manage the nurses, rather than to express their care for their well-being. Nevertheless, the arrangement turned out to be appropriate as, similar to female workers in the silk factories, nurses needed accommodation and support network to satisfactorily perform their work. In providing these arrangements, missionaries often credited themselves for rescuing and freeing Chinese girls from the terrors of patriarchy in families and for granting them a means for self-support. In truth, these female nurses often found themselves walking into another form of patriarchal control, where their lives, bedtime and mealtime included, were controlled by the missionaries.

Widows, nonetheless, especially benefited from institutional nursing. Widows in Chinese society were perhaps one of the most neglected people groups and more often than not experienced difficulty in supporting themselves and their children. Luk Chan, the first Bible-woman-converted nurse, for example, was previously married but was abandoned by her husband. Mrs. Stevens wrote on her report, “She is a childless woman, her husband far away in the country has taken another wife and her lonely and [her] heart is especially open to suffering children.”<sup>98</sup> The abandonment forced Luk Chan to acquire a means to support herself, including obtaining shelter. Teaching the Bible was one of the first employment opportunities for women created by the Western missionaries, which particularly attracted many widows who were converts. Nursing served a similar function, except the hospital also provided accommodation for them in addition to their salaries due to the institutional nature of their work. Subsequently, more widows came to the hospital and sought employment in the Nursing Department. The Japanese Imperial Government also used nursing as a means for war widows to work and to support themselves, bestowing on the nursing occupation a social recognition and contributing to its rapid development in the late nineteenth and early twentieth century.

### *Prejudiced Accounts of the Qualities of Nurses*

How were the local nurses portrayed by medical missionaries? During this period, the quality of the majority of Chinese nurses, according to missionary nurse Mrs. Stevens, were below the satisfactory levels. Western missionaries often complained about the lack of

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<sup>97</sup> A.M. Brainard, *The Evolution of Public Health Nursing* (London: Routledge, 1922), 98–99.

<sup>98</sup> H. Stevens, “Report of Hospital Work Hong Kong,” 1893.

nursing instinct and decent characters among Chinese nurses. At the same time, missionary nurses failed to understand the culture of Chinese healing, and this stopped potential candidates from obtaining nursing training, causing a vicious cycle in the recruitment process.

The most common complaint on Chinese nurses was their lack of nursing instinct. This was what Mrs. Stevens witnessed when she arrived in 1891:

One night a woman died, the nurse thought she was dead but did not dare to look, or again, one bitterly cold night I found a little child, who was...lying on the edge of his hard bed crying bitterly a suffering right that one would have thought any woman's heart must be filled with pity! While on the other side of the ward—comfortably wrapped up in many jackets sat the nurse reading the gospel by lamplight to a number of women who listened earnestly, but not one of whom had a simple look or thought of pity for the poor afflicted little one lying in the cold and darkness beyond. And I am [shocked] they thought me a very secular person indeed when I interrupted the reading and insisted that the little thing should be properly attended to.<sup>99</sup>

The nurse in this account was Mrs. Kwan's assistant, Mrs. Wong. Although patient care was not strange for Chinese women, as they were often in charge of looking after the sick in their own families, the Western means and methods of nursing were definitely new approaches. Mrs. Wong was among the nurses that Mrs. Stevens complained about not having sufficient nursing instinct. Mrs. Stevens elaborated when she said, "Mrs. Wong seemed an earnest Christian but with little or none of the nursing instinct so common among our own women at home."<sup>100</sup> In relation to essential nursing instincts, Mrs. Stevens particularly encountered difficulty in finding someone who had the dedication to care for the sick. She wrote in 1892, "[t]his carelessness about the suffering of others [was] a most common thing in China."<sup>101</sup> The lack of nursing instinct among Chinese women was incomprehensible for Mrs. Stevens, as according to Nightingale, "every woman is a nurse."<sup>102</sup> Mrs. Stevens might have assumed that she would find more or less the same in-born caretaking character among Chinese women because of this belief.

This assumption led to the decision of missionaries to officially start the training for nurses in China in 1893. Still, Mrs. Stevens continued to encounter aspiring Chinese nurses that fell below Western standards. Pak Chan, the first night nurse recruited in 1896, was also

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<sup>99</sup> H. Stevens, "Decennial Report 1891–1900."

<sup>100</sup> H. Stevens, "Decennial Report 1891–1900."

<sup>101</sup> H. Stevens, "Decennial Report 1891–1900."

<sup>102</sup> F. Nightingale, *Notes on Nursing: What it is, and What it is Not*, 3.



a woman whose “nursing qualifications [were] not brilliant.”<sup>103</sup> On a similar note, A Hui, a probationer in 1897, was mentioned to be “not well adapted for nursing” and left the hospital shortly after a few months of training.<sup>104</sup> From the point of view and by standards of Western missionaries, these Chinese women were difficult to be trained as nurses.



Aside from the lack of nursing instinct, Mrs. Stevens (Figure 12)<sup>105</sup> also complained about the attitude of Chinese nurses. One problem she encountered with Chinese women was their temper. Mrs. Stevens commented in 1900, “[d]eceit, evil speaking and evil temper are still all too common” among Chinese women.<sup>106</sup> As a result, a number of the hired Chinese nurses were removed from their positions. When Mrs. Stevens returned home in 1899, the hospital accepted its first married and experienced nurse. However, the hospital staff deemed this qualified and helpful nurse

unfit due to her bad temper and stated that “someday also she must go.”<sup>107</sup> This situation reflected the patriarchal nature of the hospital because missionaries expected nurses to be compliant and submissive, in accordance with Nightingale’s emphasis on obedience and the ability of nurses to carry out the orders and instructions of doctors.<sup>108</sup>

The evaluation of Mrs. Stevens on the nursing instinct and the attitude of Chinese nurses clearly indicated her Western imperial perception on Chinese women; she tended to completely disregard the social and cultural aspects of patient care in Chinese tradition. According to M.H. June Mak, this perception was problematic, especially because of most missionaries’ “limited knowledge of their beliefs, lifestyles and health practices and use of

<sup>103</sup> H. Stevens, “Report of Work for 1897,” 29<sup>th</sup> January 1898.

<sup>104</sup> H. Stevens, “Report of Work for 1897,” 29<sup>th</sup> January 1898.

<sup>105</sup> Alice Ho Miu Ling Nethersole Charity Foundation Archive

<sup>106</sup> H. Stevens, “Decennial Report 1891–1900.”

<sup>107</sup> H. Stevens, “Decennial Report 1891–1900.”

<sup>108</sup> F. Nightingale, *Notes on Nursing: What It Is and What It Is Not*, London: Harrison (1860), 74.

‘monoculture’ or ‘dominated culture’ nursing to care for them.”<sup>109</sup> Mrs. Stevens further demonstrated her colonizer perspective when she emphasized “dominated culture nursing” during the training of Chinese nurses. Moreover, Mrs. Stevens’ judgments on Chinese women were based on a small number of nurses being trained and these were generalized onto the other nurses. After all, the population of Chinese women in Hong Kong was small compared with that of males in the late nineteenth century,<sup>110</sup> and female Christians with nursing instincts and good characters and were willing to sacrifice in order to conduct menial work were difficult to find.

Mrs. Stevens unfortunately never fully understood why it was difficult for the Chinese society to accept institutionalized nursing as a decent type of employment for women. She only saw how people initially reacted to the job; she said, “[t]he work was looked on with abhorrence at this time, and even many of the native Christians did not believe in it, many and bitter were the things said about my clean little nurse, and many bitter were the tears shed by—and for her.”<sup>111</sup> Mrs. Stevens suggested that “Chinese prejudice[d]...against anything like progress or improvement.”<sup>112</sup> Not only had Mrs. Stevens never attempted to tailor the nursing model in accordance with the practice of patient care in Chinese culture, but she also continuously challenged the Chinese society and reported her frustration on her home mission by saying, “[a]t the present time, I can hardly foresee where I am to get the material to make nurses of, as among women with any degree of education or intelligence waiting upon the sick and suffering is looked upon as degrading work.”<sup>113</sup>

What Mrs. Stevens and other missionaries had overlooked, as Mak found in her research on cultural care, was the complexity; Mak asked, “since Hong Kong is populated by Chinese but politically dominated by British, to what extent is the Western culture integrated with or imposed upon or separated from the local Chinese ways of life?”<sup>114</sup> After all, to preserve and respect Chinese healing traditions was not the primary concern of missionary and foreign nurses when they implemented the idea of institutionalized nursing in Hong Kong. Unfortunately, the concept of transcultural nursing did not emerge in Britain until 1980s, approximately a century after nursing was introduced in Hong Kong. The absence of

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<sup>109</sup> M.H.J Mak, “‘Cultural Care’—Isn’t it Needed in the Basic Nursing Program in Hong Kong,” *The Hong Kong Nursing* 56:9 (1991): 40.

<sup>110</sup> Jaschok and S. Miers, ed., *Women and Chinese Patriarchy: Submission, Servitude, and Escape*, 21.

<sup>111</sup> H. Stevens, “Decennial Report 1891–1900.”

<sup>112</sup> H. Stevens, “Report 1892 Hospital Work in Hong Kong.”

<sup>113</sup> H. Stevens, “Report 1892 Hospital Work in Hong Kong.”

<sup>114</sup> M. H. June Mak, “‘Cultural Care’—Isn’t it Needed in the Basic Nursing Program in Hong Kong,” 41.

awareness on this concept resulted in the “lack of Christian women willing to train for work among the sick” despite the employment opportunity.<sup>115</sup>

Given this difficulty among Chinese in accepting the idea of institutionalized nursing, only mainly rescued *Mui Tsai* and those who had relatively less family or peer pressure applied for training in the hospitals as nurses. This nursing group dominated by ex-*Mui Tsai*, as well as the unfavorable opinion of Mrs. Stevens on local nurses, resulted in a generally negative impression of missionaries on Chinese women. Additionally, not many nurses treated missionary nursing as a life-long career. The majority only worked for a short period of time, probably due to the nature of the job and the institutional working environment, which contributed to further prejudiced criticism from the missionary nurses.

The abovementioned case was similar to, if not worse than, the situation in China where missionary hospitals also faced the challenge of recruiting quality nurses during the same period. The first nursing school in Fuzhou was established by Ella Johnson, with only two students at the very beginning. As Liu noted, “[t]he initial Chinese reactions [toward nursing education] covered a wide range of negative attitudes, from indifference, resentment, contempt, to alarm.”<sup>116</sup>

### *The Evolution of Nurses’ Responsibilities*

What were some of the responsibilities of the nurses working in a Western medical institution, and how did the roles change over time? As mentioned earlier, medical missionaries at the Alice Memorial and Nethersole hospitals required Chinese nurses to act as the liaison between the missionary hospital and the Chinese patients, in order to achieve the goal of evangelism. While the training of nurses at the missionary hospitals resulted in the division and distinction of duties, the missionaries continued to lack confidence in Chinese nurses in the conduct of specific medical procedures other than simple health care. The situation, however, changed during the outbreak of Bubonic Plague Epidemic in 1894 when Chinese nurses were given the opportunity to step up and provide care for patients in the hospitals. The outbreak also helped change the perception of the Hong Kong society on Western medicine, ultimately also changing society’s view on nursing.

Mrs. Kwan, Alice Memorial’s first appointed matron, was hired to serve as the liaison between Chinese patients and Western medicine:

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<sup>115</sup> H. Stevens, “Decennial Report 1891–1900.”

<sup>116</sup> C.T. Liu. “From San Gu Liu Po to ‘Caring Scholar,’” 321.

The Alice Memorial Hospital became very popular once it was founded...More than a hundred Chinese women visited the hospital each day. But most of them were illiterate in English and there was a strong demand for interpreters. This became a job opportunity for fluent English-speaking Chinese women, and marked the arrival of the career woman.<sup>117</sup>

The most obvious obstacle between foreign doctors and Chinese patients in health care was the language barrier, as not all medical missionaries had sufficient language training. Mrs. Stevens, for example, confessed that her study of Chinese was “very slender”<sup>118</sup> then. Language was not much of a concern in the colonial hospitals because local patients were not the main targets of treatment. In other words, liaisons were not desperately needed in the Civil Hospital.

Wong commented that Mrs. Kwan “was a mediator for the Chinese with regard to Western medicine.”<sup>119</sup> Mrs. Kwan was asked to perform more than translation duties. She was also asked to provide basic patient care, including washing, dressing, and administering medication for a few helpless patients.<sup>120</sup> Similar to most nurses in Britain prior to the implementation of Nightingale’s ideology for nurses’ training, Mrs. Kwan and her assistant, Mrs. Wong, were considered “poorly educated to discharge the responsibilities of a more sophisticated medical treatment.”<sup>121</sup> This was also the case for the two other nurses, Luk Chan and Ng Po, who were assigned to missionary nurse Mrs. Stevens upon her arrival in 1891. One of the nurses was dismissed before the end of the year. Mrs. Stevens reported, “I had occasion to send away my nurse, she could not get into new ways, even in a new hospital” and “she would keep no law excepting what pleased herself.”<sup>122</sup> The missionary nurse realized that the time was right to officially start training for nurses. She said, “[b]efore another year ends, I hope to have begun the training of native Christian women as nurses, both for the Hospital and to go among the poor women acting as midwives.”<sup>123</sup>

In December 1893, A Kwai was recruited as Hong Kong’s first nursing student. Since the training for nurses at Nethersole Hospital started, a number of healthcare procedures changed

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<sup>117</sup> Z.S. Guan & Y.Y. Rong, *Xianggang Kaibu yu Guanjia* [香港開埠與關家], 11, quoted in Wong, “The Stories of Urban Christian Women in Nineteenth Century South China: With Special Reference to Missionary-Related Sources,” 554.

<sup>118</sup> H. Stevens, “Report 1892 Hospital Work in Hong Kong.”

<sup>119</sup> Wong, “The Stories of Urban Christian Women in Nineteenth Century South China: With Special Reference to Missionary-Related Sources,” 555.

<sup>120</sup> H. Stevens, “Decennial Report 1891–1900.”

<sup>121</sup> R. Dingwall, A.M. Rafferty & C. Webster, *An Introduction to the Social History of Nursing* (London: Routledge, 1988), 23.

<sup>122</sup> H. Stevens, “Decennial Report 1891–1900.”

<sup>123</sup> H. Stevens, “Report 1892 Hospital Work in Hong Kong.”

and the division of labor became clearer. For example, Mrs. Stevens specifically assigned the cleaning task to the *coolies*.<sup>124</sup> She also drafted a nursing guideline based on the British nursing standard, stating how patients should be dressed and maintained clean.<sup>125</sup> While Mrs. Stevens exerted much effort on the recruitment process, she felt helpless as she struggled to find both satisfying quantity and quality of nurses, as discussed in the previous section. Consequently, Chinese women were not asked to play significant roles in medical procedures even after undergoing nurses' training.

The role of Chinese nurses, however, changed during the 1894 outbreak of the Bubonic Plague. When the Plague broke out in Guangzhou, the colonial government maintained their *laissez faire* health care administration until Hong Kong declared its first confirmed case in May and officially declared the region “an infected port.”<sup>126</sup> Prior to the Plague, Britain was one of the precursors in implementing the state-operated public health legislation, but this did not occur in Hong Kong.<sup>127</sup> During the beginning stages of the outbreak, the colonial government was still looking “to give the Chinese doctors a free hand at first. In any case, it [was] difficult to persuade the Chinese to report cases of sickness and their foolish and violent prejudice against Western medical men [was] quite sufficient to induce them.”<sup>128</sup>



Figure 13: Plague Hospital<sup>129</sup>

<sup>124</sup> H. Stevens, “Decennial Report 1891–1900.”

<sup>125</sup> Wah, “Xianggang Zaoqi de Huli Xunlian [The Early Nursing Training in Hong Kong],” 3.

<sup>126</sup> E.G. Pryor, “The Great Plague of Hong Kong,” *Journal of the Royal Asiatic Society Hong Kong Branch* 15 (1975), 62.

<sup>127</sup> J. Brand, *Doctors and the State* (Baltimore, MD: Johns Hopkins Press, 1965), 5.

<sup>128</sup> “Further Correspondence Relative to the Outbreak of Bubonic Plague at Hong Kong between Sir William Robinson to the Marquess of Ripon—1894,” in *Blue Book Reports on Bubonic Plague 1894–1903*.

<sup>129</sup> Public Records Office of Hong Kong.

With 2,552 deaths in the first year, the colonial government was forced to respond. They had a legitimate reason to intervene and to implement a stronger state-monitored public health system. This marked “a forceful introduction of colonial state medicine into China, and it met with both popular and elite resistance”, Benedict stated, especially when they tightened the control over the Chinese Tung Wah Hospital.<sup>130</sup> This was the beginning of the “era of Western medicine” in Tung Wah.<sup>131</sup> However, when the initial effort of the government to control the Plague was proved ineffective, more resistance and rumors regarding Western doctors and treatments arose. These include foreign doctors dissecting pregnant women and the use of babies’ eyes to produce medicines for the Bubonic Plague Epidemic.<sup>132</sup> In Guangzhou, two female medical missionaries were assaulted, and the governor-general of the province asked the missionaries to stop providing medical services in the city.

Witnessing the situation in Hong Kong, many people panicked and decided to return to China, creating a serious labor shortage. Numerous factories and businesses closed down as a result, and many domestic workers of foreign residents returned home as well. According to the report, “[t]he loss to public revenue, to bankers, merchants, shipping companies, the sugar refining industry, traders, shopkeepers, owners of property and the [labouring] classes [could] never be accurately determined.”<sup>133</sup> Furthermore, many hospitals closed down and were replaced by temporary hospitals and refugee camps, including the ship *Hygeia* that provided treatment for patients from the sea. The British government subsequently sought help from the Colonial Nursing Association, a network of trained nurses in Crown Colonies.<sup>134</sup>

Alice Memorial and Nethersole also closed on several occasions, and plague-stricken patients were moved to a temporary LMS plague hospital named Matshed. Chinese nurses, however, stayed behind and joined the medical missionaries in providing care for patients at the plague hospitals. Mrs. Stevens recalled:

I divided the 24 hours into three watches, so that one of ourselves besides the sister was always in the Hospital. My three assistants, I am proud and happy the way they also elected to follow me. The two elder women I took, but my littler probationer, A Kwai, I considered too young, so I sent her to Wan Chai to stay with Chan Ng Nai and Miss

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<sup>130</sup> Benedict, *Bubonic Plague in Nineteenth-Century China*, 149.

<sup>131</sup> Wong, “Nursing Professionalisation in Hong Kong,” 88.

<sup>132</sup> E.G. Pryor, “The Great Plague of Hong Kong”, 63.

<sup>133</sup> “Letter from William Robinson to the Secretary of the State for the Colonies,” 20<sup>th</sup> June 1894, 469.

<sup>134</sup> Stratton, “History of Nursing in Government Hospitals,” 35.

Davies' boarders. This was very trying to A Kwai, but a plague Hospital was not a fit place for a Chinese girl of 20.<sup>135</sup>

Foreign missionaries were amazed by the efforts of Chinese nurses in this hospital during the crisis. Mrs. Stevens noted, "[t]he energy and devotion shown by my little nursing board I cannot speak too highly, by night and by day the work went on in the...Matshed."<sup>136</sup> Therefore, the Plague had a profound effect on the perception of Westerners on Chinese nurses, and eventually paved the way for local nurses to be assigned significant roles in the hospitals.

After years of struggle, the effects of the Plague were still felt in Hong Kong from time to time, especially during summers until 1924. The number of deaths was recorded at 20,489.<sup>137</sup> The Bubonic Plague Epidemic thus became a perfect opportunity for Chinese patients to become acquainted with Western medicine. While a slight resistance remained, according to Choa, "HK Chinese became convinced of the efficacy of Western medicine through the Bubonic Plague Epidemic of 1894 to 1923."<sup>138</sup> In missionary hospitals, Mrs. Stevens noted, "we have never again had so many men as before the Plague, but we have a good number of women, and dear little children, who blossom out in a wonderful way."<sup>139</sup> Similarly, the epidemic somehow caused an increase in the number of nurse applicants at the Nethersole Hospital. According to Mrs. Stevens, the hospital's system underwent a "considerable change" toward the end of the nineteenth century with "mothers, educated people, asking [if] their daughters [might] come for training."<sup>140</sup>

This trend was also apparent in Tung Wah, the Chinese hospital, since the colonial government forcefully intervened during the outbreak. From 1897 to 1900, patients who sought treatment using Western medicine in the Tung Wah Hospital increased by almost twenty percent.<sup>141</sup> Although nursing was never officially introduced to the hospital during this period, the subtle transformation prepared the way for nursing services to be established in the twentieth century.

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<sup>135</sup> H. Stevens, "London Mission, Hong Kong," 26<sup>th</sup> January 1895.

<sup>136</sup> H. Stevens, "London Mission, Hong Kong," 26<sup>th</sup> January 1895.

<sup>137</sup> Choa, "Hong Kong's Health and Medical Services," 176.

<sup>138</sup> Choa, "Hong Kong's Health and Medical Services," 175.

<sup>139</sup> H. Stevens, "London Mission, Hong Kong," 26<sup>th</sup> January 1895. This became particularly important when maternity health care became an important point of focus in the beginning of the twentieth century.

<sup>140</sup> H. Stevens, "Decennial Report 1891-1900."

<sup>141</sup> Clark to Chamberlain, 24<sup>th</sup> July 1900, "Report on Tung Wa Hospital for the Second Quarter of 1900," 182-185.

Chinese nurses, who played an integral part during the Plague, earned a certain degree trust from Western nurses and soon assumed vital roles in the hospital. In 1896, Mrs. Stevens planned to offer A Kwai further training in Britain to prepare her for a leadership role in the hospital:

The eldest of my young nurses, A Kwai, is learning English, that if spared for two years longer—and it is possible to raise funds—she may accompany me to England when I go home on furlough, and there take further training and return again with me to take up a superintendent position here in the female ward.<sup>142</sup>

Although this plan did not materialize, A Kwai was requested by other medical missionaries to provide assistance in Xiamen.

In 1897, Mrs. Stevens established a new nursing position called night nurse:

In our women's work, which increases steadily, I now find it important to have a night nurse, and as my poor old Pak Chan is really past hard work I gave the post to her. She is an ordinary night nurse, and goes from ward to ward attending to the children and helpless women in the still of the night.<sup>143</sup>

This was a significant development since most hospitals in China had difficulty recruiting night nurses:

Night work has all along been a difficulty, and this is not to be wondered at in a country where night duty is so little known. It was every bit as hard for some of those poor young Chinese nurses to keep awake at night as it was for them to sleep properly by day, and most hospitals have a sad record of dismissals on this account.<sup>144</sup>

The hospital still harbored concerns regarding Pak Chan's capability as a nurse, but Mrs. Stevens was willing to "trust her" with a number of the patient attendant responsibilities.<sup>145</sup> In other words, an unprecedented trusting relationship between Western and local nurses was seen after the epidemic. When Mrs. Stevens went to England in 1899, the superintendent of the missionary hospital praised the work of local nurses: "The medical work done by Chinese

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<sup>142</sup> H. Stevens, "Report of Hospital Work, 1896."

<sup>143</sup> H. Stevens, "Report of Work for 1897," 29<sup>th</sup> January 1898.

<sup>144</sup> H. Balme, *China and Modern Medicine: A Study in Medical Missionary Development* (London: United Council for Missionary Education, 1921), 146.

<sup>145</sup> H. Stevens, "Report of Work for 1897," 29<sup>th</sup> January 1898.



nurses is very satisfactory, especially when one considers the numeral amount of sickness among members of the staff.”<sup>146</sup>

### *Conclusion*

Since the establishment of the British colonial government in Hong Kong in 1842, their primary concern was to provide health care service for foreigners working in the colony. As a result, many British nurses were sent by the colonial government to Hong Kong since 1880. However, their service was “within a restricted, privileged circle of Westerners and a few well-off Chinese.”<sup>147</sup> Hospitals of the LMS, on the other hand, aimed to approach the local populace for their evangelistic motives. Chinese nurses were appointed to play an intermediary role, between the foreign hospital and the Chinese patients, giving rise to Hong Kong’s first training in institutionalized nursing. As Wong argued in her dissertation, “Although the government was less enthusiastic in health care provision, with nursing in particular, the voluntary sector played an extremely significant role in imitating change and development of nursing care in the territory.”<sup>148</sup>

However, missionaries soon found out that recruiting local nurses was a rather difficult task, as nursing was then considered disgraceful. On top of the limited number of applicants as a result of the negative social perception on nursing, medical missionaries only wanted Christian women with good English ability, which limited recruitment. Women who met the requirements were mostly rescued *Mui Tsai* girls, due to their religious background and exposure to English education. Another group of potential candidates was the daughters of local Christian elites. However, it was unlikely that this group would participate in such menial work because “nurses were expected to perform tasks that were considered ‘*coolie* labour’[.] [T]hey were accorded little authority or prestige.”<sup>149</sup> Ironically, though missionaries often portrayed themselves as heroes and heroines who had rescued *Mui Tsai* from the cruelty of the traditional Chinese practice and gave them a new life and a means to support themselves, those who became nurses were often stigmatized by the new label of ‘public *Mui Tsai*’, and some were unable to find marriage as a result. According to Balme, most nursing training commenced in a small group, “or possibly (as in the case of Mrs. Stevens, the first

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<sup>146</sup> R.M. Gibson, “Report of the Alice Memorial & Nethersole Hospitals, Hong Kong, 1899.”

<sup>147</sup> Wong, “Nursing Professionalisation in Hong Kong,” 86.

<sup>148</sup> Wong, “Nursing Professionalisation in Hong Kong,” 90.

<sup>149</sup> J. Lutz, ed., *Pioneer Chinese Christian Women* (Bethlehem: Lehigh University Press, 2010), 270.

L.M.S nursing Hon Kong) with only a single schoolgirl[.] [T]he training of the first Chinese nurses was of a more personal and practical nature than anything else.”<sup>150</sup>

By enrolling in the nursing programs in missionary hospitals, the Chinese nurses were also subject to the patriarchal control of foreign staff members and hospital authorities. They were constantly under the scrutiny of missionary doctors and nurses who held imperial perspectives, and they were often criticized for a lack in nursing instinct and decent character. As missionaries were unwilling to adjust their nursing standards nor to change their prejudice against Chinese women, the hospitals’ recruitment remained challenging, and the working condition taxing for local nurses. Many local nurses, as a result, eventually left the hospitals.

A vicious cycle arose when missionary nurses became reluctant to trust local nurses with complex medical procedures. This perception on Chinese nurses changed rather drastically during the plague epidemic in 1894 when they voluntarily stayed and nursed patients in the hospitals. The outbreak also led to “the growing acceptance of Western science and technology both in Hong Kong and in China,”<sup>151</sup> changing the society’s view on nursing and the recruitment situation at the missionary hospitals. This change became significant when the missionary hospitals started to play an important role in providing maternity services to the colony in the subsequent period.

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<sup>150</sup> Balme, *China and Modern Medicine: A Study in Medical Missionary Development*, 140.

<sup>151</sup> A.E. Starling, *Plague, SARS, and the Story of Medicine in Hong Kong* (Hong Kong: Hong Kong Museum of Medical Science Society, 2006), 252.

## - CHAPTER 4 -

### THE DEVELOPMENT STAGE: DEATH OF BABIES AND BIRTH OF MATERNITY HEALTH CARE (1900–1911)

In Susanna Hoe's book, *The Private Life of Old Hong Kong*, she noted that under Dr. Alice Sibree's supervision, "gradually the profession of nursing came to be looked upon as honorable in the Chinese community."<sup>1</sup>

To be more precise, I believe what Hoe meant was the Chinese Christian community—the group of Chinese people who had the chance to engage with the foreigners of the colony. Since the Bubonic Plague Epidemic of Hong Kong in 1894, the government had started to pay more attention to maternity health care. The colonial hospital established its first maternity hospital, started training Chinese midwives to promote Western methods of institutionalized delivery at the Western maternity hospital outside home, and attempts were made by the colonial medical officials to conduct birth in order to control the birth mortality rate. However, the majority of Chinese women still avoided the colonial hospital, thereby preventing colonial officials from successfully implementing various policies regarding maternity health care. The missionary hospital, on the other hand, had more success in introducing Western and hospital delivery to Chinese women. Unlike the colonial government's *laissez-faire* approach to health care administration, the medical missionary made effort to establish contact with the local populace through training and involving Chinese nurses. When the missionary hospital decided to hire Hong Kong's first lady doctor, Dr. Alice Sibree, she continued with this approach and trained Chinese women to be maternity nurses and midwives.

This chapter examines how increased level of acceptance of the nursing occupation within the Chinese Christian community further enhanced Nethersole's leadership role in nursing training—more mature nursing applicants became available for medical missionaries during this period of revolution, where more mobility between China and Hong Kong became apparent. In particular, I argue that when missionaries became a tool for the colonial government in terms of maternity health care administration, once again the medical missionaries' effort to treat Chinese patients, particularly maternity ones, would not have been possible without the participation of

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<sup>1</sup> S. Hoe, *The Private Life of Old Hong Kong: Western Women in the British Colony, 1841-1941* (Hong Kong: Oxford University Press, 1991), 166.

Chinese nurses. They became the important liaison between female patients and hospital delivery. This eventually opened up more opportunities for Chinese Christian women to work in the field of health care throughout the period. However, since medical missionaries still dominated the development of nursing in Hong Kong, the opportunities regrettably failed to liberate Chinese nurses from the patriarchal control within medical institutions.

### *Status of Nurses in the Chinese Society*

During the last decade of the Qing regime, the image of nurses, particularly in Southern China, began to change because of promotion by the Western missionaries and the endorsement by Chinese reformers. Many hospitals started to provide training for institutionalized nurses. Nursing training also continued to develop in Hong Kong's missionary hospital, specifically when more qualified and mature nursing students appeared at Nethersole Hospital since the turn of the century.

At the turn of the century, Christian missions in China placed an even greater emphasis on social gospel and conducting charitable work during the first decade of the twentieth century to mend their relationship with the local populace and ease the anti-foreign sentiment since the Boxer Rebellion (1899-1901).<sup>2</sup> Coinciding with the medical innovations in the West, more funding was created for medical missions.<sup>3</sup> The nursing training programs also started to thrive under such trend, resulting in the massive import of foreign nurses into China. However, serving the increasing number of patients was difficult for the foreign nurses. Hence, physicians and medical staff often found themselves in need of more nurses to conduct sufficient patient care. In 1901, a new nursing training school was established in Tongren Hospital in Shanghai under the management of St. Luke's Hospital. Guangzhou's first nursing school was also established in 1902, followed by the founding of David Gregg Hospital's associated nursing school in 1907.

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<sup>2</sup> The Boxer Rebellion was the violent uprising against Western imperial powers and Christian missionaries. Sanctioned by Empress Dowager Cixi, they officially declared war against the foreign powers. While a number of foreign missionaries were slaughtered and church burnt down, many westerners sought refuge in the Legation Quarter. To protect their citizens, an Eight-Nation Alliance (consisted of United Kingdom, Russia, Japan, France, United States, Germany, Italy, and Austria-Hungary) was sent to China to suppress the uprising. The Eight-Nation Alliance eventually captured the city of Beijing. The Qing court was forced to sign the "Boxer Protocol." The incident eventually gave rise to anti-foreign sentiment, particularly in Northern China, as well as from the reformists in Southern China.

<sup>3</sup> J.R. Stanley, "Establishing a Female Medical Elite: The Early History of the Nursing Profession in China," in *Pioneer Chinese Christian Women: Gender, Christianity, and Social Mobility*, ed. J.G. Lutz (Bethlehem: Lehigh University Press, 2010), 277.

Given the Southern Chinese cities were more open to Western learning, more girls in Southern China enrolled in missionary hospital's nursing training.<sup>4</sup>

While many hospitals in China began their nursing training during this period, Hong Kong's Nethersole Hospital started the very nursing training program in Southern China. They soon entered into a period of development in which they looked to recruit more mature nursing students. Previously, the majority of Chinese nursing probationers were young Chinese Christian women who were rescued *Mui Tsai*. Getting married was difficult for these women because of the social stigma associated with nursing. A number of them eventually got married, but only to local preachers, and their marriage ultimately ended their employment at the hospital. However, more people had witnessed and thus been persuaded by the effectiveness of Western treatment methods since the outbreak of Bubonic Plague Epidemic before the turn of the century. Although doubts and rumors still very much remained, the situation further opened up more opportunities for Chinese women to work in the hospital, particularly married and widowed ones.

More married women looking to become nurses had a significant impact on the profession. In 1901, missionary nurse Mrs. Stevens was given the opportunity to take in Chi Sham's younger sister. Chi Sham was a wardwoman who left the hospital for a better position elsewhere.<sup>5</sup> After Chi Sham returned to the hospital, her married younger sister came to missionary nurse Mrs. Stevens and asked for the opportunity to work in the hospital:

[Chi Sham's] younger sister, who is not young and a widow, was converted while in the hospital under Miss Stewart's teaching and baptized. Last year, she was married again to a widower with one child, and [a] crowning glory — a preacher. Certainly, the marriage was excellent for her. She had been a very faithful servant and I miss her greatly. Not long since she confided to me, much to my secret amusement, that she longed for some work to do, even washing! The life of ease and comfort evidently has its drawbacks.<sup>6</sup>

Medical missionaries never mentioned in their report why they preferred married nurses over singled ones, but it is reasonable to conclude, from their description of the nurses, that the hospital found married nurses relatively more responsible and durable, unlike single young

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<sup>4</sup> In the previous chapter, I argued that most China's nursing trainings were heavily concentrated in Eastern treaty ports of China. Nethersole was the only hospital in Southern China that offered institutionalized nursing training.

<sup>5</sup> A wardwoman is usually responsible for cleaning the hospital, including tidying up after the patients finish their meals.

<sup>6</sup> H. Stevens, "South China, Hong Kong 1901, Nursing," January 1902.

nurses who would more likely leave the hospital for various reasons. With the approval of Chinese families, most of which Christian ones, missionaries recruited more married women as nursing probationers. In 1902, a woman from a mission school named A Tsik was recruited. She “came from Miss Johnstone’s school to train eight years ago. She [was] the wife of a native Catechist. She came to help me after A So left, and also to get some midwifery training. Her influence [was], as ever, good.”<sup>7</sup> Mrs. Stevens noted that A Tsik was her favorite nurse. A Tsik later became the head nurse, but unfortunately had to give up nursing after working in the hospital for three years “as her husband wanted her at home.”<sup>8</sup>



Figure 14:  
Alice Memorial  
Maternity  
Hospital 1904<sup>9</sup>

By the time Alice Memorial Maternity Hospital was completed in 1904, the medical missionaries had absolutely no problem recruiting maternity nurses, partly due to the growing number of female Christians in Hong Kong. A hospital report wrote, “I have three Chinese nurses in training as midwives and they are doing very well. When we have more to do, I shall like three more. I have a large number of waiting to come for training.”<sup>10</sup> One of the maternity nursing candidates who had been a former patient herself was brought to the hospital by her

<sup>7</sup> H. Stevens, “South China, Hong Kong 1902, Nursing.”

<sup>8</sup> A. Langdon, “Hospital Report for 1904,” 27<sup>th</sup> January 1905.

<sup>9</sup> F.R. Ashton, “Alice Ho Miu Ling Nethersole Hospital, Hong Kong,” 1957.

<sup>10</sup> A. Langdon, “Hospital Report for 1904,” 27<sup>th</sup> January 1905.

husband. The same report wrote, “The husband of one of the patients, (himself a Christian) expressed the hope that his wife would learn while in hospital.”<sup>11</sup> This was the first case in which the husband actively participated in his wife’s nursing training, which shows the increasing level of acceptance of the nursing occupation within the Chinese Christian community. This acceptance provided the medical missionary with the chance to be more selective with regard to their candidates, which ultimately improved the overall quality of nurses.

By 1907, the hospital missionary nurse already said on her report, “we have far more applicants than we can take—rather different from what it was about a degree years ago when it was hard to get suitable women to train as nurses.”<sup>12</sup> As a result, the missionaries finally divided the training into one for maternity and another for general nurses. The year 1907 was also the first time in the history of Nethersole hospital that married nurses outnumbered unmarried nurses: “six of the ten are married women, four of them being widows. The other four are unmarried.”<sup>13</sup> Although some nurses still left the hospital after getting married, marriage was no longer a formidable obstacle for Chinese Christian women taking up nursing as their occupation.

As mentioned in the previous chapter, being a wage earner was perhaps not a situation unfamiliar to the married women of Southern China, particularly those in Guangdong Province. Stockard’s research on silk factories indicated that the increasing number of women earning wages had led to the emergence of compensation marriage after the turn of the twentieth century. Since natal daughters were often involved in the production, they became valuable financial assets to their families. They were encouraged to pay their husbands in order to be allowed to stay with the former’s natal families even after their marriage. The negotiated compensation was often used by the husband to purchase a second wife. However, Stockard clearly noted that the payment was used to preserve, rather than terminate, marriage, giving the woman a place in the ancestral tablet.<sup>14</sup> Christian women who worked as nurses at Nethersole Hospital did not have to make the choice between marriage and working outside home, and these married nurses often became financial assets for their husbands by continuing their work after marriage.

At the same time, nursing also provided opportunities for widows and divorcees to support themselves. Because missionaries were looking to train mature and older women, the number of

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<sup>11</sup> A. Langdon, “Hospital Report for 1904,” 27<sup>th</sup> January 1905.

<sup>12</sup> J. Stewart, “Report for 1907, Nethersole Hospital,” 1<sup>st</sup> January 1908.

<sup>13</sup> J. Stewart, “Report for 1907, Nethersole Hospital,” 1<sup>st</sup> January 1908.

<sup>14</sup> J.E. Stockard, *Daughters of the Canton Delta: Marriage Patterns and Economic Strategies in South China 1860–1930* (Stanford: Stanford University Press, 1989).

divorced and widowed nurses continued to rise. One of the nurses Mrs. Stevens took in after returning from furlough was A Luk, a married woman who was “separated from a brutal husband, has endured persecution, and her only baby died the day she was baptized.”<sup>15</sup> Despite her temper, A Luk was kept in the hospital. One year later, another married nurse who had separated from her husband was accepted into the nursing training program:

Three months ago, I took another young married woman on trial. She is a member of the Baptist Church. Her husband is a worthless fellow who gambles. He rejected her and threatened to sell both her and the child, a boy of two years. The boy has been placed for safety in Miss Hamper’s C.M.S. school in Kowloon. If the man proves troublesome, Mother and Child must be put under the protection of the Registrar General. I feel that this is altogether a serious undertaking, but the poor young woman seems to have the right ideas about our work. She earnestly desires to do it for the Master, and her need of a helping hand is great indeed.<sup>16</sup>

A few years later the missionary nurse reported an interesting story of a divorced nurse: “One of our best evangelists in [the] hospital is a nurse who was a number two wife. When her husband and she became Christians a few years ago, they agreed to give each other up.”<sup>17</sup> In this case, the second wife’s religious identity led to the divorce, but her religious identity also helped her enter the nursing training program. Nursing became a means to help these women achieve financial independence after separated from their husbands.

Widows also took advantage of the opportunities offered by nursing; in 1907, four out of ten newly admitted nursing probationers were widows.<sup>18</sup> The following year, three cases of widowed nurses were reported. First was a widowed nurse who left the hospital without completing her training because her brother in Guangzhou had passed away. Stewart wrote, “She is a widow. She came back to see me this week and seemed sorry not to have been able to go on with her training.”<sup>19</sup> Second was a widowed nurse named Sz Koo, a musical nurse who was very good with children: “She is a widow and an earnest Christian and is sister to the new pastor just appointed to To Tsai.”<sup>20</sup> Last was a widow who moved back from Singapore:

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<sup>15</sup> H. Stevens, “South China, Hong Kong 1901, Nursing,” January 1902.

<sup>16</sup> H. Stevens, “South China, Hong Kong 1902, Nursing.”

<sup>17</sup> A. Sibree, “Hospital Report for 1907.”

<sup>18</sup> J. Stewart, “Report for 1907, Nethersole Hospital,” 1<sup>st</sup> January 1908.

<sup>19</sup> J. Stewart, “Report for 1908, Nethersole Hospital,” 31<sup>st</sup> December 1908.

<sup>20</sup> J. Stewart, “Report for 1908, Nethersole Hospital,” 31<sup>st</sup> December 1908.



When she was about six years old, she was a stray child at the Refuge who had probably had been stolen. Miss Davis stood surety for her, and one of her teachers adopted her and gave her a good education. She was married about two years ago and went to live near Singapore. Her husband died and left her poor with a child to support. She returned to Hong Kong and we took her as a nurse. She promised well and in most evenings was seen with a group of hospital children around her listening to her tell Bible stories.<sup>21</sup>

In 1909, the London Missionary Society (LMS) recorded the account of a widow who failed to finish her nursing training in the hospital, which frustrated the missionary nurse. This nurse left the hospital because she “could not settle to the work, though a widow, she was a silly young girl.”<sup>22</sup>

The close relationship between the early development of nursing and the ready presence of widows was also supported by the experience of Japan. The issue of widowhood was precisely the reason why nursing became appealing to the Japanese imperial government. Prior to the first Sino-Japanese War in 1894, introducing nursing as women’s work met opposition in Japan. The war eventually became a turning point, wherein nursing allowed war widows to achieve financial independence instead of relying on the late husband’s family. “This solution to the social and financial problems,” wrote Andrews, “[seemed] to have had persuasive power.”<sup>23</sup> By 1906, the Japanese Red Cross had 2,874 female nurses on record.<sup>24</sup>

Meanwhile, back in colonial Hong Kong, the hospital was very pleased with their nursing candidates so missionaries and local elites proposed expanding the nursing department in 1908, as was written on the report: “Some of the Chinese gentlemen, the guarantors, asked us if possible to increase the staff, and we did so.”<sup>25</sup> This expansion indicated that the general public’s perception of the nursing profession had somehow changed since the turn of the century. However, the nurses were not necessarily relieved of challenges or difficulties. In many ways, families still played a vital role in the lives of these Chinese nurses. One of the married nurses mentioned above was asked to stay home by her Christian husband in 1904 after she had been promoted to head nurse. A similar incident occurred in 1908, when a nurse left the hospital after

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<sup>21</sup> J. Stewart, “Report for 1908, Nethersole Hospital,” 31<sup>st</sup> December 1908.

<sup>22</sup> J. Stewart, “Report for 1909, Nethersole Hospital,” 26<sup>th</sup> January 1910.

<sup>23</sup> B. Andrews, “From Bedpan to Revolution: Qui Jin and Western Nursing,” in *Women and Modern Medicine*, ed. A. Hardy & L. Conrad (New York: Rodopi), 61.

<sup>24</sup> Surgeon-General Baron Tadanori Ishiguro “The Red Cross in Japan’ in Okuma,” in *Fifty Years of New Japan*, ed. C. Shigenobu (English version edited by Marcus B. Huish) (London: Smith, Elder & Co., 1909), note 17.

<sup>25</sup> J. Stewart, “Report for 1908, Nethersole Hospital,” 31<sup>st</sup> December 1908.

her brother had passed away. The missionary nurse wrote, “Her brother who lived in Canton died, and left seven little orphans. She is now mothering and looking after them. She is a widow. She came back to see me this week and seemed sorry not to have been able to go on with her training.”<sup>26</sup> In 1909, the missionary nurse also noted that a nurse gave up her career and returned home to care for her sick youngsters. Her “young children [were left] at home and her baby became very ill. She felt it [was] her duty to go home and look after her children.”<sup>27</sup> In other words, certain cultural restraints remained despite the obvious improvement in the image and status of nurses in Hong Kong.

### *Role of Chinese Nurses in Hospitals*

The heightened status of nurses in society and in hospitals also resulted in the expansion of nurses’ roles in hospitals. Missionaries started to depend more heavily on Chinese nurses to provide care for the growing number of patients in the two newly established LMS hospitals. Chinese nurses became especially important when a number of staff changes occurred at the same time. Medical missionaries also started to place emphasis on the advancement of medical care rather than mere evangelism.

As the number of patients continued to steadily increase since the Bubonic Plague Epidemic of 1894, the hospitals needed additional medical staff. Given the availability of better nursing candidates discussed above, the missionaries relied even more on nurses in medical treatment as caretakers. In 1902, three promising nursing students stood out, the first being Mok Li Kim. Mok “[had] been in Hospital for over 10 months, [was] very bright and intelligent. She [was] also well educated and [knew] a little English. She [learned] her nurse’s duties quickly and thoroughly, and [was] very good to the children.”<sup>28</sup> The second student was A Luk, a married nurse who, as mentioned above, was rescued from her violent husband. The third promising student was not named. The missionary nurse wrote, “My third girl has been with me about 2 months, and she has excellent promise. She is the daughter of a native pastor belonging to one of the German Missions and comes from a country home. She is so intelligent, simple, bright, always obedient and docile.”<sup>29</sup>

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<sup>26</sup> J. Stewart, “Report for 1908, Nethersole Hospital,” 31<sup>st</sup> December 1908.

<sup>27</sup> J. Stewart, “Report for 1909, Nethersole Hospital,” 26<sup>th</sup> January 1910.

<sup>28</sup> H. Stevens, “South China, Hong Kong 1901, Nursing,” January 1902.

<sup>29</sup> H. Stevens, “South China, Hong Kong 1901, Nursing,” January 1902.

Although all three nurses eventually left the missionary hospitals, two owing to issues concerning their personal characters and the third owing to an employment opportunity elsewhere, Mrs. Stevens started to express the importance of these nurses in medical treatments. Their departure indeed made it difficult for the medical missionaries. Mrs. Stevens continued to note in her report, “My greatest trial...was the loss of my good old night nurse who had come back in spring, and whom I trusted completely...This to me is simply an irreparable loss.”<sup>30</sup> Hong Kong’s first missionary nurse, Mrs. Stevens, was clearly looking to place more responsibility on the Chinese nurses’ shoulders. Dismissing them or their resignation had a negative impact on both Mrs. Stevens and the hospital.

In 1903, Mrs. Stevens passed away after serving in the missionary hospitals for twenty years. The hospital superintendent, Dr. Gibson, expressed his deep sorrow in a letter to the mission. Dr. Gibson had apparently maintained a good working relationship with Mrs. Stevens and viewed her as a valuable assistant to the hospital, particularly in view of her contribution toward establishing the nursing program.<sup>31</sup> The missionary nurse’s replacement, Miss Langdon, took over Mrs. Stevens’ duty in 1903. According to Mrs. Stevens, Miss Langdon had wanted to work at Hong Kong’s missionary hospitals even before a vacancy became available at Nethersole Hospital. She wrote, “Miss Langdon of Melbourne who wished to come as a self-supporting missionary nurse, but as I have been so long hindered from writing I am sure you must already have heard from the society’s representatives in Melbourne to whom we recommended her to apply.”<sup>32</sup> This happened when the LMS refused to provide funding to hire a second missionary nurse. It was not until the passing away of Mrs. Stevens that Miss Langdon was officially appointed.

When Miss Langdon officially took over the nursing department in 1904, Dr. Sibree was already there to look after female patients. Dr. Sibree was Hong Kong’s first lady doctor who was hired in 1903 by LMS. Her hiring will be more extensively discussed in the following section. Unlike Mrs. Stevens, who had to care for the entire female ward, Miss Langdon definitely had more support, and her role was clearly defined: “she should be appointed to help Dr. Sibree in the maternity hospital.”<sup>33</sup> However, Miss Langdon did not have a smooth start. To

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<sup>30</sup> H. Stevens, “South China, Hong Kong 1901, Nursing,” January 1902.

<sup>31</sup> Dr. Gibson to Mr. Cousins, 8 December, 1903.

<sup>32</sup> Miss Stevens to Mr. Cousins, 24 April, 1903.

<sup>33</sup> Dr. Gibson to Mr. Cousins, 30 January, 1904.

begin with, head nurse A Tsim was asked by her husband to leave as described above. Two more nurses, A Kio and A Fun, left the hospital later that year for personal reasons. Fortunately, Miss Langdon was able to replace them with a few quality nursing probationers. She wrote, “[I] have now three very promising nurses and hope to get a fresh girl in a few days.”<sup>34</sup> She looked to continue the working relationship Mrs. Stevens had with these Chinese nurses.

The year 1904 was also the time the LMS’ new maternity hospital, Alice Memorial Maternity Hospital, was completed. As a result, Chinese nurses were required to undergo basic midwifery training and provide assistance to maternity cases. Consequently, more opportunities were opened to several nurses, such as A Kio: “A Kio who was also trained by Mrs. Stevens and had been three years in Nethersole Hospital was anxious to train in midwifery work and went into the Maternity Hospitals.”<sup>35</sup> In 1904, Dr. Sibree and Miss Langdon implemented the very first standardized examination for nurses who had completed two years of general nursing training to better prepare these nurses to work on maternity cases.<sup>36</sup> Miss Langdon also arranged for medical doctors to provide lectures on several basic medical courses for nursing training. For instance, “Dr. Ho [gave] them weekly lectures on Anatomy and Physiology and Dr. Sibree [taught] them the practical side of their work while taking the cases.”<sup>37</sup> The standard of nursing continued to rise.

The year was also when the missionary hospital introduced a daily charge of fifteen cents on outpatient services as a result of the increasing number of patients. Compared with the government hospital’s charge of one dollar, the amount was relatively small. Even so, from 1905 to 1910 the number of patients almost doubled. Unfortunately, the effect of the revolution hampered trade in the colony, and the hospital’s financial support was hugely reduced. However, the biggest challenges emerged in 1905 with the ongoing conflict between the missionary hospital’s superintendent, Dr. Gibson, and the hospital’s lady doctor, Dr. Sibree over management issues. The situation frustrated and disappointed Miss Langdon. Dr. Sibree noted, “I am sorry [that Nurse Langdon] has a feeling that she is not needed and that her work is not recognized. I am sure we should have been very badly off without her and I shall be very sorry if

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<sup>34</sup> A. Langdon, “Hospital Report for 1904,” 27<sup>th</sup> January 1905.

<sup>35</sup> A. Langdon, “Hospital Report for 1904,” 27<sup>th</sup> January 1905.

<sup>36</sup> A. Langdon, “Hospital Report for 1904,” 27<sup>th</sup> January 1905.

<sup>37</sup> A. Langdon, “Hospital Report for 1904,” 27<sup>th</sup> January 1905.

she cannot continue” her work in the hospital.<sup>38</sup> Miss Langdon eventually left the hospital in 1906, and the missionary hospitals hired a new nurse, Miss Stewart, as the matron of the nursing department. Most Chinese nurses stayed in their post throughout the transition.

Despite the conflicts among medical missionaries, they continued to place greater emphasis on medical treatments, rather than merely focusing on evangelism. This phenomenon was reflected in Miss Stewart’s decision to take in one unbaptized nursing probationer in 1908. Previously, the hospital only accepted Christian nurse candidates and expected them to do evangelism. Miss Stewart noticed the nurses’ ability to conduct religious work right after she came to the hospital. On one occasion, she wrote, “One of our best evangelists in hospital is a nurse who was a number two wife. When her husband and she became Christians a few years ago, they agreed to give each other up. She often tells her own story which always appeals the listeners.”<sup>39</sup> Oftentimes, the Chinese nurses earned their positions because of their ability to evangelize, and they were usually asked to do much more than caretaking in the hospital. For instance, Cheung Sz Koo “[was] the most musical of all the nurses and [was] useful in teaching the singing in the wards as well as playing the hymns at prayer times.”<sup>40</sup> However, in 1908, the hospital made a revolutionary move by hiring its first unbaptized nurse:

The nurses are all baptized Christians except for Sum Koo, and she is preparing for baptism now. She has been with us for nearly a year. She was educated at Macao and did not receive the religious privileges that the others had. She seems real earnest and is studying and having special scripture lessons from one of our missionaries.<sup>41</sup>

Although Sum Koo was not yet baptized, the decision to recruit Sum Koo might not have been a difficult one since she appeared to be an earnest Christian and was educated in Macao. In fact, hiring her prepared the missionaries to take the next step in the following year by admitting a non-Christian to the training program. As written in the 1909 report, “we made an exception and took a nurse who was not a Christian, but whom we know was interested in Christianity. In the first place, she showed patience by waiting two years for vacancy to occur.”<sup>42</sup>

Missionary doctors and nurses never explained in their official reports and correspondences

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<sup>38</sup> Dr. Sibree to Mr. Cousins, 31 January, 1905

<sup>39</sup> J. Stewart, “Report for 1907, Nethersole Hospital,” 1<sup>st</sup> January 1908.

<sup>40</sup> J. Stewart, “Report for 1908, Nethersole Hospital,” 31<sup>st</sup> December 1908.

<sup>41</sup> J. Stewart, “Report for 1908, Nethersole Hospital,” 31<sup>st</sup> December 1908.

<sup>42</sup> J. Stewart, “Report for 1909, Nethersole Hospital,” 26<sup>th</sup> January 1910.

the reason behind the hiring of this non-Christian woman. However, the number of patients and workload obviously continued to increase, and the missionaries had to rely on Chinese nurses to perform more medical duties. Consequently, the medical missionaries began to place more emphasis on the medical aptitude of their nurse candidates rather than on their religious background. However, this did not necessarily mean a complete change in the nature of the missionary hospital. As Miss Stewart pointed out in 1909, “the nurses [did] most of the religious teaching in the wards of Maternity Hospital.”<sup>43</sup> It did take long for this “heathen nurse” to be baptized. According to Miss Stewart,

[She was] the first of her family to turn to Christianity. Once, too short notice was given to her to be ready for baptism on a certain Sunday, so she said, “I ought to tell my relations but there is no time—they are heathen and they will say I am ashamed.” The ceremony was postponed and in due course, her friends were at church to witness the ceremony.<sup>44</sup>

What is obvious though, is that this hiring indicated the determination of the medical missionaries to pay more attention to medical work in the hospital. In 1910, Miss Stewart wrote in the report, “in hospital the nurses are greatly interested in their work and quickly rise to an emergency. They have had many heavy cases this year and have really worked well.”<sup>45</sup> This was actually the year when the long-awaited X-ray machine arrived in the missionary hospital, the first of its kind in Hong Kong.

The nursing department at the same time also grew in terms of size, and the hospital officially began their plans to expand the nurses’ home to accommodate more nurses.<sup>46</sup> The year 1910 was when the new lady doctor, Dr. Perkins, arrived at the hospital. Miss Stewart reported, “we feel our hands much strengthened now. The women’s work, I am sure, will benefit greatly by her help.”<sup>47</sup> The lady doctor supported the idea of expanding the nurses’ accommodation:

An increase in the number of pupil midwives was proposed, but to do so required more accommodation and plans for a nurses’ home, which are under consideration. The rooms in the Alice Memorial Maternity Hospital to be vacated by the nurses will provide extra

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<sup>43</sup> J. Stewart, “Report for 1909, Nethersole Hospital,” 26<sup>th</sup> January 1910.

<sup>44</sup> J. Stewart, “Report for 1909, Nethersole Hospital,” 26<sup>th</sup> January 1910.

<sup>45</sup> J. Stewart, “Report for 1910, Nethersole Hospital.”

<sup>46</sup> J. Stewart, “Report for 1910, Nethersole Hospital.”

<sup>47</sup> J. Stewart, “Report for 1910, Nethersole Hospital.”

accommodation for patients.<sup>48</sup>

When the revolution swept through Guangzhou in 1910 and eventually overturned the Qing regime in October 1911, more people left Guangzhou and attempted to find refuge in Hong Kong, including many women and children. According to Miss Stewart, “the rush of people from Canton (Guangzhou), during the disturbed state of affairs there, made a considerable difference to [their] work. A good many Chinese ladies came to the Maternity Hospital and there was a great demand for private ward.” As the hospital became overcrowded, the Chinese nurses continued to provide practical assistance in medical treatment. As described, “[t]he nurses have worked well and have been kept busy, for the Nethersole & Maternity Hospitals have been well filled all the year through, and the last few months, full of overflowing. We had to borrow several beds from the men’s hospital.”<sup>49</sup>

During the period of expansion, the Civil Hospital of the colonial government began to play a more critical role to Hong Kong’s maternity service. In the Civil Hospital, two new nurses, Nurse Gray and Nurse Hair, arrived in 1901 and 1902 respectively, to fulfill the demand for trained caretakers in the hospital. According to 1908’s Handbook of Hong Kong, the Civil Hospital had become “one of the most worthy institutions under the control of the Government.”<sup>50</sup> More details on the hospital’s contribution to maternity service will be discussed in the next section.

In 1907, the private Matilda Hospital, was established at the Peak. The hospital provided free medical services for missionaries and Westerners of the colony. James Sander was appointed superintendent, and his sister Edith, who received her nursing training at the London Hospital, was hired as first matron. Edith brought along with her two nursing sisters from London. In the next two years the new Matron Miss Innes and her three nursing sisters joined the medical staff. Matilda Hospital later became extremely popular among Westerners; “patients came from South China as well as Hong Kong, the hospital being the only one of its kind in the area.”<sup>51</sup>

However, the government’s Civil Hospital and the private Matilda Hospital had yet to start their training for nurses and still relied heavily on recruiting European nurses. This was

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<sup>48</sup> E. Perkins, “Report for 1910.”

<sup>49</sup> J. Stewart, “Report for 1911, Nethersole Hospital.”

<sup>50</sup> *A Hand-book on Hong Kong* (Hong Kong: Kelly & Walsh, 1908), 54-56.

<sup>51</sup> J.S. Smith & J. Savidge, *Matilda, Her Life and Legacy* (Hong Kong: Matilda International Hospital, 2012), 97.

reasonable since nursing training in Britain continued to mature at the turn of the century. More British nurses were looking to going aboard to search for employment opportunities and to participate in philanthropic missions. By 1910, the Colonial Nursing Association in London dispatched close to 500 trained nurses to British colonies all over the world. The Association's Hong Kong branch was established in 1905 with the aim of providing necessary assistance to the colonial maternity hospital.<sup>52</sup> However, as the colonial hospital would soon discover, the services of these foreign colonial nurses was still not sufficient to meet the demand, particularly as they wished to reach out to Chinese women eventually. The Civil Hospital thus decided to hire Chinese maternity nurses.

### *Emergence of the Maternity Nurse*

One important development of nursing training during this period was the introduction of maternity nurses. At the turn of the century, the colonial government began to pay attention to maternity health care. This initiative resulted in the influx of foreign nurses to Hong Kong, as well as more opportunities for European women to enter the nursing field. The colonial maternity hospital, however, failed to attract Chinese probationers. Consequently, the government decided to cooperate with medical missionaries and relied on maternity nurses trained in the newly established Alice Memorial Maternity Hospital. As the Chinese maternity nurses continued to play an important intermediary role in hospital delivery, obstetric cases increased both in the missionary and government hospitals. At the same time, the training of maternity nurses became specialized under the supervision of Hong Kong's first female doctor, Dr. Sibree.

The infant mortality rate in Britain was worryingly high and as a result the British government showed similar concern over maternity health care in her colonies. “[T]he involvement of government was driven by both humanitarian and pragmatic concerns at a time when concern about health was high in England itself and the colonial Office was demanding attention to the problem in Hong Kong.”<sup>53</sup> As Western medicine slowly obtained its hegemonic

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<sup>52</sup> Hoe, *The Private Life of Old Hong Kong: Western Women in the British Colony, 1841-1941*, 162.

<sup>53</sup> J. George, “The Lady Doctor’s ‘Warm Welcome’: Dr Alice Sibree and the Early Years of Hong Kong’s Maternity Service 1903-1909,” *Journal of the royal Asiatic Society Hong Kong Branch* 33 (1993), 82. Also see L. Manderson, *Sickness and the State: Health and Illness in Colonial Malaya, 1870-1940* (Cambridge: Cambridge University Press, 1996), 201-229; C. Van Hollen, *Birth on the Threshold: Childbirth and Modernity in South India* (Berkeley: University of California Press, 2003); Y.G. Yang, “Yinger Siwanglu yu Jindai Xianggang de Yinger Jiankang Fuwu [嬰兒死亡率與近代香港的嬰兒健康服務],” in *Diguo yu Xiandai Yuxue [帝國與現代醫*



position at the turn of the century, infant mortality rate became an important indicator of the colonizers' strength. This was apparent in Hong Kong particularly when the Bubonic Plague Epidemic swept across the colony, starting from the previous decade. A women's hospital and a nursing institute for training midwives, known as the Victoria Hospital for Women and Children, and the Training Institute for Nurses, were both established in 1897.

However, many Chinese women still stayed away from the hospital and preferred traditional delivery methods. Childbirth belonged to a completely different realm of "gendered" health care. It was not only a special medical tradition, but also a ritual that excluded men. In Ming-Qing China, according to Furth, male physicians were "excluded from the delivering room" except for the rare occasions of "extreme emergencies" when "all hope [was] fled." This practice had remained despite the emergence of negative criticisms on traditional midwives, and "it did not pave the way for the substitution of male healers for female ones."<sup>54</sup> This also explained why no obstetric patients sought treatment in China's first Western clinic in the mid-nineteenth century despite the overwhelming number of female patients.<sup>55</sup> In the beginning of the twentieth century, the majority of Chinese women were still reluctant to give birth at the hospital.

At the same time, the colonial government faulted traditional Chinese midwifery for the high infant mortality rate because it was deemed an unsafe method of delivery, according to the British standards. In the 1900 report, the Colonial Medical Officer of Health stated that,

However, among the Chinese population, the rate was 928 per 1000, which means that out of every 1000 Chinese infants born in this colony, only 72 survive for a period of 12 months. Such an enormous mortality can result from the gravest neglect on the part of the parents, and I cannot but think that the system, which has been tacitly permitted for many years to leave moribund infants at the doors of various convents without any inquiry made, conduces largely to this neglect.<sup>56</sup>

The ninety-three percent infant mortality rate did not necessarily reflect the reality since most

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學], ed. S.J. Li (Taipei: Lianjing Chuban Gongsi, 2008).; C.L. Tsang, "Out of the Dark: Women's Medicine and Women's Diseases in Colonial Hong Kong," (Ph.D. Dissertation, The University of Hong Kong, 2011).

<sup>54</sup> C. Furth, "Concepts of Pregnancy, Childbirth, and Infancy in Ch'ing Dynasty China," *Journal of Asian Studies* 46:1 (February, 1987): 18.

<sup>55</sup> Dr. Peter Parker's only child-delivery case was a boat woman name Li Mun, who was accidentally shot on a boat. For more information see D.J. Kang, "Women's Healing Spaces: A Case Study of the Female Patients and their Foreign Doctor in the Canton Hospital, 1835-1855," *Journal of Comparative Asian Development* 11:1 (June 2012): 3-34.

<sup>56</sup> "Report of the Medical Officer of Health for the Year 1900," *The British Medical Journal* 2:2132 (November 1901): 651.

Chinese women would not deliver at the hospital unless they were in a critical condition and it was also when they turned to Western doctor as the last resort.

The Civil Hospital attempted to recruit local midwives in 1902 in order to promote Western delivery, but only two women applied for the program.<sup>57</sup> The colonial government changed its approach by introducing the birth registration system in 1904, where the officials looked into the option of hiring local women as visitors to provide assistance when recording cases of child delivery in the colony.<sup>58</sup> In the following year, the government hospital started offering midwife training, particularly that for deliveries at home. Regrettably, only two Chinese women participated.<sup>59</sup> Unlike in business where European men dealt a lot with Chinese people, the interaction between Chinese women and Westerners was minimal, except that with Christian missionaries. The only possible platform for this interaction was when Chinese women were hired as maids and nannies to serve in the household, and they are also known as *amahs*.<sup>60</sup>

After a number of unsatisfactory attempts to promote Western midwifery, the colonial government eventually sought assistance from home. In 1903, the colonial doctors recruited three nurses from Britain to serve in the Victoria Hospital for Women and Children, followed by four more nursing staff in 1905. At the same time, the hospital also looked toward taking in local European women in Hong Kong as probationer nurses. Relatively speaking, the hospital had more success in recruiting foreign women.<sup>61</sup>

In the end, the missionaries were again the ones who incorporated midwifery into their nursing training program and successfully initiated the training of Hong Kong's local maternity nurses. Initially, Chinese women still refrained from giving birth at Nethersole Hospital. Mrs. Stevens noted, "from time to time we have midwifery cases in the Nethersole, and my young nurses learn how to wash and care for the babies, while A Kwai is well acquainted with most of the duties of a monthly nurse."<sup>62</sup> The missionary hospital began to offer maternity service in 1898 when the obstetrics ward was established, but the service was limited because the concept of laboring in a hospital was still foreign to most Chinese women. In the 1901 report, Dr. Gibson

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<sup>57</sup> "Report of the Principal Civil Medical Officer for the year 1902," Hong Kong Government Publication (1903).

<sup>58</sup> May to Lyttelton, 21<sup>st</sup> July 1904.

<sup>59</sup> "General Report for the Principal Civil Medical Officer and Medical Officer of Health for the year 1905," Hong Kong.

<sup>60</sup> Hoe, *The Private Life of Old Hong Kong: Western Women in the British Colony, 1841-1941*, 124.

<sup>61</sup> D. Stratton, "History of Nursing in Government Hospitals," *The Hong Kong Nursing Journal* 14 (May 1973): 35.

<sup>62</sup> H. Stevens, "Report of Work for 1897," 29<sup>th</sup> January 1898.

recorded fifteen obstetric cases, in which four women passed away. According to Gibson, these women suffered in the hands of traditional Chinese midwives and were in critical condition when they were admitted to the hospital. The superintendent concluded, “we feel confident that if a building apart from the Nethersole Hospital were erected, the Chinese would send their cases earlier and many useful lives would be saved.”<sup>63</sup>

While selecting the appropriate site and collecting the necessary funds for the new hospital, a lady doctor was hired in 1903 despite a number of unresolved administrative and financial arrangements. Dr. Alice Sibree became Hong Kong’s first female doctor, and her responsibility was to oversee the new maternity hospital. Dr. Sibree was the daughter of a missionary and received her medical training at the London School of Medicine for Women, specializing in obstetrics and gynecology.<sup>64</sup> Compared with other missionary doctors, including Superintendent Dr. Gibson, who spoke only very limited Cantonese, Dr. Sibree fulfilled the language requirement and possessed the ability to communicate with her patients.<sup>65</sup>

However, compared with China, the hiring of Dr. Sibree was a belated one. The first female medical missionary from the United States, Dr. Lucinda Coombs (1849-1919), landed in Beijing in 1877 and opened China’s first hospital for women in 1879.<sup>66</sup> The arrival of Hong Kong’s lady doctor, according to Mrs. Stevens, further expedited the erection of the long-expected maternity hospital. As written in one of Stevens’ letters, “Yesterday the first bricks were carried up to the site of the new midwifery hospital commenced, we are thankful indeed to have really made a beginning we have hoped to long for this place, and will have a very warm welcome for Dr. Sibree.”<sup>67</sup> Of course, all these developments would not have been possible if not for the support of local elites. As Dr. Gibson reported, “the Chinese paid up in such a way as to warrant me signing the building contract and work has been going on for a fortnight already.”<sup>68</sup>

The maternity hospital was finally completed in 1904. Dr. Sibree recalled almost three months after the opening, “I was very glad to get the Hospital opened on June 7<sup>th</sup>. We have had

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<sup>63</sup> R.M. Gibson, “Report of the Alice Memorial & Nethersole Hospitals for 1901,” South China, Hong Kong.

<sup>64</sup> Dr. Sibree to Mr. Cousins, 3 January, 1905.

<sup>65</sup> George, “The Lady Doctor’s ‘Warm Welcome’: Dr Alice Sibree and the Early Years of Hong Kong’s Maternity Service 1903-1909,” 93.

<sup>66</sup> Dr. Lucinda L. Coombs received her medical training from the Woman’s Medical College of Pennsylvania. She married a Methodist missionary Andrew Stritmatter in 1877. Her missionary title was immediately removed after her marriage, despite her continued medical work in various places in China.

<sup>67</sup> Miss Stevens to Mr. Cousins, 24 April, 1903.

<sup>68</sup> Dr. Gibson to Mr. Cousins, 15 May, 1903.

15 patients so far which I suppose is a very fair start.”<sup>69</sup> However, despite the presence of the female doctor, Chinese women were still hesitant to give birth at the hospital, including the wives of local elites and donors. According to George, this hesitation was considerably associated with the anti-European sentiment that ultimately prevented “contact between Chinese and European women.”<sup>70</sup> As a result, Dr. Sibree found herself lacking work in the first few years to a point where she even feared that her skill would become rusty. Thus, the lady doctor decided to use the tactic introduced by former medical missionaries, and that is, training and involving Chinese nurses in medical treatments.



Figure 15: Maternity Hospital 1904<sup>71</sup>

Dr. Sibree admitted three nursing probationers who were willing to take on midwife training that year. Fortunately, because the missionary hospital’s nursing department had no difficulty recruiting Chinese Christian women as its nurses by then, a large number of nurses are waiting to

<sup>69</sup> Dr. Sibree to Mr. Cousins, 30 August, 1904.

<sup>70</sup> George, “The Lady Doctor’s ‘Warm Welcome’: Dr Alice Sibree and the Early Years of Hong Kong’s Maternity Service 1903-1909,” 99.

<sup>71</sup> Alice Ho Miu Ling Nethersole Charity Foundation Archive.

go into maternity training.<sup>72</sup> This was partly due to their religious affiliation, contributing to the human resources available, in this case Christian women. Sibree was hoping that the Chinese nurses would once again play an intermediary role in ensuring that the hospital's "usefulness may extend and more women [would] be glad to avail themselves of its help."<sup>73</sup> Missionary nurse Langdon added that these nurses were relied upon to educate female patients on medical treatments: "We have tried to impose upon them that the teaching of women under their care should be their privilege as well as their duty."<sup>74</sup> By the end of the first year, "thirty eight [obstetric] patients had been admitted. The majority of them have been drawn from the poorest class and a great number have been young women at their first confinements."<sup>75</sup>

After witnessing the initial success of the Alice Memorial Maternity Hospital in training midwives, the colonial government considered to seek closer collaboration with medical missionaries. In 1905, Dr. Sibree noted, "during the year, at the request of the Principal Civil Medical Officer of the Colony, we admitted one pupil who had commenced a course of training at the Government Civil Hospital and one pupil from the Nethersole Hospital, so that we now have six nurses in training." Furthermore, "In July, at the request of the Hong Kong Government, it was arranged that two trained Midwives in the employ of the Government should be housed in the [missionary] Hospital and work under the superintendence of the Doctor in Charge."<sup>76</sup> Fifty-five maternity cases were admitted in 1905, a small increase from the previous year. With the help from Chinese nurses, the doctors were also able to "attend twenty-two cases outside the Hospital in the patients' own homes."<sup>77</sup>

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<sup>72</sup> Dr. Sibree to Mr. Cousins, 30 August, 1904.

<sup>73</sup> A. Sibree, "Hospital Report for 1904."

<sup>74</sup> A. Langdon, "Hospital Report for 1904," 27<sup>th</sup> January 1905.

<sup>75</sup> E.H. Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital* (Hong Kong: Alice Ho Miu Ling Nethersole Hospital, 1987),44

<sup>76</sup> A. Sibree, "Hospital Report for 1904."

<sup>77</sup> A. Sibree, "Hospital Report for 1905."



Figure 16:  
Dr. Sibree and Maternity Nurses<sup>78</sup>

By 1906, three maternity nurses had completed their two-year training at the hospital and were examined by the Principal Civil Medical Officer. Three new maternity nurses were immediately taken into the training program. As noted in the 1906 report, “[w]e started the year with the full number of nurses in training, six being the most that we can accommodate.”<sup>79</sup> The number of obstetric cases in LMS hospital increased to eighty-seven, in addition to forty-five home deliveries performed by the hospital’s medical staff. As the government hospital employed maternity nurses trained in the missionary hospital, they also started to achieve success in promoting

hospital delivery. In 1906, 188 midwifery cases were admitted in the Victoria Hospital for Women and Children. According to Yang, these trained midwives once again became the liaison between Chinese women and Western medicine.<sup>80</sup>

At the same time, in 1906, the lady doctor proposed to be even more selective of their maternity nursing candidates by implementing pre-requisite general nursing training. Sibree stated that,

<sup>78</sup> F.R. Ashton, “Alice Ho Miu Ling Nethersole Hospital, Hong Kong,” 1957.

<sup>79</sup> A. Sibree, “Hospital Report for 1906.”

<sup>80</sup> Yang, “Yinger Siwanglu yu Jindai Xianggang de Yinger Jiankang Fuwu [嬰兒死亡率與近代香港的嬰兒健康服務],” 160.



From experience it has been found that midwives who have some knowledge of general nursing are much more useful, so our rule now is that all take one year's training in general nursing in the Nethersole Hospital and if found satisfactory are recommended as pupil midwives when they are passed on to Maternity Hospital for two years' training.<sup>81</sup>

Similarly, the missionaries divided the training for maternity and general nurses in 1907. By 1909, the Alice Memorial Maternity Hospital reported having dealt with 235 deliveries, and the Victoria Hospital had treated 1,381 midwifery cases. The government hospital was even providing delivery service for boat women in Causeway Bay.<sup>82</sup>

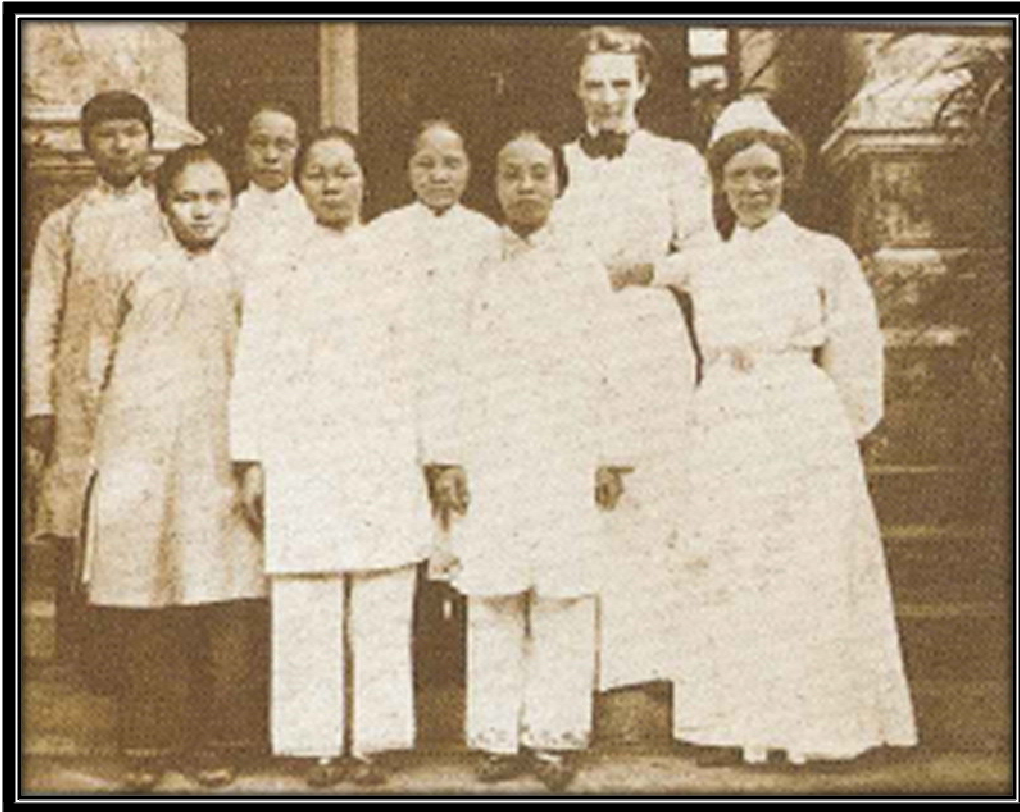


Figure 17: Mrs. Stewart (left), Dr. Sibree (second to the left), and Chinese Nurses<sup>83</sup>

However, underneath the apparent progress in the hospital was the conflict between missionary doctors over the issue of gender discrimination. When the female doctor Dr. Sibree arrived in 1903, superintendent Dr. Gibson specifically requested Dr. Sibree to play a subordinate

<sup>81</sup> A. Sibree, "Hospital Report for 1909."

<sup>82</sup> Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 46.

<sup>83</sup> Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 46.

role even in the maternity hospital.<sup>84</sup> Different from co-working with missionary nurse Mrs. Stevens, Dr. Gibson saw lady doctor as a legitimate threat to his position. His position, according to George, was “consistent with the influence of patriarchy, and socialization into gender role;” since the nature and the [organization] of medical work itself was patriarchal.”<sup>85</sup>

The lady doctor expressed her frustration in her letter to the mission in 1904: “from what you yourself said to me that I had full authority in all matters connected with the Hospital. I had not the least idea that Dr. Gibson was responsible for my work as he says he is and that I am under him.”<sup>86</sup> All indications pointed to the likely scenario that Dr. Gibson had never fully recognized the lady doctor as a competent physician, and thus tried to limit her service to treating maternity patients. Consequently, when the maternity cases were still limited in the first few years, Dr. Sibree found herself idle. She wrote, “I have never once been asked to see a simple operation or a simple case in the Nethersole so that beyond the maternity cases I have attended I have seen no medical work whatsoever, and I am beginning to react terribly.”<sup>87</sup> There are reports of Dr. Gibson driving Dr. Sibree out of his house that year and the lady doctor being forced to look for accommodation elsewhere.<sup>88</sup>

The problem continued in the following year. Dr. Sibree claimed, “I have had absolutely no work at all beyond the small number of [maternity] cases in hospital.”<sup>89</sup> The doctor also speculated, “I cannot understand it except on the ground that Dr. Gibson has a very strong prejudice against medical women.”<sup>90</sup> Her speculation was not completely ungrounded; Dr. Gibson’s discrimination toward female doctors not only came from his personal discomfort in working with lady doctors and treating them as equal counterparts, but also and more likely from the training he received in Edinburgh, which had strongly forbidden women from studying medicine until the turn of the century.<sup>91</sup> Dr. Gibson embraced such gendered patriarchal hierarchy in the hospital. In that year, Dr. Gibson still refused to share his medical cases with Dr.

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<sup>84</sup> For more details see George, “The Lady Doctor’s “Warm Welcome”: Dr. Alice Sibree and the Early Years of Hong Knog’s Maternity Service 1903-1909.”

<sup>85</sup> J. George, “Moving with Chinese Opinion: Hong Kong’s Maternity Service, 1881-1941,” (Ph.D. Dissertation, University of Sydney, 1992), 108.

<sup>86</sup> Dr. Sibree to Mr. Cousins, 26<sup>th</sup> October 1904.

<sup>87</sup> Dr. Sibree to Mr. Cousins, 26<sup>th</sup> October 1904.

<sup>88</sup> Dr. Sibree to Mr. Cousins, 26<sup>th</sup> October 1904.

<sup>89</sup> Dr. Sibree to Mr. Cousins, 31<sup>st</sup> January, 1905.

<sup>90</sup> Dr. Sibree to Mr. Cousins, 31<sup>st</sup> January, 1905.

<sup>91</sup> For more information see F. Allen, “The Explosion of Women from the BMA the Impact on Women’s Professional Aspirations,” in *Heather Gardner, The Politics of Health* (London: Livingstone, 1898.)



Sibree. When he went on a furlough at the beginning of 1905, Dr. Gibson specifically requested for a male medical doctor from the mission to temporarily replace him.<sup>92</sup> Dr. Sibree's speculation was later confirmed in Dr. Mitchell's letter to the mission in 1906:

Neither of the House Surgeons would be willing to take orders from a lady doctor, nor would it be easy to find any Chinese medical men who would accept such a position. In a likely manner, the students who have certain duties assigned to them in the clinical ward of the hospital, would object to taking orders from a lady doctor.<sup>93</sup>

Dr. Mitchell was a missionary doctor who eventually replaced Dr. Gibson and became the superintendent in 1918.

The conflict between Dr. Sibree and Dr. Gibson further demonstrated the masculinity of Western medicine, and the patriarchal structure of Western medical institutions. Dr. Gibson and other medical missionaries continued to use gender as an excuse to exclude Dr. Sibree from handling general medical cases. In 1908, Dr. Gibson advised Dr. Sibree to establish a new institution for the "incurables" if she ever wanted to expand her work.<sup>94</sup> No further concession was made other than the given advice. As a result of discrimination, Dr. Sibree finally resigned from her post in early 1909. After her departure, the LMS committee considered that the lady doctor could bring potential threat to the missionary hospital, and urged medical missionaries to look for her replacement before Dr. Sibree returned to Hong Kong. The lady doctor returned in September, 1910, starting private practice in the colony and supervising the government midwives. Her replacement in Alice Memorial Maternity Hospital, Dr. Eleanor Perkins, arrived in December of 1910. Dr. Perkins then took over the supervision of government midwives in 1911. The Alice Memorial Maternity Hospital "was once again the provider of the supervision of government midwives."<sup>95</sup> However, since the resignation of Dr. Sibree, the hospital's "supervision was fragmented until 1925, when Dr. Annie Sydenham took over the maternity hospital."<sup>96</sup>

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<sup>92</sup> Dr. Sibree to Mr. Cousins, 31<sup>st</sup> January 1905.

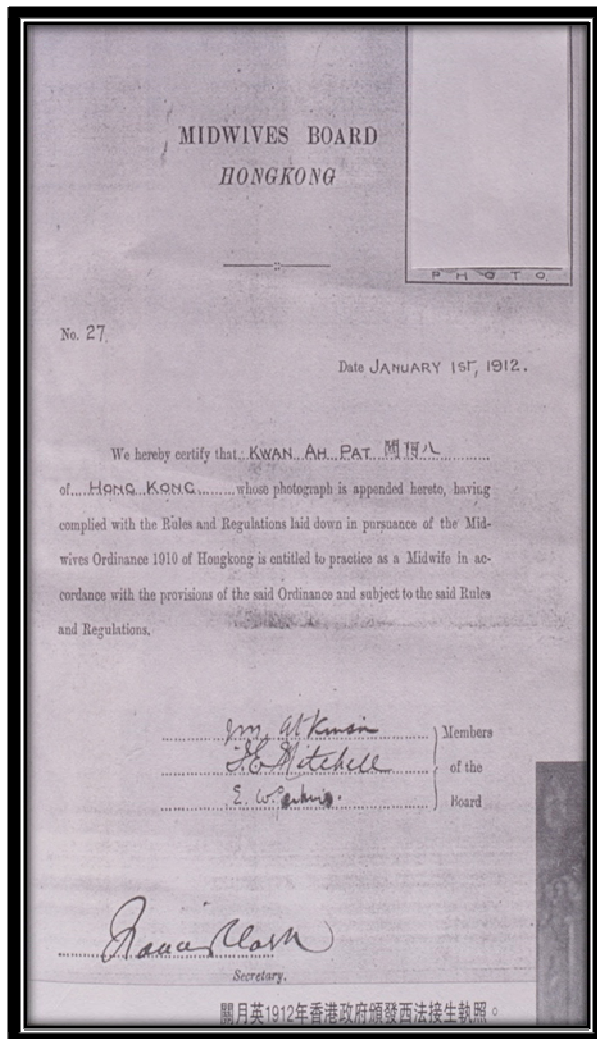
<sup>93</sup> Dr. Mitchell to Rev. Cousins, 20<sup>th</sup> April, 1906.

<sup>94</sup> Memorandum to the Directors Re-communication, Chinese Gentlemen per Hon. A.W. Brewin, 26<sup>th</sup> March 1908.

<sup>95</sup> George, "The Lady Doctor's 'Warm Welcome': Dr Alice Sibree and the Early Years of Hong Kong's Maternity Service 1903-1909," 98.

<sup>96</sup> George, "Moving with Chinese Opinion: Hong Kong's Maternity Service, 1881-1941, 104.

By then, the colonial government had started to realize the importance of the intermediary role played by Chinese midwives in appeasing the fear of local women and attracting them to give birth in the hospital.<sup>97</sup> Meanwhile, the colonial government implemented stricter control over maternity health care. The Hong Kong Midwives Board was established in 1910 with the passing of the Midwives Registration Ordinance,<sup>98</sup> which included a regulation against



untrained midwives and the participation of an unregistered midwife in delivery for profit was illegal and self-proclamation as a qualified midwife was unlawful. This Ordinance was an important step toward the government’s attempt to regulate midwives as a way of promoting Western institutionalized delivery. This consequently undermined the Chinese methods and the rituals behind traditional delivery. According to Wong Yusim, the established regulations were “merely demarcationary strategies used by doctors to regulate and control the midwifery profession”, which was fully endorsed by the colonial government.<sup>99</sup> According to the Midwives Ordinance, midwives trained in the Alice Memorial Maternity Hospital could be exempted from the written examination.<sup>100</sup>

Figure 18: Midwifery Certificate of former nurse Mrs. Kwan’s daughter<sup>101</sup>

<sup>97</sup> Yang, “Yinger Siwanglu yu Jindai Xianggang de Yinger Jiankang Fuwu [嬰兒死亡率與近代香港的嬰兒健康服務],” 160-162.

<sup>98</sup> E.Y.W Poon, “Nursing Standards in Hong Kong,” *Newsletter of the Association of Hong Kong Nursing Staff* 29 (1967). 18.

<sup>99</sup> Y.S.M. Wong, “Nursing Professionalisation in Hong Kong,” (Ph.D. Dissertation, The City University of Hong Kong, 2000), 93.

<sup>100</sup> *Hong Kong Government Gazette*, 22 September 1911, 400-401.

<sup>101</sup> Alice Ho Miu Ling Nethersole Charity Foundation Archive.

When the colonial government attempted to reduce infant mortality rate by institutionalizing child delivery, it was Hong Kong's medical missionaries who successfully trained Chinese nurses to perform the assignment. According to George, Dr. Sibree's service and her ability to train and work with Chinese nurses helped increase the confidence of Chinese women in Western method of delivery, and was one of the most factors for the steady increase in maternity cases throughout the first decade of the twentieth century.<sup>102</sup> The duties of Chinese nurses became more specialized under the training and supervision of the foreign lady doctor. Maternity nursing training eventually opened up more opportunities and alternative gateways for nurses to play a more significant role in the field of health care.

### *Employment Opportunities for Chinese Nurses*

While Chinese nurses were making important contribution to Hong Kong's maternity health care, opportunities also started to open in other areas because more hospitals were looking to hire nurses since the turn of the century. In the colony, many nurses were given the opportunity to serve in the government's Civil Hospital and Chinese Tung Wah Hospital. Some nurses returned to China for different openings in the field of health care. However, these opportunities did not necessarily provide Chinese nurses with the chance to be liberated from patriarchal and institutional control, a phenomena perhaps contradicting the Female Enlightenment Movement that emerged toward the end of Imperial China.<sup>103</sup>

In the previous decade, employment options were extremely limited for Chinese nurses. After completing their training in Nethersole,<sup>104</sup> the only option for nurses was to continue their service under the supervision of the missionary nurse or to go to other missionary hospitals in China. Therefore, a lot of nurses became unemployed once they decided to leave the missionary hospital for whatever reasons. However, the situation began to change when more employment opportunities were opened up in the twentieth century.

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<sup>102</sup> George, "The Lady Doctor's 'Warm Welcome': Dr Alice Sibree and the Early Years of Hong Kong's Maternity Service 1903-1909," 101.

<sup>103</sup> For more information see H. Fan, *Footbinding, Feminism and Freedom: The Liberation of Women's Bodies in Modern China* (London: Frank Cass, 1997).

<sup>104</sup> The four hospitals under the London Missionary Society's management were Alice Memorial Hospital (founded in 1887), Nethersole Hospital (a hospital for women and children, founded in 1893), Alice Memorial Maternity Hospital (founded in 1904), and Ho Miu Ling Hospital (a hospital for men, founded in 1906). The nursing training took place at the Nethersole Hospital, and the maternity nursing/midwifery training took place at the Alice Memorial Maternity Hospital. These four hospitals were interconnected; generally they were referred to as Alice Memorial and Affiliated Hospitals.

Private institutions or homes were the first spheres opened to Chinese nurses. According to Mrs. Stevens' report in 1901, Chi Sham was one of the nurses who left the hospital for a better paying position in a Chinese home:

She was lured away by [the] promise of [a] large wages to work in a heathen house. Much deceit surrounded the whole transaction, and I was hurt and very angry because of the evil example, and the besetting sin of the Chinese is love of money. So when I was told that Chi Sham had been to [the] hospital one morning before daylight, asking one of the nurses to intercede for her to be taken back, I would not listen. Thus, the matter ended for the time being.<sup>105</sup>

Mrs. Stevens' frustration and disappointment with her Chinese nurse was apparent. The pursuit for better employment opportunities among Chinese women was described by their missionary employer as love of money. However, Chi Sham was later allowed to return as a wardwoman by Mrs. Stevens.

Not long after this, I was told that she was out of employment and had fled from the house where only idols were worshipped. She preferred to suffer rather than take any part with the idolaters. So I sent for her at once and reinstalled her as wardwoman to the children, a humble post truly with plenty of hard and dirty work to do. However, Chi Sham is happy although she never seems to have recovered altogether from the effects of that sad time.<sup>106</sup>

In 1902, a Chinese nurse trained in the missionary hospital was employed by another hospital for the first time.

A So, who had been [at the hospitals for] about 3 years...went away to get more money. The manner of her going was most trying. She said she was going to her people at Sandakan, while in truth she had [been] arranged months before [in] a hospital at [the] Peak. When the call came for her, she went off at 3 days notice, utterly regardless of the inconvenience to hospital work, to myself, and to others. In some ways, I was greatly relieved because she was a woman of most violent temper, and untruthful. However, much had been forgiven about her and she should have acted differently. She went simply for love of money, four or six times as much as she had here.<sup>107</sup>

As with Chi Sham, Mrs. Stevens also blamed A So's unexpected departure on her love of

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<sup>105</sup> H. Stevens, "South China, Hong Kong 1901, Nursing," January 1902.

<sup>106</sup> H. Stevens, "South China, Hong Kong 1901, Nursing," January 1902.

<sup>107</sup> H. Stevens, "South China, Hong Kong 1902, Nursing."

money.<sup>108</sup> However, A So was not given the opportunity to return. Mrs. Stevens wrote, “[i]n a few months time she was begging to be taken back – impossible of course.”<sup>109</sup> In 1901, a nurse named A Yi found employment opportunity outside the hospital after getting married to a native preacher. She practiced patient care in the New Territories. Although the work was voluntary rather than paid, Mrs. Stevens was very proud of A Yi’s accomplishments:

A Yi, my little nurse whose training was finished and who was married early in the year to one of the Evangelists working in the New Territories, is proving a great help to our work there. Not only does she dress wounds at her own place and help according to her knowledge to all the women round about, but when she finds anyone very ill, she at once seizes her umbrella (hats are not worn here) and brings her patient right across to hospital. It is good to see her bright happy face when she performs services of this kind.<sup>110</sup>

The missionary nurse was perhaps not bothered by the idea that their nurses changed jobs to other medical institutions. It was more the manner they displayed when they left and the reasons behind the resignation, as in the case of A So.

Employment opportunities continued to open up for nurses trained in the missionary hospital. In 1904, one promising nurse decided to “[go] to Canton to study medicine and become a doctor” under the management of the new missionary nurse Miss Langdon.<sup>111</sup> The training of women doctors in Canton Hospital was established in 1879 by a missionary doctor, Dr. Kerr.<sup>112</sup> This unnamed nurse was the very first Chinese nurse in Hong Kong who later became a female medical doctor. Unfortunately, the missionary nurse never followed up on her transition from a nurse to a medical doctor and details were hence not available.

When the Alice Memorial Maternity Hospital was completed in 1904, the incorporation of maternity nursing training provided more legitimate channels for nurses to be employed in other hospitals in Hong Kong. In 1906, no one among the first group of nurses who finished the new training program stayed behind to work in the missionary hospital. Dr. Sibree wrote, “one of

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<sup>108</sup> The wage of nurses was never mentioned in the report of the missionary, but the salaries at the private hospital were reported to be higher.

<sup>109</sup> H. Stevens, “South China, Hong Kong 1902, Nursing.”

<sup>110</sup> H. Stevens, “South China, Hong Kong 1901, Nursing,” January 1902.

<sup>111</sup> A. Langdon, “Hospital Report for 1904,” 27<sup>th</sup> January 1905. Unfortunately, her name was not mentioned in Miss Langdon’s report.

<sup>112</sup> Canton Hospital, established in 1835, was China’s first known Western Hospital. Guangzhou’s first female doctor, Dr. Mary Niles, arrived at Canton Hospital in 1882. She was hired by Dr. Kerr to train Chinese female doctors. For more information, see G.H. Choa, *Heal the Sick was their Motto: The Protestant Medical Missionaries in China* (Hong Kong: The Chinese University of Hong Kong, 1990), 124.

those...disappointed us by choosing to work on her own account; the other two started work as Government midwives.”<sup>113</sup> The colonial government was obviously constructing closer ties with the missionary hospitals after the failure of the initial attempt to train Chinese midwives as detailed above. The government wanted to hire Chinese maternity nurses trained in the Alice Memorial Maternity Hospital, which became an alternative employment opportunity for Chinese nurses as seen throughout the decade. By the end of the first decade, the collaboration between the government hospitals and the missionary hospitals became even stronger as three of the four nurses who had completed training in 1909 were hired by the government as district nurses.<sup>114</sup>

In 1911, Chinese hospitals also became possible workplaces for nurses. Stewart noted in a missionary report that two nurses chose to work in the government hospital conducting district work; one nurse went to work in a private hospital, and another was actually employed in the Chinese Tung Wah Hospital, which was “a large heathen hospital of over 300 beds, where they [had] not before employed a nurse. She [the nurse] had been there for over 6 months and [proved] a great success.”<sup>115</sup> Tung Wah Hospital was under constant criticism both by the colonial government and local elites since the Bubonic Plague Epidemic in 1894 for perpetuating unhygienic medical customs and traditions. Under such pressure, the hospital had no choice but to restructure and make significant changes by incorporating Western medicine. In 1902, a new clinic affiliated with Tung Wah was established, and became an extension of the plague hospital in Kennedy Town. The hospital later became “a hospital for treating smallpox by traditional Chinese methods” in 1910.<sup>116</sup>

By the end of the Qing regime, the Kwong Wah Hospital, the colony’s second Chinese hospital, was established in 1911 to provide care for the local community in the Kowloon District. The community leaders of Sir Ho Kai and Kowloon proposed the establishment of Kowloon’s first hospital in 1907. The colonial government granted a piece of “crown land in Yaumatei” and some allowance to cover the cost of the hospital after four years of planning.<sup>117</sup> The colonial government intended the Kwong Wah Hospital to function as a Western hospital despite the affiliation of the hospital with a Chinese hospital and the availability of Chinese

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<sup>113</sup> A. Sibree, “Hospital Report for 1906.”

<sup>114</sup> J. Stewart, “Report for 1909, Nethersole Hospital,” 26<sup>th</sup> January 1910.

<sup>115</sup> J. Stewart, “Report for 1911, Nethersole Hospital.”

<sup>116</sup> A.E. Starling, *Plague, SARS, and the Story of Medicine in Hong Kong* (Hong Kong: Hong Kong Museum of Medical Science Society, 2006), 25.

<sup>117</sup> Starling, *Plague, SARS, and the Story of Medicine in Hong Kong*, 96.

Medicine. The hospital was fully equipped with Western medical technology. The services of the hospital were free of charge, as the colonial government also provided funding for the hospital to offer complimentary Western medicine to patients “in an attempt to promote Western medical practices.”<sup>118</sup> Under these circumstances, the Kwong Wah Hospital hired its first trained Chinese nurse in 1911.

The Chinese hospital was yet to have its own nursing training program, thus needing to turn to Hong Kong’s only nursing training institute then, the Nethersole Hospital. Kwong Wah’s hiring of trained nurses in 1911 was most likely a response to the influx of people and refugees from the Guangdong Province under the wave of the revolution. The Chinese hospital needed more medical staff to cater for the needs of the increasing number of patients. However, the medical missionaries started to feel the pressure from the Tung Wah Hospital during this period and saw the Chinese hospital as their ultimate competitor. Unlike their collaboration with the Civil Hospital, the LMS medical missionaries feared that the missionary hospital would lose its unique identity and become less appealing to the local populace once the Chinese Hospital began to provide effective patient care. Dr. Gibson noted, “I feel confident that the Directors of the LMS do not wish that our Missionary Institution should be behind a purely heathen Institution in making provision for the relief of suffering.”<sup>119</sup> The medical missionaries also expressed their concern in sharing nurses with the Tung Wah Hospital because of the heathen nature of the Tung Wah Hospital. They wrote, “[s]he has been there for over 6 months and has proved a great success. It was very hard for her at first, for they give special opportunity for idol worship at the Tung Wa[h]. She is an earnest Christian and the sister of our Tsai pastor.”<sup>120</sup>

In other words, more hospitals sought to collaborate with the Nethersole Hospital as their trained nurses were recognized by different hospitals. The hospitals all had high demand for nurses despite the unique features of each. Since Nethersole Hospital remained to be the only nursing training institution in Hong Kong, other hospitals had to hire missionary-trained Chinese nurses. In other words, the training of nurses in Hong Kong was firmly in the hands of the Western missionaries.

At the same time, there were more and more employment opportunities in China at the end

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<sup>118</sup> J.S.P. Ting, *Hong Kong. Benevolent City: Tung Wah and the Growth of Chinese Community* (Hong Kong: Hong Kong Museum of History, 2010), 54.

<sup>119</sup> Dr. Gibson to Mr. Cousins, 1 February, 1901.

<sup>120</sup> J. Stewart, “Report for 1911, Nethersole Hospital.”

of the first decade. In 1910, a few nurses decided to return to China during the uprising of revolution. Miss Stewart was actually very pleased with their decision because, as she suggested, “now the poor [could] have the services of a trained nurse.”<sup>121</sup> The service of Nethersole-trained nurse in China was made possible by the high mobility between China and Hong Kong during the revolution, as well as the network among missionaries.

The Chinese nurses, however, played a subordinate role in the hospitals despite the increased employment opportunities in the twentieth century. According to Fan Hong, the Female Enlightenment Movement occurred between 1895 and 1913. She argued that the period was when Chinese women were enabled to use their “intelligence to find their way without paternal authority and to develop their new-found sense of individuality and independence,”<sup>122</sup> which included challenging “Confucian cultural control.” Nursing was a product of the movement because it provided Chinese women with employment and the means to achieve financial independence outside the private sphere. However, at the same time, just as the lady doctor Sibree was not free from the patriarchal oppression, these Chinese nurses were never free from regulations imposed by authority in the hospital. The hospital ultimately became a space outside home that enhanced alternative institutional control over these Chinese nurses, who were asked to follow the orders of foreign medical staff and to provide necessary assistance during medical treatment.

### *Conclusion*

In Qiu Jin’s article, “A Warning to My Sisters,” it is written,

Nowadays, girls’ schools and women’s occupations are springing up. However, if we can study science and technology, become teachers and start up factories, why shouldn’t we support ourselves? At least we would not be idle mouths, a burden on our menfolk. First, this would help family businesses to prosper. Second, it would earn men’s respect. By clearing our names of uselessness, we would gain the joy of freedom.<sup>123</sup>

Andrews argued that “nursing was in itself a revolutionary profession for women in early twentieth-century China, and that Qiu Jin’s endorsement of it highlights some of the social

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<sup>121</sup> J. Stewart, “Report for 1910, Nethersole Hospital.”

<sup>122</sup> Fan, *Footbinding, Feminism and Freedom: The Liberation of Women’s Bodies in Modern China*, 77.

<sup>123</sup> J. Qiu. *Qiu Jin Ji [Collected works of Qiu Jin]* (Beijing: Zhonghua, 1960), 15. Quoted in Andrews, “From Bedpan to Revolution: Qiu Jin and Western Nursing,” 68.



consequences of the acceptance of Western medicine in China.”<sup>124</sup>

Nursing started to develop in China under the endorsement of revolutionaries like Qiu Jin. More hospitals began to offer training for institutionalized nurses. These hospitals were concentrated in Southern China, where the influence of reformists, who advocated Western nursing, was strong. The LMS hospital in Hong Kong, a Southern Chinese city, also benefitted from such influence. At the same time, the recruitment process became much easier because the image of nurses began to change at the turn of the century, especially among the Chinese Christian community. More married women opted for nursing training, with the approval of their Christian husbands. These married women and some widows became the core members of Nethersole’s nursing department during the period.

The roles of nurses in the missionary hospital also began to expand with the availability of more mature and qualified nurses. The medical missionaries began to rely on the contribution of these Chinese nurses in medical treatments, especially when the number of patients continued to increase with the construction of two new missionary hospitals. The missionaries also began to focus more on nurturing the nurses’ nursing aptitude rather than their ability to perform evangelism, which later led to the recruitment of non-Christian nurses as well. Ultimately, these nurses were prepared to provide vital assistance when the missionary hospital underwent a number of staff changes during the period.

Another development was that maternity service became one of the focuses of Hong Kong hospitals in this decade. The colonial government exerted more effort on reducing infant mortality rate and as a result invited more British nurses to the colony. However, the colonial hospital failed to efficiently recruit nurses and conduct training for the maternity nurses and midwives. Consequently, the hospital had to rely on the LMS hospital and hire Chinese maternity nurses trained by medical missionaries. In the same period, Hong Kong’s first female doctor, Dr. Sibree, joined the newly established Alice Memorial Maternity Hospital and took care of the maternity cases. Dr. Sibree played an important role in training Chinese maternity nurses for the colony despite the disagreement she had with the superintendent Dr. Gibson over her role in the hospital. Obstetric cases increased in both the missionary and government hospitals with the contribution of the Chinese maternity nurses. Maternity regulation was also eventually introduced by the colonial government.

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<sup>124</sup> Andrews, “From Bedpan to Revolution: Qui Jin and Western Nursing,” 55.

In addition to the government's Civil Hospital, other Hong Kong hospitals including the newly established Chinese Kwong Wah Hospital also looked to employ nurses. More employment opportunities became available for nurses trained in the missionary hospital. Some nurses also decided to return to China and served in various areas of health care during the revolution. However, these opportunities did not necessarily liberate the Chinese nurses from patriarchal and institutional control, a phenomenon that contradicted the Female Enlightenment Movement that emerged at the end of Imperial China.<sup>125</sup> The end of the Qing Dynasty (1644-1911) also marked a new chapter in the development of nursing in China. Nursing became more professionalized under the new political regime.



Figure 19: Ho Miu Ling Hospital (Men's Hospital Established in 1906)<sup>126</sup>

<sup>125</sup> For more information, see Fan, *Footbinding, Feminism and Freedom: The Liberation of Women's Bodies in Modern China*.

<sup>126</sup> Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 47.

## - CHAPTER 5 -

### THE PROFESSIONAL STAGE: BIRTH OF THE NURSES' PROFESSIONAL IDENTITY AND EXPANSION OF THEIR ROLES (1912–1920)

“Yes, China is a republic, but that does not make her people any wiser than yesterday. She is free now and eager to learn. Who will be her teacher?” asked Cora Simpson, a missionary nurse stationed in Fuzhou. She added, “the privilege of helping to build up in China the profession established by Florence Nightingale, the Queen of all Nurses, more patients than you can dream of caring for.”<sup>1</sup>

Under a new political regime, Western missionaries leveraged their relatively favorable position in the government by rapidly advancing the nursing profession since the beginning of the Republican China. During this era of political and social unrest, nursing slowly evolved into a profession under the leadership of foreign missionaries and the Rockefeller Foundation. China's professionalization of nursing also profoundly influenced colonial Hong Kong. While the colonial government maintained its overall *laissez-faire* health care administration with the exception of maternity service, missionary hospitals remained as the sole provider of general nursing training and had control the realm of nursing in Hong Kong until 1920.<sup>2</sup> Missionaries noticed that the presence and services of Chinese nurses became even more indispensable during what was considered “years of difficulty” for Hong Kong missionary hospitals due to internal social disturbances and international warfare.<sup>3</sup>

The characteristic of a profession, according to George, was “an occupation essentially concerned with the use of [specialized] and exclusive knowledge in the service of others.”<sup>4</sup> In this chapter, I will analyze colonial Hong Kong's nursing development under China's context. Although during this period, Hong Kong had witnessed the establishment of only two new hospitals, its Chinese nurses in missionary hospitals started to embrace their professional identity. The missionaries therefore embarked on modifying their nursing training curricula, which eventually prepared Chinese nurses to undertake significant roles in the institutionalized medical treatments. Despite the emergence of the nurses' professional

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<sup>1</sup> C.E. Simpson, “Does China need nurses?,” *The American Journal of Nursing* 14:3 (December 1913): 194.

<sup>2</sup> The colonial government started training Chinese nurses in 1921, followed by the Chinese Kwong Wah Hospital in 1922.

<sup>3</sup> “A Short History of the Alice Ho Miu Ling Nethersole Hospital,” in *Alice Ho Miu Ling Nethersole Hospital, Hong Kong (1887–1967)*.

<sup>4</sup> J. George, “Moving with Chinese Opinion: Hong Kong's Maternity Service, 1881-1941,” (Ph.D. Dissertation, University of Sydney, 1992), 23.

identity, the issue with cross-gender nursing remained in Hong Kong. In China, both foreign and local nurses proactively dealt with the gender barrier, whereas in Hong Kong, missionary nurses insisted on the feminized nursing model despite its limitations. This phenomenon in these two contexts indicates that, during the early Republican period, the development of nursing in Hong Kong lagged compared in China.

### *Emergence of Nurses' Professional Identity in Hong Kong*

The first decade of the twentieth century was an important turning point in modern China. The aftermath of the political instability that resulted in the revolution in 1911 was felt in almost every aspect of the Chinese society, including nursing. The political turmoil since the revolution that led to social movement against Chinese traditional culture (also known as the May Fourth New Culture Movement) shaped China's nursing. During this political and social uproar, a number of medical-school-affiliated nursing training programs were established. Most notable was the Rockefeller Foundation's Peking Union Hospital, which offered high-standard nursing training and produces competitive Chinese nurses. During this period, the NAC (Nursing Association of China) was also established, and significantly promoted the nursing profession and implemented nursing standards.

Yusim Wong argued in her dissertation that nurse's professional identity was developed on the basis of "a specific set of competencies based on theoretical and practical knowledge acquired through prolonged training in tertiary institutions."<sup>5</sup> A survey conducted by the Rockefeller Foundation in 1914 indicated the high demand for qualified nurses, particularly in Southern China.<sup>6</sup> While the nursing profession considerably developed during this decade, the nurses' professional identity also emerged in Hong Kong. However, the process was relatively slower in Hong Kong because its nursing program was managed by medical missionaries; unlike China where other participants, such as the Rockefeller Foundation, contributed significantly towards the advancement of nursing. The direct influence of China's nursing development on colonial Hong Kong, as well as the participation of Hong Kong's missionary nurses in NAC, was unclear.<sup>7</sup> Nevertheless, the social Movements under the political turmoil since the turn of the century affected how Western medicine went beyond the Christian community and penetrated into the Chinese society in Hong Kong, which ultimately kindled the nurses' professional identity. As Chinese society's attitude toward

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<sup>5</sup> Y.S.M. Wong, "Nursing Professionalisation in Hong Kong," (Ph.D. Dissertation, The City University of Hong Kong, 2000), 12.

<sup>6</sup> Watt, "Breaking into Public Service: The Development of Nursing in Modern China, 1870-1949," 70.

<sup>7</sup> 1932 was the period that Hong Kong nurses' participation at the NAC conference was document.

nursing changed, Chinese nurses themselves also started to see the value of their training. Missionary nurses consequently modified the training programs and emphasized teaching specialized knowledge to their nurses—an important aspect of a profession.

The 1911 Revolution significantly influenced the development of Hong Kong's Alice Memorial and Affiliated Hospitals;<sup>8</sup> “Trade was dislocated and financial stringency hampered [the hospital's] development.”<sup>9</sup> Despite the number of patients doubling between 1905 and 1911 given the influx of refugees from Guangdong Province, hospitals' income did not increase, thus affecting the nursing department and postponing the construction of the new Nurses' Home.<sup>10</sup> The superintendent Dr. Gibson, who was forced to return to England because of his illness in 1911, returned to Hong Kong at the end of December. He rejoined the hospital with a Diploma in Surgery from Edinburgh. While Dr. Gibson was away, an important move commenced regarding the Alice Memorial's College of Medicine. When the University of Hong Kong was established in 1911, its medical school ended its affiliation with the Alice Memorial Hospital, and became the university's Faculty of Medicine in 1912. Many people believed “Hong Kong now deserved a full University, of which the [Faculty] of Medicine would form an integral part.”<sup>11</sup> The University selected the Government Civil Hospital as its teaching unit.

This decision was considered a setback for Alice Memorial and the London Missionary Society (LMS), but they fully supported it and participated in raising funds for the school.<sup>12</sup> According to Dr. Gibson in 1908, “the Endowment Fund for the proposed University of Hong Kong has now been collected.” In terms of the role of missionary hospitals, he added, “the London Missionary Society would do well to continue in a larger way its close association with the Medical Students, for we have always had a number in residence in the Hospital and been in very close touch with them.”<sup>13</sup> The following year, the University of Hong Kong's medical degree was fully recognized by the *United Kingdom General Medical Council*, a

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<sup>8</sup> The four hospitals managed by London Missionary Society were Alice Memorial Hospital (founded in 1887), Nethersole Hospital (a hospital for women and children, founded in 1893), Alice Memorial Maternity Hospital (founded in 1904), and Ho Miu Ling Hospital (a hospital for men, founded in 1906). The nursing training took place at the Nethersole Hospital, and the maternity nursing/midwifery training took place at the Alice Memorial Maternity Hospital. These four hospitals were interconnected; generally they were referred to as Alice Memorial and Affiliated Hospitals.

<sup>9</sup> E.H. Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital* (Hong Kong: Alice Ho Miu Ling Nethersole Hospital, 1987), 58.

<sup>10</sup> The old Nurses' Home was severely damaged by termites. For more information, please see Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 58.

<sup>11</sup> Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 53.

<sup>12</sup> Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 53.

<sup>13</sup> R.M. Gibson, “Report of the Alice Memorial and Affiliated Hospitals, 1908.”

recognition that the LMS hospital failed to obtain in the past.<sup>14</sup> Nevertheless, the cooperation between the missionary hospital and the University remained, and Dr. Gibson was invited to be one of the faculties of the University:

Dr. Gibson has been offered and has accepted the appointment of Teacher of Operative Surgery in connection with the Hong Kong University. It shows, we trust that the University authorities [recognize] in some way the shabby way in which they treated him last year. It also renews the connection between the L.M.S. and the University, which we were all so grieved to see broken last year.<sup>15</sup>

Unlike most medical-school-affiliated nursing programs developed in China during this period, nursing training was not incorporated into the University of Hong Kong's faculty of medicine. The missionary hospital therefore remained as the only institution that provided nursing training.

The Nethersole's nursing program also underwent changes in its staff since China's new political era. Miss Stewart, a missionary nurse who served as Nethersole's matron since 1906, left Hong Kong in April 1912 because of physical illness, and resigned in 1913. In her last report, she noted the changes in the quality of Chinese nurses; "the majority of these show great intelligence which is all greatly needed if their nursing is to be well done."<sup>16</sup> While waiting for the appointment of the new missionary nurse, a local nurse, Miss Yeung Pok-Chan, "a former pupil of the Hospitals, and registered midwife, was appointed to act temporarily in the capacity of Head Nurse. This was the first appointment of a Chinese nurse to the senior staff."<sup>17</sup> This hiring is further discussed in the following section. Miss Stewart's replacement, Miss Rayner, finally arrived in October 1913; she "had gained a wide experience in general and obstetric nursing in the Middlesex Hospital, London,"<sup>18</sup>

China's social and political unrest since the founding of the Republic continued to pave the way for the influx of immigrants to Hong Kong since 1914. "Hong Kong found itself sucked into the whirlpool of politics in China, and Guangdong in particular, in this period," Tsang argued.<sup>19</sup> As a result, the number of patients increased in missionary hospitals, thus requiring missionaries to recruit additional nurses to assist missionary doctors and render

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<sup>14</sup> A.E. Starling, *Plague, SARS, and the Story of Medicine in Hong Kong* (Hong Kong: Hong Kong Museum of Medical Science Society, 2006), 144.

<sup>15</sup> Dr. Gibson to Mr. Cousins, 15<sup>th</sup> January 1913.

<sup>16</sup> J. Stewart, "Report for 1912."

<sup>17</sup> Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 59.

<sup>18</sup> Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 58–59.

<sup>19</sup> S. Tsang, *A Modern History of Hong Kong* (Hong Kong: Hong Kong University Press, 2004) 86.

patient care. In 1914, fourteen nurses attended the training, which increased to sixteen the following year.<sup>20</sup> Since the establishment of the waitlist in previous decade, the number of nursing applicants at the Nethersole Hospital likewise increased during the Republican Era. Missionary nurses prioritized the candidates with better education background; “on the whole the nurses are very intelligent and have all had quite a good education.”<sup>21</sup>

With the sufficient number of applicants, the recruitment process became more competitive. Besides educational background, the candidates’ capacity to fulfill the expected caring duties was also considered by missionary nurses. For instance, Miss Rayner reported, “I have many times been astonished at the practical sympathy which the nurses have shown in helping the poor who come to the Hospital. Many of them have hearts of love which we do not find out until we come in close contact with them.”<sup>22</sup> According to missionary nurses, this was an essential aspect of nursing that most Chinese nurses did not possess previously.

In other words, the overall quality and attitude of Chinese nurses improved, and many began to develop a genuine interest in their work. According to Miss Rayner,

The majority of these [nurses] show great intelligence which is all greatly needed if their nursing is to be well done. Quite a good class of women are now taking up nursing as a profession and are really anxious to learn theoretically, which is a very good sign, as when once they have grasped the mechanism of the human body they will perform their duties far more intelligently.<sup>23</sup>

In the same report, a hospital’s alumna carried this professional identity to her nursing service elsewhere.

One nurse who was leaving the Hospital after finishing her training, said to me, “I shall always like this Hospital and think of it as the place where I got my profession.” Since leaving she has collected quite a lot of money to help to buy warm bed covers for the patients. This is an evidence of her gratitude to the Hospital for the training which she received. She is now looking after a small Hospital for a doctor in the colony. The opportunities which a trained native Christian nurse has of doing good are simply endless, as she so thoroughly understands the difficulties and temptations and manner of living of her own people.<sup>24</sup>

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<sup>20</sup> L.K. Rayner, “London Missionary Society, Hong Kong, Report 1914,” and L.K. Rayner, “ Report 1915.”

<sup>21</sup> L.K. Rayner, “ Report 1915.”

<sup>22</sup> L.K. Rayner, “London Missionary Society, Hong Kong, Report 1914.”

<sup>23</sup> L.K. Rayner, “London Missionary Society, Hong Kong, Report 1914.”

<sup>24</sup> L.K. Rayner, “ Report 1915.”

Profession, for most Chinese women, was perhaps a relatively novel concept. As mentioned in previous chapters, working women were common, especially in coastal cities of Southern China, but most of them were involved in manual labor, such as silk production. In Zhejiang Province, female workers constituted thirty-five percent of the silk factory in 1912, but this increased to fifty-two percent in 1914.<sup>25</sup> One could even argue that nursing before the Republican Era should be under the category of physical work where local nurses were hired to be perform menial labors in the hospital. Different from earning via manual labor, women's profession is a vocation when founded upon educational training of specialized knowledge. In a study on Hong Kong nurses' professionalism, Wong argued, "The reliance on knowledge is a decisive factor which gives rise to professions and the professional class. A profession is, in this regard, a kind of work activity which is totally different form that of manufacturing work in terms of style, design and nature."<sup>26</sup> With the knowledge became more specialized, nursing then became arguably one of the very first professions created for Chinese women in modern China. Rayner continued to report in 1915 that "many of [the local nurses] are not obliged to take up nursing as a livelihood but like to feel their independence or having a profession." These Chinese nurses, Rayner added, were "all very keen indeed to learn all they possibly can."<sup>27</sup>



Figure 20: New Nurses' Home 1914<sup>28</sup>

<sup>25</sup> Lu, "Luelun Qingmuo Mingqu Zhishi Nuxing de Zhiye Zhuang Kwong [The Occupation Situation of the Educated Women in the Late Qing Dynastry and Early Republic of China]," 87.

<sup>26</sup> Wong, "Nursing Professionalisation in Hong Kong," 11.

<sup>27</sup> L.K. Rayner, " Report 1915."

<sup>28</sup> Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 60.



As a response to the transforming attitude of Chinese nurses, missionary nurses in the Nethersole Hospital improved their working and living environment. After years of planning, the Nurses' Home was ready for occupancy in 1914. "The Home has accommodation for twenty four pupil nurses with quarters for an English nurse."<sup>29</sup> This was important for missionaries given that, under the Nightingale model, an institutional setting is ideal for nurses. Nightingale "had always maintained that a nurse, in order to do good work, whether in hospital or field, must have a good home in which to live."<sup>30</sup>

Apart from accommodation, the nature of the training for nurses became more specialized. In 1914, for the first time, the missionary nurses described the contents of Nethersole's nursing training in their annual report. It included "lectures in Physiology, Anatomy, and Practical Nursing and an examination was set in these subjects for those who were due to take their Maternity Training."<sup>31</sup> This newly introduced examination in 1914 was the first prerequisite examination for nurses in Hong Kong.<sup>32</sup> Furthermore, studying the names of medical and surgical tools was incorporated into the nursing training.

They are also taught in English the names of the surgical instruments which of course is not very easy for them, as the pronunciation is absolutely foreign. One or two are able to speak English and to them this is an easier task. It really is remarkable the energy they exercised in learning these different and varied names.<sup>33</sup>

In studying these complicated foreign terms, more responsibilities were entrusted on the nurses. For instance, "Each nurse [takes] charge...a month at a time and it is most interesting to see...how well they look after the instruments in keeping them clean and bright."<sup>34</sup> More professional knowledge and deeper professional responsibility were attributed on these nurses.

Another important aspect added to the curriculum that further professionalized the nursing training was the implementation of hospital rotations. Rayner noted, "A period of three months is spent in the Children's Ward, three months in the Eye Ward and three months in the Women's Ward for medical and surgical cases."<sup>35</sup> Rotation was a practice borrowed from training in medical school. It accorded nurses with opportunities to acquire more specific knowledge of different wards.

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<sup>29</sup> Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 59.

<sup>30</sup> A. M. Brainard, *The Evolution of Public Health Nursing* (London: Routledge, 1922), 98-99.

<sup>31</sup> L.K. Rayner, "London Missionary Society, Hong Kong, Report 1914."

<sup>32</sup> L.K. Rayner, "London Missionary Society, Hong Kong, Report 1914."

<sup>33</sup> L.K. Rayner, "London Missionary Society, Hong Kong, Report 1914."

<sup>34</sup> L.K. Rayner, "London Missionary Society, Hong Kong, Report 1914."

<sup>35</sup> L.K. Rayner, "London Missionary Society, Hong Kong, Report 1914."

Even with the modified nursing training, certain Chinese nurses expressed their desire to undertake additional extensive training as they started recognizing the importance of professional training and attributing the importance to nursing aptitude. Rayner noted in 1916,

The nurses themselves are beginning to realize [the importance of general nursing training]. One very intelligent nurse who had almost completed her course said that she seemed to know very little and thought that she ought to have had a longer time in the general work. This was a very encouraging statement to hear. Extra lectures have been given during the year in practical work and massage.

Consequently, missionary nurses made another important modification to further strengthen the hospital's nursing training:

An alteration has been made this year respecting their training. The old rule was to have one year in the Nethersole general training and afterwards two years training in the Maternity Hospital for midwifery, now it is two years for general training, and one year for Maternity, which I think will prove more satisfactory, as one year is not long enough for a training which is the foundation of all other work.<sup>36</sup>

As the nursing program continued to expand, the hospital employed its first foreign nursing probationer. This probationer was an Indian nurse who was brought to the hospital by a Parsee man due to the lack of nurses in Hong Kong. Miss Rayner admitted her to the training program in 1916.<sup>37</sup>



Figure 21:  
Miss Rayner and Chinese  
Nurse in Children's Ward  
1917<sup>38</sup>

<sup>36</sup> L.K Rayner, "Report for 1916."

<sup>37</sup> L.K. Rayner, " Report 1915."

<sup>38</sup> SOAS CMS Archive.

Unfortunately, missionary nurse Miss Rayner suffered a serious breakdown in 1916 and needed to leave the hospital for a few months. Missionary nurse Miss Cameron served as her substitute. According to the hospital's Superintendent Dr. Gibson, Miss Cameron "helped in the Men's Hospital during the later months of the year and has done good work in [organizing] nursing and training male attendants and seeing to the comfort of the patients".<sup>39</sup> Miss Cameron became Hong Kong's first missionary nurse designated to oversee male patients. The issue of nursing male patients will be elaborated in the subsequent section. In the same year, the Nethersole Hospital was challenged by the outbreak of smallpox. To the missionary's comfort, most Chinese nurses showed professionalism by remaining in their post and conducted patient care alongside with medical missionaries; "the Chinese nurses in calmly continuing their duties when the disease had definitely developed is worthy of all praise".<sup>40</sup>

As the program continued to succeed, payment of tuition of six dollars per month as tuition for incoming nurses was instigated in 1920. Twenty probationers were taken in by the nursing department; all were educated young nurses in their twenties.<sup>41</sup> By then, most of the nurses came from middle-class families and were not in need of avenues to support their families; "there is no need that they should work for livelihood, they are [enrolled in nursing] training [so] that they might have something in which to occupy their mind, rather than living a life indulging in idleness which has been the Chinese custom for so long", Miss Rayner noted.<sup>42</sup>

In the United States, where nursing schools were established in the 1870s under the inspiration of Nightingale and the Civil War, the professionalization of nursing faced a number of challenges.<sup>43</sup> This, according to Rosenberg, was due to the insecurity and threat the doctors felt because of the strengthening of nurse's professional identity.<sup>44</sup> During the nurses' struggle in the United States, American nursing reformers, Mary Nutting (1858-1948) and Lavinia Dock (1858-1956), advocated that 'the primary obligation of the nurse was the patient, not the doctor and urged nurses to control their own profession.'<sup>45</sup> However, this was not the case in Hong Kong arguably because of the control of medical missionaries on the

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<sup>39</sup> R.M. Gibson, "Alice Memorial and Affiliated Hospitals Hong Kong, Report for 1916."

<sup>40</sup> R.M. Gibson, "Alice Memorial and Affiliated Hospitals Hong Kong, Report for 1916."

<sup>41</sup> L.K. Rayner, "Nursing Department, LMS Hospital Hong Kong, Report 1920."

<sup>42</sup> L.K. Rayner, "Nursing Department, LMS Hospital Hong Kong, Report 1920."

<sup>43</sup> L.N. Magner, *A History of Medicine* (New York: Taylor & Francis, 2005), 447.

<sup>44</sup> C. Rosenberg, *The Care of Strangers: The Rise of America's Hospital System* (New York: Basic Books, Inc., 1987), 234-235.

<sup>45</sup> Magner, *A History of Medicine*, 447.

development of Western medicine to ensure the fulfillment of their evangelism. Unlike Nutting and Dock, most missionary nurses embraced and endorsed the nurse's submissive role in medical treatment.<sup>46</sup>

The nurses' professional identity was obviously beneficial to the hospital's development, particularly in terms of attracting Chinese patients. According to Miss Rayner, "we must have well educated Chinese women who are suitable to be trained as nurses, so that the very best may be presented to the Chinese general public and the name of Christ glorified in the everyday work of the hospital."<sup>47</sup> In other words, the improvement on local nurses' working standard became part of missionary's scheme to enhance Chinese nurses' intermediary role between Chinese patients and Western medicine, which would ultimately help them to accomplish their medical mission.



Figure 22:  
Miss Rayner and Chinese Nurses  
1918<sup>48</sup>

<sup>46</sup> Pang, *Nursing Ethics in Modern China: Conflicting Values and Competing Role Requirements*, 20.

<sup>47</sup> L.K. Rayner, "Nursing Department, LMS Hospital Hong Kong, Report 1920."

<sup>48</sup> Alice Ho Miu Ling Nethersole Charity Foundation Archive.

As a result, the hospital's primary goal of evangelism remained unchanged. In 1919, missionary nurse Miss Cameron reported that "all except one [nurse] are Christians and that one won't be long I think before she joins the band. These girls exert a great and good influence amongst the patients and the amahs. And they have been most loyal and helpful to me." At the same time, religious service and activities remained an integral part of the nursing department; nurses "conduct by themselves, prayers in their own rooms; before leaving the wards in the evening they have a short service conducted entirely by themselves."<sup>49</sup> When the hospital's Biblewoman, Mrs. Ho resigned in 1919, Miss Cameron noted that it was a great loss to the hospital. Fortunately "the nurses have nobly striven to fill up the gap" of the evangelistic side of their work.<sup>50</sup> The Chinese nurses would "give personal talks to the women patients, some will tell Bible stories to the children, others will teach the singing of hymns and so on, that all may take some part in the bringing about of Christ's Kingdom on earth".<sup>51</sup>

The Chinese nurses' professional identity did not prevent them from conducting religious work in the hospital. However, their professional identity did slowly make an impact on the nature and focus of their work. Despite evangelism as the sole emphasis, Rayner mentioned at the end of the decade that "it is quite impossible for them to do as much [religious] work as one would like, owing to the pressure of the medical side."<sup>52</sup>

Unlike the previous decade, only two new hospitals were built between 1912 and 1920, namely, Causeway Bay's St. Paul's Hospital (1917) and Yuen Long's Pok Oi Hospital (1919). As previously mentioned, the Catholic missionaries were involved in health care in the late nineteenth century. The Catholic Sisters were also known for providing assistance with patient care during the outbreak of the Bubonic Plague in 1894. St. Paul's Hospital, or the Catholic Church's first hospital in Hong Kong, was established in 1898.<sup>53</sup> In 1917, the Sisters of St. Paul de Chartres decided to expand and move their hospital from Wanchai and opened the new St. Paul's Hospital in Causeway Bay.<sup>54</sup> St. Paul's Hospital contained ten rooms for the maternity cases.<sup>55</sup> In spite of the presence of Catholic Sisters, their nursing qualifications were unclear, and no records existed of the Catholic Church's involvement in training

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<sup>49</sup> A. Cameron, "Alice Memorial and Affiliated Hospitals, Matron's Report, 1919," 31<sup>st</sup> December 1919.

<sup>50</sup> A. Cameron, "Alice Memorial and Affiliated Hospitals, Matron's Report, 1919," 31<sup>st</sup> December 1919.

<sup>51</sup> L.K. Rayner, "Nursing Department, LMS Hospital Hong Kong, Report 1920."

<sup>52</sup> L.K. Rayner, "Nursing Department, LMS Hospital Hong Kong, Report 1920."

<sup>53</sup> Starling, *Plague, SARS, and the Story of Medicine in Hong Kong*, 76.

<sup>54</sup> R. Gauld & D. Gould, *The Hong Kong Health Sector: Development and Change* (Hong Kong: The Chinese University of Hong Kong Press, 2002), 33.

<sup>55</sup> Prologue to *Asile de la Sainte-Enfance* French Convent, *Monography* (Chartres: Imprimerie Durand, 1910), 4.

Chinese nurses in St. Paul's Hospital. Pok Oi Hospital, on the other hand, was Hong Kong's first community hospital, and Hong Kong's very first hospital in the New Territories.<sup>56</sup> The hospital was founded by local community leaders.<sup>57</sup> However, no known records of employing trained nurses exist, owing perhaps to the minimal scale of the community hospital.

In 1911, the newly established Kwong Wah Hospital in Kowloon hired its very first trained maternity nurse in 1915.<sup>58</sup> Sir Kai Ho Kai (1859–1914) and Kowloon's community leaders proposed the establishment of Kowloon's first large-scaled hospital in 1907, and the colonial government granted a piece of "crown land in Yaumatei" along with allowances to cover the hospital costs.<sup>59</sup> Despite the availability of Chinese medicine, the colonial government intended the Kwong Wah Hospital to function as a Western hospital. The hiring of the first trained maternity nurse helped to initiate the hospital's maternity service. Kwong Wah's continual expansion throughout the decade was evidenced by the increase in the number of patients from 1,271 in 1912 to 5,142 in 1922. In 1922, the hospital became the first Chinese hospital in Hong Kong that offered general nursing training. The establishment of the Kwong Wah hospital also led to the closing of LMS' Yau Ma Tei Dispensary.<sup>60</sup>

On the other hand, the existing private hospitals continued to provide maternity health care. Mitilda International Hospital, founded in 1907, maintained its service to foreigners in the colony. Despite its religious affiliation with the Church of England, the hospital was primarily reserved for American and European patients. The hospital continued to expand, both in terms of size and the number of patients, with the newly established maternity service made available in 1916. According to Hutcheon, the "first two wards, nurses quarters, and a mortuary" were established only in 1925.<sup>61</sup> Without the need to serve the local populace, Mitilda only appointed foreign nurses. In the end, Nethersole Hospital remained as Hong Kong's only medical institute that trained Chinese nurses.

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<sup>56</sup> Lewis Ritchie defined a community hospital as "a local hospital, unit or [center] providing an appropriate range and format of accessible health care facilities and resources designed to meet the needs of local people". The scale of the hospital is generally smaller yet more accessible for the local populace. For more information, please see Geoffrey Purves, *Primary Care Centres: A Guide to Health Care Design*, 2<sup>nd</sup> Ed. (Oxford: Architectural, 2009), 88.

<sup>57</sup> Starling, *Plague, SARS, and the Story of Medicine in Hong Kong*, 302.

<sup>58</sup> X.Y. Yang, *Colonial Power and Medical Space: The Transformation of Chinese and Western Medical Service in the Tung Wah Group of Hospitals, 1894-1941*, (Ph.D. Dissertation, The Chinese University of Hong Kong, 2007), 154.

<sup>59</sup> Starling, *Plague, SARS, and the Story of Medicine in Hong Kong*, 96.

<sup>60</sup> Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 59.

<sup>61</sup> R. Hutcheon, *Beside Manner: Hospital and Health Care in Hong Kong* (Hong Kong: Chinese University Press, 1999), 22.

### *The Expansion of Nurses' Role in Missionary Hospital*

As the quality of nurses continued to improve and the training program became more specialized, the role of the trained nurses in the hospital continued to change as well. The increasing dependency of the missionaries on Chinese nurses was apparent, particularly when the missionary hospital experienced staff shortage and personnel changes due to WWI, which compelled Europeans to return to their countries. The situation became an opportune stage for Chinese nurses to prove their ability and have greater functions in medical treatments. As a result, the number of female patients, in particular, increased despite the absence of female doctors, and the value of Chinese nurses was recognized both inside and outside of the hospital.

The second decade of the twentieth century was a period when a number of changes in medical staff in the missionary hospital occurred due to China's internal disturbances and international warfare. Thus, the medical missionary's decision to rely more on the local nurses became inevitable. As mentioned previously, Miss Stewart's illness forced her to seek medical treatment in Britain. Her sudden departure forced the medical staff to turn to Chinese nurses to administer the nursing program. Thus, Miss Yeung Pok Chan was appointed as Hong Kong's very first Chinese Head Nurse in 1912, although she gave the leadership back to the new missionary nurse, Miss Rayner, the following year. In 1915, missionary nurse Rayner once again placed Chinese nurses in charge of the nursing department when she went on a short trip:

Several of the nurses asked me if I was glad to return to them and if I thought that they had done everything in the same way as if I had been there. They also asked if the Doctor thought they have done well. Fortunately I had been told how well they had done (for which I was glad) so that I could give them a definite answer. Such things as these may appear to be very trivial to those at home but to us who are privileged to be amongst the Chinese it is very encouraging and also to those who have a knowledge of the conditions of China.<sup>62</sup>

The missionary nurses further admitted in the following year that it was "astonishing" to see the progress made by their nurses. "In many cases where it has been thought that they were quite unsuitable for training, they have with a little more than the ordinary instruction developed into some of the best nurses," said Miss Rayner.<sup>63</sup> In the following year, the

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<sup>62</sup> L.K. Rayner, " Report 1915."

<sup>63</sup> L.K. Rayner, " Report 1915."

missionary nurse added that these Chinese women “proved a great blessing to many”.<sup>64</sup>

In terms of losing hospital’s medical staff, Alice Memorial Hospital’s founder, the honorable Sir Kai Ho Kai, passed away in 1914 after doing “so much to [modernize] and benefit Hong Kong and bring East and West together into one”, according to Choa.<sup>65</sup> This was a momentous loss for the missionary hospitals. Dr. Gibson noted,

Through the death of the Hon. Sir Ho Kia C.M.G., the Hospitals have lost one who was not only the Founder of the Alice Memorial Hospital, but one who continued actively to help and use his widespread influence in securing the interest of others in the work of the Institutions; his wise counsels will be greatly missed by all who have been associated with him in the various Hospital schemes.<sup>66</sup>

This reflection underscored Sir Kai Ho Kai’s active involvement in Nethersole’s nursing training program; he also served as Hong Kong’s earliest examiner of maternity nurses.<sup>67</sup>

In the same year, World War I broke out in Europe. The war had profound effect on international trade. Since some of financial support went directly into Europe to sponsor British troops, Hong Kong’s health care funding was reduced significantly. The death of Sir Ho Kai also affected the hospital’s funding. Furthermore, the war also affected the movement of hospital’s foreign staff. Statistics indicated that Hong Kong in general experienced an obvious shortage of foreign medical staff as the “non-Chinese population fell from 20,710 to 13,600”.<sup>68</sup> For one, numerous members of foreign medical staff decided to return home to serve their countries and subsequently found themselves retained in Europe and unable to sail for Hong Kong.

This was the case for Nethersole’s Dr. Isaia Mitchell and Dr. Eleanor Perkins. Dr. Mitchell, who started serving in the hospital in 1905, left for Britain in April 1915, followed by the lady doctor Dr. Perkins, who was in charge of the maternity hospital. The latter left the hospital in October 1915.<sup>69</sup> The hospital soon found out that their primary reason for going back to England was to get married. Unfortunately, they were unable to come back to Hong Kong because of the war. While they were away for almost two years, the LMS hired Dr.

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<sup>64</sup> L.K. Rayner, “Report for 1916.”

<sup>65</sup> G.H. Choa, “Hong Kong’s Health and Medical Services,” in *Whither Hong Kong: China’s Shadow or Visionary Gleam?*, ed. A.H. Yee (Oxford: University Press of America, 1999), 180. More on Ho Kai’s influence on the development of Western medicine in Hong Kong please also see G.H. Choa, *The Life and Times of Sir Kai Ho Kai: A Prominent Figure in Nineteenth-century Hong Kong* (Hong Kong: The Chinese University Press, 2000).

<sup>66</sup> R.M. Gibson, “Alice Memorial and Affiliated Hospitals Hong Kong, Report for 1914.”

<sup>67</sup> R.M. Gibson, “Alice Memorial and Affiliated Hospitals Hong Kong, Report for 1906.”

<sup>68</sup> Tsang, *A Modern History of Hong Kong*, 87.

<sup>69</sup> Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 51



Struthers to replace Dr. Mitchell. However, the hospital failed to find any suitable female doctor to fill the position Dr. Perkins vacated.<sup>70</sup> Thus, the medical missionaries turned to missionary nurse Miss Rayner as well as Chinese nurses to share in fulfilling the female doctor's responsibility in the maternity hospital.

At this time, the contribution of Chinese nurses was apparent. Gibson reported in 1914 that "though the relative frequency of Cancer is probably less frequent amongst Chinese than Europeans, cases of mammary and uterine cancer are frequently met with during our work".<sup>71</sup> The surgical operations and medical treatments on female patients were handled and performed by male physicians. These were female patients inflicted with cancers of their internal body parts where revealing their utmost private areas of their body before the male doctors was necessary.<sup>72</sup> The fact that female cancer patients outnumbered male patients possibly indicates the value of Chinese nurses' intermediary role in the Western medical institute. At the same time, the reported number of maternity cases in 1915 was 426, which set a new hospital record despite the absence of the hospital's female doctor.<sup>73</sup> Thus, the greater role imposed upon Chinese nurses during the absence of foreign medical staff since the outbreak of World War I created an avenue for Chinese nurses to prove their worth.

Government civil hospitals also encountered similar problems. Three European nurses decided to leave Hong Kong to engage in war nursing. During this time, few foreign nurses were unable to return to the colony due to the war. However, unlike the LMS hospitals, the colonial medical officials turned to Japanese nurses, instead of Chinese nurses, and appointed them as staff nurses in 1915.<sup>74</sup> The nursing profession in Japan, as Takahashi described, emerged in Japan in the late nineteenth century during the Sino-Japanese and Russo-Japanese wars.<sup>75</sup> Unlike China and Hong Kong, where missionary nurses were significant in introducing institutionalized nursing, the Red Cross Society<sup>76</sup> implemented the modern nursing profession in Japan when they provided care for soldiers in the Hiroshima Station

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<sup>70</sup> Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 61.

<sup>71</sup> R.M. Gibson, "Alice Memorial and Affiliated Hospitals Hong Kong, Report for 1914."

<sup>72</sup> I have classified women's illness into three general categories based on the nature of the treatment: treatment on external body parts (physical contact without unclothing), treatment on internal body parts (physical contact with unclothing), and treatment on innermost body parts (obstetric). For more information please see D.J. Kang, "Women's Healing Spaces: A Case Study of the Female Patients and their Foreign Doctor in the Canton Hospital, 1835–55," *Journal of Comparative Asian Development* 11:1 (2012): 3-34.

<sup>73</sup> Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 61.

<sup>74</sup> May to Harcourt, 29th May 1914.

<sup>75</sup> A. Takahashi, *The Development of the Japanese Nursing Profession: Adopting and Adapting Western Influences* (London: Routledge, 2005).

<sup>76</sup> Japanese Red Cross Society consists of member of male doctor trained in the West.

Hospital. The Society eventually obtained international recognition, and the Japanese nurses became active participants of the International Council of Nurses since 1909. A number of Red Cross Society members went abroad to serve in China in 1911, a time when Hong Kong's colonial government decided to appoint Japanese nurses to serve in the Civil Hospital.

From 1916 to 1918, three additional Japanese staff nurses were hired, along with eight male nurses.<sup>77</sup> The growing Japanese influence was apparent towards the end of the decade, a trend that was unfamiliar to Hong Kong's missionary hospitals. The disparity, I would argue, was the result of the differences in the nature and emphasis of the hospitals. The evangelical nature of missionary hospitals still placed great emphasis on reaching and treating the local populace, whereas the governmental nature of the colonial Civil Hospital continued to stress the provision of medical care for foreigners in the colony during this period. This reflected the colonial government's *laissez faire* health care policies. Gould argued that the

Colonial Office in London had little interest in investing in social services, leaving it to private medical practitioners to provide primary services for paying customers, and charitable [organizations such as missionary hospital] to fill the void in universally accessible hospital based care.<sup>78</sup>

At the same time, the Chinese nurses became more valuable in the subsequent year when the number of patients continued to increase in LMS hospitals due to the influx of refugees from Guangzhou in the summer of 1916 and the outbreak of smallpox mentioned previously. The missionaries once again turned to the Chinese nurses. This was the time when the hospital's female doctor, Dr. Perkins, was retained in England due to the war. Later that year, the hospital further expanded the role of Chinese nurses by introducing the night rotation.

During this year a routine work of night duty has been introduced into the general training. This has never been done except when a patient is dangerously ill and needs a special nurse, and also in the maternity ward. At first the nurse were very reluctant in undertaking night duty; when it was known that it was to be brought into force, letters came asking for the rule to be reconsidered; the importance of this work was explained to them and though at first they could not understand it and did it rather unwillingly, yet after a very short time their whole attitude changed the they became perfectly happy.<sup>79</sup>

The position of night nurse was created in 1896. A part-time nurse with limited training was

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<sup>77</sup> D. Stratton, "History of Nursing in Government Hospitals," *The Hong Kong Nursing Journal* 14 (May 1973): 35.

<sup>78</sup> Gauld & Gould, *The Hong Kong Health Sector: Development and Change*, 33.

<sup>79</sup> L.K Rayner, "Report for 1916."

hired to watch over the patients at night.<sup>80</sup> Finding a trained or qualified nurse to take on the position was a challenge largely because of the working hours. After struggling for two decades, the hospital eliminated the night nurse position by relying on the hospital's Chinese nurses to take turns in conducting patient care overnight. By 1919, Miss Cameron reported that "while we have been most ably served locally with regard to the care and treatment of the patients, there are many things a resident doctor on the spot would see to and deal with, and many of these duties have fallen to the [Chinese] nurse-in-charge."<sup>81</sup>

More importantly, these nurses were not only trusted and relied upon in Nethersole; opportunities continued to open up for them elsewhere as well. In 1915, four Alice Memorial maternity nurses passed the government examination and were given the opportunity to serve "in different parts of the country. Some are in places where there are no doctors. It is in such places that they are found to be of greatest value."<sup>82</sup> The expansion of Chinese nurses' roles both inside and outside the hospital gave them the opportunity to prove their worth as advocates of medical modernity. After witnessing the nurses' work, a Hong Kong local doctor asked medical missionaries: "Where do you get these nice looking girls to train as nurses?"<sup>83</sup>

Chinese nurses began to participate in collecting funds for the missionary hospitals since 1915. According to Rayner, "It is also very encouraging to find so many of the nurses taking a practical interest in the hospital. Several have asked their friends to give donations, one nurse who was trained here has one hundred and sixty two dollars."<sup>84</sup> The role of Chinese nurses expanded and they have become an integral part of medical treatments since the professionalization of their position in the hospital. Nevertheless, certain limitations remained.

### *The Existing Gender Boundary and Nursing Limitations*

Despite the significant progress attained in training female nurses, one cultural restraint that remained was the issue on nursing male patients. Since Nightingale intended her nurses to be women, the issue became a problem in the context of Chinese society as cross-gender patient care was prohibited in Chinese medical culture. While a number of missionary hospitals in China attempted to tackle the issue by training male nurses, the influence of the May Fourth New Culture Movement helped in slowly breaking down the existing gender boundary and ultimately expanded the female nurses' space during this decade. Unlike the

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<sup>80</sup> Pak Chan was the first night nurse hired by the hospital. For more information please see Chapter 3.

<sup>81</sup> A. Cameron, "Alice Memorial and Affiliated Hospitals, Matron's Report, 1919," 31<sup>st</sup> December 1919.

<sup>82</sup> L.K. Rayner, "Report 1915."

<sup>83</sup> R.M. Gibson, "Alice Memorial and Affiliated Hospitals Hong Kong, Report for 1916."

<sup>84</sup> L.K. Rayner, "Report 1915."

situation in China, the gender boundary remained in Hong Kong's missionary hospital. As a result, missionary nurses decided to appoint an extra missionary nurse, Miss Cameron, to the men's hospital, as well as officially recruit male dressers (untrained male nurses) as aides. However, the challenges in nursing the male patients persisted.

Gender segregation was strictly imposed under the influence of Confucianism. Since the Neo-Confucian principles of sex segregation "became increasingly stricter from the [Song] period onward", the partition between male physicians and female patients became clear.<sup>85</sup> In a Yuan drama, according to Furth, records existed of Chinese physicians who were "[satirized] for bungling the diagnoses of their invisible female clients; doctors baffled by a cloth-covered hand or pretentiously claiming to read a pulse through a string tied around a woman's wrist."<sup>86</sup> Notwithstanding the ridicules, the delimited body politics that segregated the two sexes in Chinese medical practice cannot be denied. As a result, for a female nurse to provide care for male patients outside of family context was certainly a foreign concept and a revolutionary practice.

In China, the issue with male nurses underwent significant transformation during this period. As mentioned in the previous chapter, Peking Union School for Nurses started an all-male nursing training program in 1906.<sup>87</sup> This was in reaction to the practical demand of hospitals in China. This American-missionary dominated medical program became China's pioneering nursing training program that produced male nurses.<sup>88</sup> Different from Britain where the overwhelming influences of Florence Nightingale were apparent, nursing was relatively less feminized in the United States; the country's first male nursing school was established in 1888.

According to Peking Union School for Nurses, most male nurses in the earlier period came from the lower classes of society; they chose to enroll in the nursing school mainly because they could not afford to pay for secondary or higher education. By becoming nursing probationers, these male nurses were able to become immediate wage earners, the low salary notwithstanding. Nonetheless, since almost all missionary nurses were women, it was much easier for them to train and work with female nurses. Thus, many of them were obviously

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<sup>85</sup> A.K. Leung, "Women Practicing Medicine in Premodern China," in *Chinese Women in the Imperial Past*, ed. H.T. Zundorfer (Boston: Brill, 1999), 101.

<sup>86</sup> C. Furth, *A Flourishing Yin: Gender in China's Medical History, 960–1665* (Berkeley: University of California Press, 1999), 142.

<sup>87</sup> The hospital and the medical school were founded by The American Board of Commissioners for Foreign Missions, the Board of Foreign Missions of the Presbyterian Church in the U.S.A., the London Missionary Society in 1906.

<sup>88</sup> Y.P. Liu, "Zhongguo Huli ShiShang de Nanhushi [中國護理史上的男護士]," *Today Nurse* 2 (2004): 14.

frustrated with the gender restriction that existed in China's healing culture.

In other parts of China, male nurses also existed in various mission hospitals. For instance, Changsha's Yali Hospital, established in 1913, was a co-education program where male and female students were trained together.<sup>89</sup> In Guangzhou, Canton Hospital recruited a few male nursing students in the Republican Era. The hospital report in 1914 showed that "the Chinese nursing staff consisted of one male and two female graduate nurses. There were eleven students in the first-year class—seven men and four women."<sup>90</sup> One interesting aspect was that these male students were placed in the same program with female nursing probationers, rather than in separate training sessions. These were likely China's earliest examples of co-education.

In 1915, Cora Simpson noted that "Chinese women have not the constitutions of their Western sisters" because Chinese medical culture prevented women to nurse male patients. Unless these female nurses could overcome the gender impediment and provide "care for both sexes," they would not be considered "complete nurses".<sup>91</sup> What Simpson and other nurses were advocating was beyond Nightingale's stringent attachment of femininity on the nursing profession. For most missionary nurses in the early twentieth century, it was a sense of ownership of the nursing profession. Sasaki-Gayle pointed out in her dissertation, "making nursing a female profession was something they considered important because the rationale of their projects lay not only in their science methods of nursing, but also in their own womanhood as modern medical professionals."<sup>92</sup>

Missionary's strong advocacy of feminizing the nursing profession came at an opportune time. As mentioned in the previous chapter, woman's space in the medical sphere continued to expand in China during the Revolutionary Era at the turn of the century. Educated reformists, such as Qiu Jin, advocated the importance of women's participation in establishing a modern China. In the subsequent decade, influenced by "new ideas of 'democracy', 'science', and 'equality'", the May Fourth New Culture Movement's further emphasized liberating women from the traditional cultural restraints via Western learning that ultimately facilitated the breaking down of the gender boundary in China's medical

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<sup>89</sup> J.Z. Bower, *Western Medicine in a Chinese Palace: Peking Union Medical College, 1917-1951* (Philadelphia: Josiah Macy, Jr. Foundation, 1972), 200.

<sup>90</sup> Bower, *Western Medicine in a Chinese Palace: Peking Union Medical College, 1917-1951*, 200.

<sup>91</sup> C.E. Simpson, "The Training of the Chinese Pupil Nurse," *The China Medical Journal* 24:4 (July 1915): 264.

<sup>92</sup> M. Sasaki-Gayle, "Entangled with Empire: American Women and the Creation of the 'New Woman' in China, 1898-1937," (PhD Dissertation, Johns Hopkins University, 2008), 110.

practice.<sup>93</sup>

In 1918, the issue of gender was discussed at the fourth meeting of the NAC. The association reached an agreement that male patients should be under the care of a foreign female nurse and accompanied by a female Chinese nurse. Furthermore, female nurses were required to “act and dress properly” in order to serve the male patient. This, according to Liu, was a major breakthrough in the history of health care in China, which represented the preparation for women in taking over the nursing profession and ultimately realizing the missionary’s vision for a woman-dominated nursing profession.<sup>94</sup> By 1920, according to Wong Chimin and Wu Lienteh, seven out of 189 hospitals in China started to allow female nurses to serve in men’s wards under the supervision of Western nurses. As discussed in the subsequent chapter, the number continued to increase dramatically in the next few decades, which led to the marginalization of the male nurses in the medical field.<sup>95</sup>

In Soochow Hospital terminated the male nursing training program in 1920 and focused only on recruiting female nursing students. Changes were also made in the Peking Union School for Nurses. Five years after the Rockefeller Foundation took over the hospital and medical school in 1915, a new nursing training program was established, with women forming the majority of students. By the late 1920s, the existence of the male nurse, even in the men’s hospital, became a rarity.<sup>96</sup>

In Hong Kong, gender continued to be an issue in Alice Memorial and affiliated missionary hospitals. As mentioned, missionary nurses took note of China’s gender-segregated medical tradition that prevented their Chinese female nurses from entering the men’s ward. In men’s wards, the first Matron, Mrs. Steven, had no choice but to take care of these male patients by herself. She noted that “before I come no woman attended the male wards, and at first I entered tremblingly. My appearance created a great deal of comment, both among the students and the patients; but soon I began to see faces brighter when I entered the wards.”<sup>97</sup> Male patients were unaccustomed to the presence of female patient attendant.

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<sup>93</sup> Fan, *Footbinding, Feminism and Freedom: The Liberation of Women’s Bodies in Modern China*, 113.

<sup>94</sup> Liu, “Waiji Hushi Dui Zhongguo Huli de Zhuoyong Yu Yingxiang [外籍護士對中國近代護理的作用與影響],” 34-35.

<sup>95</sup> C.M. Wong and L.T. Wu, *The History of Chinese Medicine: Being a Chronicle of Medical Happenings in China from Ancient Times to the Present Period* (Shanghai: National Quarantine Service, 1936), 805-806.

<sup>96</sup> Liu, “Zhongguo Huli ShiShang de Nanhushi [中國護理史上的男護士],” 14.

<sup>97</sup> H. Stevens, “Report 1892 Hospital Work in Hong Kong.”

Gender became a greater issue when a men's hospital, Ho Miu Ling Hospital, was established in 1906. Ho Miu Ling Hospital, a men's hospital, was erected right next to the existing Alice Memorial Hospital, Nethersole Hospital, and Alice Memorial Maternity Hospital to relieve the overcrowded missionary hospitals. This new hospital was named after Ho Kai's sister who made a significant financial contribution to the project, and the hospital was designated to provide treatments for male patients. Similarly, caring of the male patients was carried out by the missionary nurse herself in the earlier period, with the help from medical students and a few untrained male *coolies*. However, medical missionaries of Ho Miu Ling Hospital found themselves constantly understaffed and overworked; the condition was far from ideal.

After a decade of struggle, Ho Miu Ling Hospital finally decided to hire an additional missionary nurse, Miss Cameron, to conduct nursing at the men's hospital. She became Hong Kong's first trained foreign nurse who was designated to oversee the male patients. According to Dr. Gibson,

It is not possible to [utilize] young Chinese girls as nurses in an institution for men and our hearts were gladdened when the directors appointed Miss Cameron, as by this means, it was possible to give at least some oversight on the comfort of the men patients in the Ho Miu Ling and some instructions to the attendants.<sup>98</sup>

This was a successful hiring considering Hong Kong lost a number of experienced medical staff during WWI, both in missionary and government hospitals. Recruiting additional medical staff from Europe during this time was extremely difficult, the nurses needing to serve in a men's hospital notwithstanding. The issue of male patient's attendants was also addressed in the colonial government's Civil Hospital. However, the hospital once again turned to Japan. This became an ideal solution since male nurses were prevalent in Japan since the twentieth century. Eight Japanese male nurses arrived Hong Kong in 1916. They were the first known trained male nurses in the colony. When the medical missionaries refused to train male nurses at the missionary hospital, Japan provided a practical solution for the colonial government.

The *coolies* Miss Cameron hired proved to be a failure. Find the right men for the job as well as managing and keeping them was a difficult process. According to Miss Cameron,

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<sup>98</sup> R.M. Gibson, "Alice Memorial and Affiliated Hospitals Hong Kong, 1917."

[These men] cannot be relied on in the same way as woman nurses. There is not much compassion in their hearts. Their service has not yet become heart service. Indeed, sometimes it has been quite disappointing after one has [labored] to teach them. I pray that one day they may awaken to their privileges and work with heart and hand for the good of their fellows rather than for the remuneration that they receive.<sup>99</sup>

After all, most of them were uneducated lower class men who treated nursing as a temporary job. Without proficient language ability and any previous experience working in Hong Kong, Miss Cameron had difficulties in crossing both the cultural and gender barriers to work with these Chinese male workers in the hospital. On the other hand, these *coolies* probably never had any experience working under the supervision of a foreign woman. Thus, missionary nurse's expected working relationship where a woman had power over a group of men was simply unrealistic.

More importantly, expecting these *coolies* conducting patient care professionally without any proper training was an arduous process. Miss Cameron tried to find various means to train these male dressers, including attending training courses offered by other agencies in Hong Kong. In 1919, she reported that "I sent four of them to the class in First-Aid held in the Chinese Y.M.C.A. thinking that in a class they might learn more. I think they did understand a little better; but it is difficult to say. I find that unless they are under constant supervision, they fall back into their own slack ways."<sup>100</sup>

This gender segregation continued to trouble LMS' medical missionaries. Thus, changes had to be made for Ho Miu Ling Hospital to provide effective medical care for its male patients. One possibility was to mirror the model in the female ward, and to officially start training qualified or educated male nurses. However, the relationship between a female instructor and a male student was not yet common in Chinese society, racial factors notwithstanding. On the other hand, the option of allowing female nurses to serve in the men's ward seemed more improbable at this point. Regardless, both options required the hospital to confront Chinese healing culture. In the subsequent period, 'it was to be argued fiercely whether it was better to train men as nurses or to break the taboo on female nurses entering the men's wards.'<sup>101</sup> Miss Cameron, nonetheless, got married and left the hospital in 1920.<sup>102</sup> She returned to the hospital as Mrs. Hughes and would witness the significant

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<sup>99</sup> A. Cameron, "Alice Memorial and Affiliated Hospitals, Matron's Report, 1919," 31<sup>st</sup> December 1919.

<sup>100</sup> A. Cameron, "Alice Memorial and Affiliated Hospitals, Matron's Report, 1919," 31<sup>st</sup> December 1919.

<sup>101</sup> Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 64.

<sup>102</sup> Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 62.



changes made in the Ho Miu Ling Hospital.

### *Conclusion*

The newly established Republican China remained divided due to internal political struggles as well as unceasing foreign aggression. This political turmoil resulted in social movements organized by Chinese reformists, including the May Fourth New Culture Movement that challenged numerous aspects of Chinese traditional culture. When the Movement confronted the issue of Chinese women, the occasion became the platform for nursing to develop rapidly throughout the decade. With the contribution of Rockefeller Foundation's Peking Union Hospital, the re-established School of Nursing became the standard for China's professional nursing program. The re-establishment eventually gave rise to a number of medical-school-affiliated nursing schools in China. NAC was also significant in establishing nursing standards and consolidating nurses' status both in the hospital and society. NAC's founder, Missionary Nurse Miss Simpsons, travelled "vast distances into the interior by chair, boat, ox-cart, or any conveyance she can find to visit the registered schools."<sup>103</sup> However, China's nursing destiny remained firmly in the hands of foreign nurses, who were either nursing scholars at medical universities or missionary nurses at Christian hospitals. Chinese nurses were passive during this period.

Hong Kong nurses' professional identity also emerged during this period of social disturbance. While the missionary hospital remained the only hospital that provided nursing training, LMS medical missionaries firmly controlled the colony's nursing development. Additionally, as the social representation of nursing began to change through time; more educated and qualified nurses showed up at the hospital and expressed their genuine interest in the nursing profession. Missionaries continued to modify their nursing curriculum and the training program became more focused and specialized. These developments contributed to the birth of nurse's professional identity. The growing professional nature of their job further strengthened Chinese nurses' intermediary roles between local patients and Western medicine, which ultimately became beneficial to hospital's "medical mission."

The specialized nursing training prepared nurses to take on bigger roles in medical treatment. Thus, when many foreign staff members of the Alice Memorial and Affiliated Hospitals left Hong Kong during WWI, the missionary hospital turned to Chinese nurses and relied on them to step in for medical missionaries. As a result, the number of female patients

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<sup>103</sup> A.C. Jamme, "Nursing Education in China," *The American Journal of Nursing*, 23:8 (May 1923): 667.

continued to increase even without the service of female doctors. Consequently, the value of these Nethersole-trained Chinese nurses was recognized both inside and outside of the hospital.

On the other hand, gender limitations in medical treatment remained. The cross-gender patient attendant was considered a taboo by Chinese culture. Thus, the service of male nurses was needed despite the feminized nursing model introduced by Western nurses. Amidst the dissatisfaction with the situation, the social movements during this period that challenged traditional Chinese culture provided an opportunity for foreign nurses to break the gender boundary down as exemplified by the introduction of female nursing service to male patients during the time of the May Fourth New Culture Movement. In Hong Kong, however, the issue with gender boundary remained in the missionary hospital, where the responsibility of nursing the male patients fell on the shoulders of a designated missionary nurse and her *coolies*. Nonetheless, these untrained male workers failed to provide sufficient care at the men's hospital. The issue of nursing male patients was only addressed in the next decade, with the rise of Chinese nursing leaders in Hong Kong.

## - CHAPTER 6 -

### **THE LEADERSHIP STAGE: RISE OF CHINESE FEMALE NURSING LEADERS AND MARGINALIZATION OF CHINESE MALE NURSES (1921-1928)**

“The Nanjing Decade (a period of moderate peace, during which the fledgling Nationalist government ruled from Nanjing) was one of the more auspicious periods in the development of nursing in China. For a start, nursing was able to reduce considerably its dependence on foreign missionary leadership.”—John Watt.<sup>1</sup>

A number of hospitals were established in Hong Kong in the 1920s. According to Yang, the period also marked a new era for maternity health in the then British colony, as most hospitals began to provide obstetrics services then.<sup>2</sup> More importantly, because nursing had been accorded professional status in the previous period, increasing numbers of hospitals began to offer nursing training and produce their own nurses. The 1920s also witnessed the commencement of new nursing training programs at Government Civil Hospital, the local Chinese-founded Kwong Wah, Tung Wah, and Tung Wah East Hospitals, and the private Hong Kong Sanatorium & Hospital. The provision of nursing training across such a wide range of medical facilities was a direct result of growing societal acceptance of Western-style medical treatments and recognition of nurses’ contribution in Western medical institutions. As missionary hospitals began to lose their position as the colony’s only provider of nursing training, they came under pressure to modify their training programs and, more widely, the religious aspect of the nursing profession was further compromised.

This chapter focuses on the development of nursing in Hong Kong and how the emergence of various colonial nursing programs influenced the structure of the nursing curriculum at the missionary-founded Nethersole Hospital,<sup>3</sup> and how the missionary hospital

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<sup>1</sup> J. Watt, “Breaking into Public Service: The Development of Nursing in Modern China, 1870-1949,” *Nursing History Review* 12 (2004): 71-72.

<sup>2</sup> Y.G. Yang, “Yinger Siwangluyu Jindai Xianggang de Yinger Jiankang Fuwu [嬰兒死亡率與近代香港的嬰兒健康服務],” in *Diguoyu Xiandai Yuxue [帝國與現代醫學]*, ed. S.J. Li (Taipei: Lianjing Chuban Gongsi, 2008), 164.

<sup>3</sup> The four hospitals managed by London Missionary Society were Alice Memorial Hospital (founded in 1887), Nethersole Hospital (a hospital for women and children, founded in 1893), Alice Memorial Maternity Hospital (founded in 1904), and Ho Miu Ling Hospital (a hospital for men, founded in 1906). The nursing training took place at the Nethersole Hospital, and the maternity nursing/midwifery training took place at the Alice Memorial Maternity Hospital. These four hospitals were interconnected; generally they were referred to as Alice Memorial and Affiliated Hospitals.

maintained its leadership in nursing training by producing Chinese nursing leaders. Despite the leadership role that Chinese nurses played throughout the development of nursing in Hong Kong, they also expressed their discontent through strikes and the voluntary termination of their employment at the missionary hospitals. The social context also exacerbated the situation of male nurses, leading missionary nurses to advocate for a breach in the health care gender boundary.

### *Emergence of the Hong Kong Nursing Curriculum*

The establishment of nursing training programs in government, Chinese, and private hospitals has contributed to the advancement of Hong Kong's nursing curriculum. After the departure of Japanese nurses in the early 1920s, the colonial Government Civil Hospital turned to Chinese nurses for the first time. Due to their available resources, Civil Hospital's nursing program made significant progress within the decade. Chinese Kwong Wah, Tung Wah, and Tung Wah East Hospitals and the Hong Kong Sanatorium & Hospital also initiated nursing training as the influence of Western medicine grew. Under such phenomena, The London Missionary Society (LMS) medical missionaries further stressed the importance of its nursing training program in Nethersole Hospital, continued to maintain the standards of their training curricula and strived to produce influential Chinese nurses.

Particularly important in Hong Kong's nursing development was the emergence of the colonial government's local nursing training program in 1921. The colonial government had sought help from Japanese nurses during World War I, when many British nurses returned to Europe to serve as war nurses.<sup>4</sup> A group of male and female nurses from Japan arrived in Hong Kong in 1915. By 1921, eight Japanese nurses were still on the staff of Government Civil Hospital, but their employment was abruptly terminated at the end of that year.<sup>5</sup> It is unclear why the collaboration with Japanese nurses ended, but in their absence the Civil Hospital had no choice but to turn to local nurses through the establishment of the government-run School of General Nursing.

Under the supervision of one foreign matron and sixteen Western nursing sisters, Government Civil Hospital appointed nine Chinese female probationer nurses and seven

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<sup>4</sup> Japan were considered the leader of nursing training in Asia in the early twentieth century. According to Missionary nurse Anna Jamme's observation, the Red Cross Hospital in 1923 had four hundred nurses. The nursing programs were competitive; most nursing probationers "receive no allowance during the first two years; during the third and fourth years they are allowed twenty-two yen (\$11 USD) a month, and from this they pay eleven yen (\$5.5 USD) for their food." See A.C. Jamme, "Nursing Education in Japan," *The American Journal of Nursing* 23:9 (June 1923): 767-773.

<sup>5</sup> *Hong Kong Administrative Reports 1921*, 21.

female midwives, along with eight Chinese male probationer dressers.<sup>6</sup> The medium of instruction in its training program was English, and the training was very similar to that offered in the missionary hospitals—a hospital-based program that required nurses to undergo training while serving in the hospital. The training of local nurses marked a new chapter in the government’s health policy, as it no longer needed to rely on missionary institutions to administer them. Although it took Government Civil Hospital a few decades to produce its own nursing training program, it obviously had the resources and manpower necessary to establish a quality such program compared with the missionary hospitals. In 1929, it was training twenty-three probationer nurses, a similar number to the missionary hospitals.<sup>7</sup>

The colonial government also established a hospital in Kowloon, later known as the Kowloon Hospital in 1923. The hospital very surprisingly reached out to Bishop Dominic Pozzoni for recruiting Catholic Sisters as nurses. He later recommended Maryknoll Sisters of New York for the task, and the Sisters were “prepared to provide and undertake the carrying out of all the duties of the trained staff of nursing sisters for the hospital.”<sup>8</sup> However, the decision was later heavily criticized by the British residence of the colony, “[bombarding] the government for ignoring the high unemployment rate in England” and not hiring nurses from Britain instead.<sup>9</sup> The Sisters’ religious background also became an issue. Under the heavy pressure, the government “broke its promise” and decided to withdraw its proposal.<sup>10</sup> No known records of recruiting or training Chinese nurses existed in Kowloon Hospital during this period, however.

Dr. Alice Hickling, on the other hand, who was in charge of the government’s Hong Kong Midwives Board,<sup>11</sup> founded a new maternity hospital, Tsan Yuk in 1922. This institution made a significant contribution to Hong Kong’s nursing development. Affiliated with the colonial government, its main objective was to provide “a much needed maternity

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<sup>6</sup> H.L. Wang, “Donghua Hushi Zhuanye [東華護士專業],” in *Yi Shan Xing Dao: Donghua Sanyuan 135 Zhounian Jinian Zhuanti Wenji* [益善行道：東華三院 135 周年紀念專題文集], ed. E. Sinn & R.H. Liu (Hong Kong: Sanlian Shudian, 2006), 303.

<sup>7</sup> D. Stratton, “History of Nursing in Government Hospitals,” *The Hong Kong Nursing Journal* 14 (May 1973): 36.

<sup>8</sup> C.Y.Y. Chu, *The Maryknoll Sisters in Hong Kong, 1921-1969: in Love with the Chinese* (New York: Palgrave Macmillan, 2004), 33.

<sup>9</sup> Chu, *The Maryknoll Sisters in Hong Kong, 1921-1969: in Love with the Chinese*, 33.

<sup>10</sup> Chu, *The Maryknoll Sisters in Hong Kong, 1921-1969: in Love with the Chinese*, 34.

<sup>11</sup> Dr. Alice Hickling, known as Dr. Sibree before her marriage to Taikoo Sugar Refinery manager Mr. C.C. Hickling in 1915, arrived in Hong Kong in 1903. She was appointed by the LMS to oversee the new maternity hospital and to train maternity nurses. Dr. Sibree left the hospital and the mission in 1909 after constant quarrels with Alice Memorial’s superintendent, Dr. Gibson. She continued to serve on the Hong Kong Midwives Board. See Chapter 5 for more information.

service in the Colony and establish a training school for Chinese girls who wished to become midwives.”<sup>12</sup>

On top of the midwifery training, “there was a proposal to establish scholarships in general nursing which might enable those who completed the maternity course in the Tsan Yuk Hospital to proceed later to the Government Civil Hospital to take up the course in general nursing.”<sup>13</sup> It is unclear whether this proposal was ever put into practice, but it would have been the first of its kind in a colonial hospital.<sup>14</sup> Serving 426 patients in its first year of operation, Tsan Yuk’s annual patient population reached 1,000 within five years. According to a 2001 Hospital Authority press release, for “80 years, Tsan Yuk Hospital has been the leading obstetric hospital in Hong Kong dedicated to the provision of quality obstetric and neonatal services to the general public.”<sup>15</sup> King commented that Tsan Yuk Hospital “should lead in time to the development of one of the best Midwifery Clinics in the Far East.”<sup>16</sup> The hospital was under Dr. Hickling’s supervision until she passed away in 1928. The University of Hong Kong’s medical faculty Dr. Tottenham noted that “Dr. Hickling had the great gift of being able to get things done, a quality that is particularly rare in this Colony.”<sup>17</sup>

The growing demand for profession nurse was also reflected in Hong Kong’s Chinese hospitals. Kwong Wah Hospital<sup>18</sup> established its own nursing program and hired its first trained Chinese nurse in 1911—a graduate of Nethersole. The hospital expanded rapidly throughout the decade in line with its growing number of patients: 1,271 in 1912 and 5,142 in 1922. To meet its demand for trained medical staff, Kwong Wah Hospital launched its own official nursing training program in 1922, becoming the first Chinese hospital in Hong Kong to train nurses. Organized by the hospital’s superintendent, the program admitted six nursing

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<sup>12</sup> G. King, “Lecture on the History of the Tsan Yuk Hospital, 1922-1955,” transcript (Hong Kong: Hong Kong Chinese Medical Association, 27<sup>th</sup> October, 1955), 38.

<sup>13</sup> King, “Lecture on the History of the Tsan Yuk Hospital, 1922-1955,” 32.

<sup>14</sup> In 1924, Professor Richard Edward Tottenham was appointed the University of Hong Kong’s first Professor of Obstetrics and Gynecology with support from the Rockefeller Foundation. Rockefeller Foundation support was necessary because London was not responsible for providing educational funding to its colonies, and the university’s vice-chancellor was not ready to apply pressure for financial aid from the British Government. Dr. Hickling’s midwifery training program liaised closely with the University of Hong Kong’s Department of Obstetrics and Gynecology from 1926 onwards, with medical students from the university invited to conduct clerkships at Tsan Yuk Hospital. For more information, please see E.M. Evens, *Constancy of Purpose: An account of the Foundation and History of the Hong Kong College of Medicine and the Faculty of Medicine, 1887-1897* (Hong Kong: Hong Kong University Press, 1987).

<sup>15</sup> “Relocation of Inpatient Services from Tsan Yuk Hospital to Queen Mary Hospital,” Press Release on October 30, 2001, Hospital Authority.

<sup>16</sup> King, “Lecture on the History of the Tsan Yuk Hospital, 1922-1955,” 36.

<sup>17</sup> Quoted in King, “The History of the Tsan Yuk Hospital, 1922 to 1955,” 33.

<sup>18</sup> Kwong Wah Hospital was also founded in 1911. It was one of the first hospitals on the Kowloon Peninsula (see Chapter 5 for more information).

probationers in its first year.<sup>19</sup> The three-year program consisted of two years of general nursing and one year of maternity nursing training. Its first three nursing probationers were relocated to the maternity ward and used as midwives, and the hospital was able to recruit three additional nursing students to fill the void in the following year.<sup>20</sup> Like the nursing training program at Nethersole, that at Kwong Wah Hospital also provided accommodation.<sup>21</sup> In 1925, after the graduation of the first group of nurses, the hospital recruited its second class of nursing students.<sup>22</sup> It also began its own midwifery training program in that year.<sup>23</sup>

In 1926, Dr. Hickling asked Kwong Wah Hospital to expand its nursing program by recruiting nine nurses. However, the hospital's board turned down the proposal because of the difficulty of recruiting nursing candidates as a result of the hospital's requirement that nursing students live in the institution.<sup>24</sup> In the subsequent year, the board took the rather radical decision to recruit eighteen male and twelve female nursing students.<sup>25</sup> These young nursing probationers ranged in age from 18 to 25, and were recommended by the local guilds from which they had received their education. The tuition fee was waived for this cohort. Of the twenty who graduated in 1930, twelve were hired to continue their service at the hospital.<sup>26</sup>

Following in the footsteps of Kwong Wah Hospital, Tung Wah Hospital also hired two Nethersole-trained nurses, Kong Ching-Por 江清波 and Wong Pan-Shui 黃品瑞, in 1926 to work in the maternity ward.<sup>27</sup> *The Kung Sheung Daily News* reported:

When Governor Sir Cecil Clementi's visited, he noticed the insufficiency of the hospital's nursing staff, which led to inadequate attention to patients' suffering. He recommended the increase of the hospital's nursing staff and the provision of better

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<sup>19</sup> *Annual Report of the Medical Department for 1921*. The names of three of them were Leung Lin-Fan 梁蓮芬, Leung Lin-Chan 梁蓮珍, and Wong Shuk-Kan 黃淑勤.

<sup>20</sup> They were Tsang Sau-Chan 曾秀珍, Lam Kit-Ying 林結英, and Lee Siu-Fong 李兆芳.

<sup>21</sup> *Donghua Sanyuan Bainian Shilue v.1* [香港東華三院百年史略, 上冊] (Hong Kong: Xianggang Donghua Sanyuan Gengxunian Dongshiju, 1970), 131.

<sup>22</sup> They were Chan Tsim 陳蟾, Leung Fung-Ha 梁鳳霞, Ho Pui-Ching 何佩貞, So Kit-Sheng 甦潔笙, Choi Kit-Sheung 蔡潔嫦, Cheng Wai-Ying 鄭惠英. For more information, please see Li Donghai, *Xianggang Donghua Sanyuan Yi Bai Er Shi Wu Nian Shilue* (Beijing: Zhongguo Wenshi, 1998), 66.

<sup>23</sup> E.Y.W. Poon, "Nursing Standards in Hong Kong." *Newsletter of the Association of Hong Kong Nursing Staff* 29 (1967): 122.

<sup>24</sup> Donghua YiYuan Dongshiju huiyi Jilu, Yichou Nian [東華醫院董事局會議記錄 乙丑年], December 12<sup>th</sup> and 24<sup>th</sup>, 1926.

<sup>25</sup> Donghua YiYuan Dongshiju huiyi Jilu, Dingmao Nian [東華醫院董事局會議記錄丁卯年], September 21<sup>st</sup> and 28<sup>th</sup>, 1927.

<sup>26</sup> Donghua YiYuan Dongshiju huiyi Jilu, Xinmo Nian [東華醫院董事局會議記錄辛未年], January 21<sup>st</sup>. 1931.

<sup>27</sup> D.H. Li, *Xianggang Donghua Sanyuan Yi Bai Er Shi Wu Nian Shilue* [香港東華三院一百二十五年史略] (Beijing: Zhongguo Wenshi, 1998), 64.

patient attendants.... Since then, the hospital has increased its male and female nursing staff, attending to male and female patients, respectively, in pursuit of the standards of colonial and Western hospitals.<sup>28</sup>

Since Governor Clementi's visit, two additional nurses were hired—one trained at Nethersole and the other at Tsan Yuk Hospital. In the subsequent year, under the continual demand of the colonial government, Superintendent Tam Ka-Si 譚嘉士 made an official proposal to establish a nursing training program at Tung Wah Hospital.<sup>29</sup> Using the old Pok Leung Kok building as temporary nurses' quarters, Tung Wah was able to recruit twenty-four students in the first year. The nurses were under the tutelage of a senior Chinese nurse named Wong Wai-Man 黃惠民.<sup>30</sup> The curriculum included physiology, general nursing, surgical nursing, and maternity nursing.

Wang argued that it took Chinese hospitals almost half a century to implement nursing training programs because of Hong Kong's relatively slow nursing development and the hospitals' comparatively low demand for nursing services since they predominantly provided Chinese medicine where no nursing care was required.<sup>31</sup> Wang's observation conveys an important truth. Despite the availability of Western medical treatment, the Chinese hospitals were staffed primarily by Chinese doctors and medical professionals who had no problems communicating with local patients. Unlike the missionary hospitals, whose primary goal was to use medical treatment for religious purposes, the Chinese hospitals were less concerned about attracting patients, and thus the training of professional nurses was never a top priority. But as the influence of Western medicine continued to grow in Chinese hospitals, so too did the need for professional medical staff, including trained nurses.

In 1928, a third nursing program was implemented in the newly established Tung Wah East Hospital—the third major Chinese hospital on the eastern side of Hong Kong Island near Causeway Bay. Like the two existing Chinese hospitals, Tung Wah East also provided Western medical treatments, which required the participation of trained nurses. The hospital was able to recruit twelve nurses in its first year. They were taught by a Chinese nurse named Ling Ngan-Kui 凌雁珺. In addition to general nursing training, all three Chinese hospitals

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<sup>28</sup> *The Kung Sheung Daily News* 香港工商日報 (Hong Kong), 24<sup>th</sup> April 1926.

<sup>29</sup> R.H. Liu, Xianggang Gonggong Weisheng yu Donghua Zhongxi Fuwu de Yanbian [香港公共衛生與東華中西醫服務的演變], in *Yi Shan Xing Dao: Donghua Sanyuan 135 Zhounian Jinian Zhuanti Wenji* [益善行道：東華三院 135 周年紀念專題文集], ed. E. Sinn & R.H. Liu (Hong Kong: Sanlian Shudian, 2006), 61.

<sup>30</sup> Li, *Xianggang Donghua Sanyuan Yi Bai Er Shi Wu Nian Shilue* [香港東華三院一百二十五年史略], 64.

<sup>31</sup> Wang, "Donghua Hushi Zhuanye [東華護士專業]," 302.



also established training schools for midwives during the course of the decade, an important breakthrough given that Tung Wah and Kwong Wah had previously employed only two registered midwives. According to Yang, there was no clear distinction between nursing and midwifery training at the Chinese hospitals, with most students training together. The only difference between the programs was their emphasis and the qualification that students received upon completion.<sup>32</sup>

While the government and Chinese hospitals were making significant progress in nurse training, Nethersole was still recovering from the aftermath of WWI, particularly in terms of the high mobility and turnover rate among medical missionaries. When Dr. Mitchell finally returned from England after the war, he took over the superintendent position from Dr. Gibson, who resigned and left Hong Kong in 1918. Upon Dr. Mitchell's appointment, a number of staff changes took place immediately. In 1920, a missionary nurse named Miss Cameron got married and left Hong Kong. While she was away, Miss Ward filled the vacancy. Paterson stated that she played "a big part in the nursing world of Hong Kong over the next thirty years."<sup>33</sup>



Figure 23: Hospital's Medical Staff and Nurses 1921<sup>34</sup>

<sup>32</sup> Y.G. Yang Xiangyin, "Colonial Power and Medical Space: The Transformation of Chinese and Western Medical Service in the Tung Wah Group of Hospitals, 1894-1941," (Ph.D. Dissertation, The Chinese University of Hong Kong, 2007), 155.

<sup>33</sup> Miss Ward received her training in England. For more information please see E.H. Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital* (Hong Kong: Alice Ho Miu Ling Nethersole Hospital, 1987), 62.

<sup>34</sup> Alice Ho Miu Ling Nethersole Charity Foundation Archive.

Fortunately Nethersole Hospital's newly appointed female doctor, Dr. Turner, arrived in 1921. She was an obstetrics expert, and thus immediately decided to enhance the general nursing training program by incorporating more midwifery lectures and practical training. Midwifery training in Nethersole Hospital had previously been reserved for nurses who had completed their general training and wished to specialize in maternity nursing.

Dr. Turner was particularly delighted with the progress made by the Chinese maternity nurses at Nethersole: "the nurses are very apt in this branch of the work, and would I think do creditably in the examination of the Central Midwives Board at home."<sup>35</sup> In 1922, after one year of observation, Dr. Turner followed up on her previous compliment, still impressed by the quality of the Chinese maternity nurses. She reported that "with a little better ... work in physiology and anatomy from their general nursing course in the Nethersole Hospital, I think our nurses would be able to attain the standard of the Central Midwives Board at home."<sup>36</sup> The number of hospital births in Hong Kong continued to increase steadily, and the maternity and infant mortality rates underwent a significant decrease. The colonial government took note of the improvements in maternity services and of Chinese women's increasing acceptance of Western medicine:

In 1922 about 2,800 Chinese patients were attended during childbirth in the various institutions of the colony, in addition to those attended by the government midwives. This is not a great number compared with the population, but it is three times the number as compared with, say five years ago, and is only another sign of the growing faith in modern medicine which is being evinced by the Chinese.<sup>37</sup>

Dr. Turner, however, resigned in 1922, and the hospital was without a female doctor until 1925. While Nethersole Hospital was waiting for a new female doctor to be appointed, its general nursing training continued under the supervision of a missionary nurse, Miss Rayner.

On paper, the nursing programs established by the colonial government and the Chinese hospitals had no effect on the missionary hospitals' recruitment of nursing candidates. According to Miss Rayner, "there has been no difficulty whatever in securing suitable candidates for the Nursing school, [and] all those received have been well educated young women ... their ages varying from 19 to 24."<sup>38</sup> These programs did, however, exert some

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<sup>35</sup> G. Turner, Report for 1921.

<sup>36</sup> G. Turner, Annual Report 1922.

<sup>37</sup> *Hong Kong Administrative Reports 1922*, 31.

<sup>38</sup> L.K. Rayner, "Report on the Nursing Department Connection with the L.M.S.," 1922.

pressure on the medical missionaries. Miss Rayner, a missionary matron, further noted in her 1922 report:

There is a tremendous opportunity for Mission Hospitals in Hong Kong to take the lead in the training of Chinese Nurses.... [S]oon other Hospitals will be made attractive for women to enter for training and yet ignoring the Christian influence that counts for so much in nursing the sick.<sup>39</sup>

Miss Rayner's primary concern was using qualified Chinese nurses to evangelize, at least as reflected in her report. Her concern was not completely ungrounded. By losing their leadership position in training Hong Kong nurses, missionaries would lose opportunities to evangelize among Chinese patients. Miss Rayner feared that the effect might also extend to China: "the Christian influence of the Mission Hospitals would be far reaching not only here in Hong Kong, but in many parts of China."<sup>40</sup>



Figure 24: Chinese Female Nurses 1922<sup>41</sup>

Pressure from the government and the Chinese hospitals also ensured that the medical missionaries maintained nursing standards at their hospitals. One of the first improvements

<sup>39</sup> L.K. Rayner, "Report on the Nursing Department Connection with the L.M.S.," 1922.

<sup>40</sup> L.K. Rayner, "Report on the Nursing Department Connection with the L.M.S.," 1922.

<sup>41</sup> Alice Ho Miu Ling Nethersole Charity Foundation Archive.

that Miss Rayner suggested was the construction of a building with better facilities to attract nursing students: “the time has come when rapid strides ought to be taken to make the Hospitals more efficient as a training school for Chinese Nurses, [and] this ideal cannot be realized without proper buildings and equipment.”<sup>42</sup> Another important element added to Nethersole’s program was nurse’s language training in 1922, with English class emphasized in accordance with the colonial government’s expectations—as previously mentioned, the medium of instruction in colonial government’s nursing training program was English:

We have been able to start a class for Chinese Nurses [to learn] English. The Hong Kong Government grant for this class is \$600 a year.... This English class is a great help in raising the tone of the Nursing School... Mrs. Phillips has given a very good report on the [nurses’] English work, and also on their intelligence and eagerness to learn.<sup>43</sup>

This English-language training eventually had a profound effect on Hong Kong’s Chinese nurses, improving their employment prospects and preparing them for leadership positions throughout the colony’s hospitals. Miss Rayner noted that “it is very necessary that Chinese nurses who are anxious to secure good hospital posts in Hong Kong know English.”<sup>44</sup> Leadership among Chinese nurses is discussed more extensively in the following section.

Also, the tuition for nursing training was 6 dollars per month, charged annually rather than monthly to prevent nurses from leaving the hospital before completion of their training. A more significant financial change occurred in 1922 when Nethersole terminated the stipend for participants’ service as nursing probationers.<sup>45</sup> Nurses were to be paid only after finishing their training. Accordingly, most nursing candidates in the 1920s came from middle- or upper-class families, such as daughters of local elites and merchants, who could afford to pay the tuition. Miss Rayner commented that “there is no need for them to work, but they desire to have something to do instead of living an idle selfish life.”<sup>46</sup>

And with more financial support at the local level, the missionaries were also able to expand their nursing curriculum. Training in elementary dispensing was offered to senior Chinese nurses in 1923, thus preparing them to take on more responsibilities for patient

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<sup>42</sup> L.K. Rayner, “Report on the Nursing Department Connection with the L.M.S.,” 1922.

<sup>43</sup> L.K. Rayner, “Report on the Nursing Department Connection with the L.M.S.,” 1922.

<sup>44</sup> L.K. Rayner, “Report for 1923.”

<sup>45</sup> L.K. Rayner, “Report on the Nursing Department Connection with the L.M.S.,” 1922.

<sup>46</sup> L.K. Rayner, “Report on the Nursing Department Connection with the L.M.S.,” 1922.

care.<sup>47</sup> In the following year, elementary surgical and medical nursing, gynecological nursing, and tropical and infectious diseases nursing were added to the program: “In some of these subjects the nurses have been examined by outside examiners. Each examiner gave very good reports on the work done.”<sup>48</sup>

Miss Rayner continued to declare in 1924 that “we are very anxious that the standard of work should not be lowered but raised. Each year we have tried to raise the standard by degrees, yet there is room for still more improvement.”<sup>49</sup> The establishment of nursing programs in the government and Chinese hospitals certainly provided impetus for the missionary hospitals to continue to improve their nursing programs. They also tightened their recruitment standards, focusing on candidates with nursing qualifications. That same year, Miss Cameron, who had left Nethersole when she got married in 1920, returned as Mrs. Hughes. For the first time, the hospital had “two European Nurses instead of one.”<sup>50</sup> Mrs. Hughes took on a supervisory role at Ho Miu Ling Hospital, a men’s hospital at which a Chinese female nursing service was not yet available.



Figure 25: Maternity Nurses 1925<sup>51</sup>

<sup>47</sup> L.K. Rayner, “Report for 1923.”

<sup>48</sup> L.K. Rayner, “Alice Memorial and Affiliated Hospitals, Hong Kong Report,” 1924.

<sup>49</sup> L.K. Rayner, “Alice Memorial and Affiliated Hospitals, Hong Kong Report,” 1924.

<sup>50</sup> L.K. Rayner, “Alice Memorial and Affiliated Hospitals, Hong Kong Report,” 1924.

<sup>51</sup> Alice Ho Miu Ling Nethersole Charity Foundation Archive.

Before the end of the year, a building committee was also appointed to discuss the construction of a new Alice Memorial Hospital. Plans for the new hospital were put on hold, however, when a wave of anti-foreign sentiment swept Hong Kong in 1925. The Canton-Hong Kong strike began in June of that year, seriously affecting the Hong Kong economy by disrupting commercial traffic with China. Business in general suffered, and there was a concomitant decrease in donations, meaning that the missionary hospitals were heavily in debt by the end of the year.<sup>52</sup> Finally, in 1926, construction of the long-anticipated new Alice Memorial Hospital commenced, “occasioning much noise and discomfort, so that admissions and outpatient visits were markedly affect[ed].”<sup>53</sup>

During construction, Superintendent Mitchell’s health deteriorated rapidly. He resigned from his position and returned to England with his wife, Dr. Perkins. The LMS was able to appoint female doctor Dr. Sydenham to fill the void. George argued that ever since the resignation of Hong Kong’s first female doctor—Dr. Sibree—in 1909, Alice Memorial Maternity Hospital’s “supervision was fragmented until 1925, when Dr. Annie Sydenham took over the maternity hospital.”<sup>54</sup>

Upon her arrival, Dr. Sydenham immediately noticed the presence of Chinese nurses: “Those nurses! I could say a good deal in praise of them.” Owing to her limited Chinese-language skills, these nurses provided an indispensable link between Dr. Sydenham and her patients: “I like to have [the Chinese sister] by me when I want to know a few things about my patients. I can understand more or less what she is saying to the patients, and I know that she gets my meaning through to them, and says very much what I had intended to say.”<sup>55</sup> Dr. Sydenham concluded that the Chinese nurses were “thorough and efficient, and would take their place well with English nurses.”<sup>56</sup>

While nursing became an important tool in the colony’s health administration, missionaries were not about to give up their role as the primary provider of nursing training. In her second year of service, Dr. Sydenham noted that “the training of nurses has, as usual, been an important feature of the work.”<sup>57</sup> Even the newly appointed hospital superintendent at Nethersole, Dr. Gibson, who was appointed in 1924 to fill the vacancy left by Dr. Mitchell,

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<sup>52</sup> Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 67.

<sup>53</sup> Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 68.

<sup>54</sup> J. George, “Moving with Chinese Opinion: Hong Kong’s Maternity Service, 1881-1941,” (Ph.D. Dissertation, University of Sydney, 1992), 104.

<sup>55</sup> A. Sydenham, London Mission, Hong Kong, 1<sup>st</sup> September 1925.

<sup>56</sup> A. Sydenham, London Mission, Hong Kong, 1<sup>st</sup> September 1925.

<sup>57</sup> A. Sydenham, “London Mission, Hong Kong, Report for 1926,” 17<sup>th</sup> January, 1927.



noted the significance of the missionary hospitals' nursing training. According to his report in 1926, "an important part of the work done in this hospital has been the training of Chinese nurses."<sup>58</sup>

The importance of nursing was also recognized by the Hong Kong Sanatorium & Hospital, which joined the missionary, government, and Chinese hospitals in providing nursing training in 1927. Located in Happy Valley, this private hospital was established in 1922.<sup>59</sup> Most of its doctors were Chinese who had been trained in Western medicine. Dr. Li Shu Pui recalled the motive for establishing the hospital:

By the early 1920s Chinese medical practitioners were unable to find a Chinese hospital to which they could admit their patients for treatment and it was clear that more hospital beds were needed for those indigenous people not under the auspices of the government medical service and the Colonial Surgeon.<sup>60</sup>

In the beginning, "the occupancy rate was poor and most of the patients suffered from tuberculosis."<sup>61</sup> Li Shufan became the hospital's director in 1926.<sup>62</sup> With approval from the colonial government, it became Hong Kong's first private hospital to establish a training program for institutional nurses. Training began in 1927, initially with three nursing probationers.<sup>63</sup> Two years later, midwifery training was incorporated into the third year of the three-year program.<sup>64</sup>

In 1928, just before the grand opening of the new Alice Memorial Hospital, Miss Rayner resigned after serving in the colony for more than 16 years. Sadly, she never had the chance to see the new hospital. Her replacement, Miss Ward, was appointed matron. As we will see in the next chapter, Miss Ward was to be the hospital's last foreign matron<sup>65</sup> owing to the rise of Chinese nursing leadership in the hospitals of Hong Kong.

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<sup>58</sup> R.M. Gibson, Superintendent's Report, 1926.

<sup>59</sup> In 1922, the hospital was named the Hong Kong Sanatorium and Hospital, also known as Yeung Wo Hospital.

<sup>60</sup> S.P. Li, *Reflections at 90* (Hong Kong: Li Shu Pui, 1996), 37.

<sup>61</sup> A.E. Starling, *Plague, SARS, and the Story of Medicine in Hong Kong* (Hong Kong: Hong Kong Museum of Medical Science Society, 2006), 135.

<sup>62</sup> Li Shufan (1887-1966) received his medical degree from the Hong Kong College of Medicine, which was still affiliated with Alice Memorial Hospital at that time. In 1911, Li became Guangdong Province's first Minister of Public Health, and was later named President of Kung Yee University Medical School in Guangzhou.

<sup>63</sup> Poon, "Nursing Standards in Hong Kong," 120.

<sup>64</sup> S.F. Li, *Hong Kong Surgeon* (New York: E.P. Dutton, 1964), 61.

<sup>65</sup> Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 110.

### *Establishment of Chinese Nursing Leadership*

As early as 1914, foreign nurses had argued that Chinese nurses must be trained to take their places as superintendents and head nurses.”<sup>66</sup> The LMS medical missionaries shared their vision for the expansion of Chinese nursing leadership and started to train nursing leaders to serve in medical institutions and elsewhere in the colony. This was an attempt for medical missionaries to maintain their influence on Hong Kong’s nursing training. As Chinese nurses were given more opportunities to lead, consequently more employment opportunities gradually opened up. In particular the leadership of these Chinese nurses became significant in abovementioned newly-established nursing programs where their leadership was needed. Missionaries also appointed Chinese nursing leaders in their own Nethersole Hospital. Sadly, none of Nethersole’s nursing leaders remained in the missionary hospitals for a significant period of time, instead leaving as soon as they found better openings elsewhere.

A sign of Chinese women’s increasing role in Hong Kong’s health care field was the enrolment of the colony’s first female medical students at the University of Hong Kong in 1921.<sup>67</sup> This was a significant development, as Chinese women had previously been excluded from higher education in Hong Kong. Although a belated milestone compared with female medical education in China, Hong Kong women were starting to make their presence felt in Western medical institutions. The medical missionaries were excited by the development, as Dr. Sydenham’s comment makes clear: “I look forward to the day when it will be possible to have a Chinese lady doctor to assist in this work, so that more people may be attended to, and that the work will go on during my absence.”<sup>68</sup> She added in the following year that “it will be a great help when those women students now studying at the University begin to practice in the colony and gain the confidence of ... Chinese women.”<sup>69</sup> The University’s first female medical graduate, Dr. Eve Ho Tung, received her degree in 1926.

Another significant development in Hong Kong’s missionary hospital structure was the adoption of the new Hospital Constitution in 1922, which transferred oversight from the LMS to a committee comprising local supporters of the hospital and representatives of local society. “Localization” was the word Paterson used to describe this momentous transfer of managerial

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<sup>66</sup> Withers, *The British Journal of Nursing*, 5<sup>th</sup> September 1914.

<sup>67</sup> I. Cheng, “Women Students and Graduates,” in *University of Hong Kong: The First 50 Years 1911-1961*, B. Harrison, ed. (Hong Kong: Hong Kong University Press, 1962), 150.

<sup>68</sup> A. Sydenham, “London Mission, Hong Kong, Report for 1926,” 17<sup>th</sup> January, 1927.

<sup>69</sup> A. Sydenham, “Report of Work During the Year 1927,” January 1928.



authority to local elites.<sup>70</sup>

All of these factors contributed to the emergence of Chinese nurses at the leadership level, echoing Miss Rayner's proposal in 1922:

In the nursing department there is great need for an English speaking Chinese Assistant Matron, and I think the time has come when we ought to entertain the idea of offering posts to qualified Chinese Nurses. They might not yet undertake headships but might be employed as assistants where there would be a certain amount of supervision in the work.<sup>71</sup>

Miss Rayner initially argued that an “[a]ssistant matron would also be a great value in helping with the translation work, and in the training of nurses” at Nethersole Hospital.<sup>72</sup> More importantly, she expressed her hope that the hospital could train nurses to take on leadership positions elsewhere in the colony: “Work such as this would prepare nurses [to take] posts as Matrons in other Hospitals.”<sup>73</sup>

In 1923, she reported the very first appointment of a Nethersole-trained nurse as the matron of a Chinese hospital:

The nurse mentioned in last year's report as being appointed Matron of a new up-to-date Chinese Hospital is still proving her worth. It has been very up-hill work for her but she has preserved very bravely in [the face] of the many discouragements and disappointments that she has met with in the course of her work. She is a genuine Christian and is very happy in her work.<sup>74</sup>

This nurse apparently kept in touch with Miss Rayner and Nethersole Hospital, sharing with them the difficulties and challenges she faced as the first of Hong Kong's Chinese matrons. Miss Rayner further reported, “When first this nurse began the work her task was a very, very difficult one.... [A]s she was passing through the persecution stage the Secretary for Chinese Affairs in Hong Kong upheld her in her work. Now that she has overcome great difficulties she is very happy in the work.”<sup>75</sup>

Many more challenges and obstacles awaited Chinese nurses as they took up managerial and other leadership positions. In 1924, for example, another nurse who had been trained at

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<sup>70</sup> Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 67.

<sup>71</sup> L.K. Rayner, “Report on the Nursing Department Connection with the L.M.S.,” 1922.

<sup>72</sup> L.K. Rayner, “Report on the Nursing Department Connection with the L.M.S.,” 1922.

<sup>73</sup> L.K. Rayner, “Report on the Nursing Department Connection with the L.M.S.,” 1922.

<sup>74</sup> L.K. Rayner, “Report for 1923.”

<sup>75</sup> L.K. Rayner, “Alice Memorial and Affiliated Hospitals, Hong Kong Report,” 1924.

Nethersole was hired by Tung Wah Hospital as the nurse-in-charge. The experience was also not a successful one. Miss Rayner reported:

Last year another splendid nurse and organizer, with a fine Christian character, who was trained with us took a post as nurse in charge of a large Chinese Hospital governed by [a] non-medical Chinese Committee. This unfortunately proved a failure. [This was] not failure on the part of the nurse, as both European doctors in charge gave excellent testimonials in regard to her work and character. Unfortunately she was not appreciated by the [Tung Wah Hospital Committee;] why one cannot quite understand, as she put both heart and soul into her work, was kind to those under her care and would not receive any extra money that was offered her by the patients in the Hospital, which is unfortunately a great temptation to so many of the Chinese. It was very unfortunate that the Secretary for Chinese Affairs was away in England during the time that this persecution was going on.<sup>76</sup>

It is clear from this example that the Chinese Committee's lack of confidence in Chinese nurses' ability to take on leadership positions made the work of these nurses even more difficult. Perhaps some bias against the nurses remained despite the increasing level of social acceptance the nursing profession enjoyed. Furthermore, the colonial administration did not necessarily create a favorable environment for Chinese nurses to take over nursing departments from the hands of foreign matrons. Superintendent Gibson noted in 1927 that to maintain the colony's nursing standards, "the number of English sister[s] should not be reduced" in hospitals, regardless of the qualifications of local nurses.<sup>77</sup>

However, some health care professionals were willing to give Chinese nurses a chance to prove their capability. Dr. Hickling was one. When Tsan Yuk Hospital was established in 1922, she immediately recruited local women as her assistants and encouraged them to undergo midwifery training. Miss Leung from Nethersole Hospital was selected for the position of matron, along with two other local nurses who served under her supervision. According to Dr. Hickling,

It was thought [that a] foreign matron would be [a] necessity but I decided to take one of Miss Rayner's pupils and she has proved to be a perfect matron in every way.... [She] does all the buying, managing the food, and clothing and upkeep of the hospital, trains the probationers, makes the time tables and maintains perfect order and discipline.<sup>78</sup>

Under this Nethersole-trained nurse's leadership, Dr. Hickling was willing to entrust more

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<sup>76</sup> L.K. Rayner, "Alice Memorial and Affiliated Hospitals, Hong Kong Report," 1924.

<sup>77</sup> R.M. Gibson, "Alice Memorial and Affiliated Hospitals, Report for 1927," 14<sup>th</sup> February 1928.

<sup>78</sup> Dr. Alice Hickling to Mr. Hawkins, 26<sup>th</sup> March 1925.

responsibilities on her nurses at Tsan Yuk Hospital. Dr. Hickling was not disappointed by their performance:

On Saturdays Mrs. Minett Mo and I run a big women's clinic and the nurses help us. Mrs. Minett has expressed great surprise and pleasure [in] the way these nurses tackle really serious cases. When we have arrived we have often found they have done all that we could possibly suggest.<sup>79</sup>

Hong Kong's Chinese hospitals continued to be the place where the leadership of Nethersole trained nurse was apparent. In 1923, a graduate of Nethersole who had been employed by a Chinese hospital in Singapore for several years returned to Hong Kong and was appointed matron of Kwong Wah Hospital, according to Miss Rayner, who added that "at present she is working with one of her pupils she trained in Singapore; both are Christian women."<sup>80</sup> Located on the Kowloon Peninsula, Kwong Wah was the colony's second major Chinese hospital and operated under Tung Wah management. Its nursing training program, which was established in 1922, required the presence of trained, experienced nurses to supervise the nursing probationers, the primary reason that the aforementioned Nethersole nurse was hired as matron. According to Dr. Hickling, writing in 1924,

[Kwong Wah] Hospital was in a terribl[e] condition of dirt and neglect, and the women's wards looked more like refugee camps than hospital wards. Miss Sin worked magnificently at getting things put right and it is hard now to believe it is the same place ... we have three wards with over fifty beds for general cases and nine probationers, so that Nurse Sin has a very strenuous and difficult position. I visit daily and do all I can to help but she has to do a great deal by herself with the Chinese house surgeons.<sup>81</sup>

The Nurse Sin mentioned in the letter was a graduate of Nethersole Hospital.

In the same year, Dr. Hickling once again appointed another Nethersole-trained nurse to supervise the nurses at Tung Wah Hospital on Hong Kong Island:

In August 1924 I appointed two trained girls of Miss Rayner's in the big Tung Wah Hospital maternity ward. They are also splendid girls and are working well. I am hoping the Committee will agree to the appointment of a nurse for the general wards. They badly need more supervision.<sup>82</sup>

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<sup>79</sup> Dr. Alice Hickling to Mr. Hawkins, 26<sup>th</sup> March 1925.

<sup>80</sup> L.K. Rayner, "Report for 1923."

<sup>81</sup> Dr. Alice Hickling to Mr. Hawkins, 26<sup>th</sup> March 1925.

<sup>82</sup> Dr. Alice Hickling to Mr. Hawkins, 26<sup>th</sup> March 1925.

In the following year, Tung Wah Hospital hired yet another Chinese nurse from Nethersole Hospital. In 1926, the newly established nursing training program at Tung Wah Hospital also needed the input and leadership of qualified and experienced Chinese nurses, but the medical missionaries grew concerned that the Chinese hospitals' gain might become the missionary hospitals' loss. The aforementioned Mrs. Hughes wrote: "During the year she [a Chinese nurse] had gained a good deal of helpful experience, so that her going was really a great loss to me personally, and to the work in general."<sup>83</sup> The loss of qualified nurses continued to be an issue in the missionary hospitals.

Another milestone in Hong Kong's nursing development occurred in 1925, when the medical missionaries decided to appoint a member of their own nursing staff as staff nurse:

It had long been a desire of the staff here to have a graduate nurse in the Alice Memorial Hospital, to act in the capacity of a staff nurse. The going on furlough of Miss Rayner, and the approaching furlough of Miss Ward, seemed to make the time opportune for such an appointment. Miss Wong Wai Man, one of our own graduates, was appointed [as staff nurse]. She has proved to be a great help, is keenly interested in all branches of the work, and is very capable.<sup>84</sup>

Mrs. Hughes added that Miss Wong "is also a person of fine Christian character, respected by all the nurses amongst whom she has a good influence, and she is very helpful in the evangelistic work."<sup>85</sup> Once again, the evangelical nature of the hospital and the religious intent of the missionary nurses made Chinese nurses' Christian faith a primary factor in their selection as nursing leaders, with non-Christian nurses thus denied similar opportunities.<sup>86</sup>

The year 1925 was a difficult one for Alice Memorial & Affiliated Hospitals. When Miss Ward, the matron of Ho Miu Ling Hospital, went on furlough, the responsibility for training and supervising male nurses fell to Mrs. Hughes. In May of that year, Dr. Sydenham also became ill. Hence, Mrs. Hughes and Superintendent Gibson also became responsible for teaching the hospital's obstetrics classes, and the assistance of Miss Wong became indispensable.

Unfortunately for Nethersole, Miss Wong left to take up a better opportunity at Tung Wah Hospital just a year later.<sup>87</sup> Her replacement also stayed for only one year before

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<sup>83</sup> A. Hughes, "Alice Memorial and Affiliated Hospitals, Matron's Report for 1926."

<sup>84</sup> A. Hughes, "Nethersole Hospital, Matron's Report, 1925."

<sup>85</sup> A. Hughes, "Nethersole Hospital, Matron's Report, 1925."

<sup>86</sup> A. Hughes, "Nethersole Hospital, Matron's Report, 1925."

<sup>87</sup> A. Hughes, "Alice Memorial and Affiliated Hospitals, Matron's Report for 1926."

moving with her family to Shanghai.<sup>88</sup> The departure of these nursing leaders was a critical blow to Nethersole nursing program. In desperation, the missionary matron returned to employing foreign nurses and “consider[ed] the advisability of securing the services of a foreign-trained nurse to assist in the work of the Hospitals.”<sup>89</sup> Later that year, Miss Banks, a nurse from the Wesleyan Missionary Society, accepted a temporary appointment.<sup>90</sup> Despite Mrs. Hughes’ conclusion that the missionary hospitals should engage “more trained Chinese help” in the future by offering sufficient training to overcome the shortage of medical staff, the medical missionaries failed to take note of the Chinese nurses’ discontent. The premature departure of local staff nurses indicated that their treatment, particularly that of those in leadership positions, was not ideal. It is clear that Chinese nurses did not necessarily enjoy the patriarchal working environment of the missionary hospitals, where they had to comply with the orders of foreign doctors and nurses.

A 1927 experiment at Nethersole placed two Chinese nurses in charge, Miss Leung Tse Hing and Miss Wong Yuk Wa. Miss Rayner reported that “this is an experiment which we hope will prove successful.” In her 1927 report, Dr. Sydenham particularly mentioned that “I am doubly fortunate for a short time now in having Miss Ward and a Chinese staff nurse, and one begins to wonder how one could ever have carried on without them.” She added, “We hope it will be possible in future always to have a Christian staff nurse.”<sup>91</sup> In 1928, a newly appointed staff nurse named Mrs. Wong made significant contributions from the start of her employment. Rayner described her work in a hospital report: “Nurse Wong has carried on the work of the Maternity Hospital very efficiently. It has been a pleasure to work with her, for added to her capability as a nurse, she has the highest good of the patients at heart.”<sup>92</sup> But as we will see in the subsequent section, many nurses would continue to leave eventually, indicating their discontentment.

### *Nurses’ Expression of Discontent*

With anti-foreign sentiment heightened in the mid-1920s, there was “minimal contact between Chinese and European women” in Hong Kong.<sup>93</sup> As previously noted, Chinese workers in various lines of work participated in large-scale strikes against the colonial

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<sup>88</sup> A. Hughes, “Alice Memorial and Affiliated Hospitals, Matron’s Report for 1926.”

<sup>89</sup> A. Hughes, “Alice Memorial and Affiliated Hospitals, Matron’s Report for 1926.”

<sup>90</sup> A. Hughes, “Alice Memorial and Affiliated Hospitals, Matron’s Report for 1926.”

<sup>91</sup> A. Sydenham, “Report of Work During the Year 1927,” January 1928.

<sup>92</sup> George, *Moving with Chinese Opinion: Hong Kong’s Maternity Service, 1881-1941*, 126.

<sup>93</sup> George, *Moving with Chinese Opinion: Hong Kong’s Maternity Service, 1881-1941*, 126.

government in 1925 and 1926, and nurses also made significant efforts to express their discontent. Unfortunately for the missionary hospitals, the missionaries refused to hear the nurses' demands or take note of their requests. As a result, although many nurses did return to work after the strikes, many others left these hospitals for better positions elsewhere in Hong Kong. The missionaries' reaction to the strikes also revealed the differing value they placed on male and female nurses, as we will see.

The first nurses' strike occurred in 1923. As the previous chapter explains, the May Thirtieth Movement (1925) had a profound effect on Hong Kong, whipping up anti-colonial and anti-foreign sentiment under the growing influence of nationalism, particularly with severe inflation making local people's lives even more difficult.<sup>94</sup> But even before the incident, many local people organized strikes against the colonial government. In 1917, a strike broke out against Hong Kong Tramways, followed by a mechanics' strike in 1920. In 1922, a large-scale seamen's strike severely affected Hong Kong's economy, with 166 ships and their cargoes stranded in Victoria Harbor. It was in this social context that the first of the nurses' strikes broke out.

In 1923, Miss Rayner reported that "seventeen of the junior probationers went on strike, leaving us with six senior probationers for the Maternity department and only one very junior probationer for the Nethersole ... women and children."<sup>95</sup> The missionaries interpreted that the strike was the result of unjustifiable complaints, with Miss Rayner describing the nurses' discontent as arising from an irrational misunderstanding. She recalled that several of the nurses believed that she had unfairly favored a nurse with lesser seniority, "which was quite untrue."<sup>96</sup> The missionaries not only refused to listen to the Chinese nurses' demands, but also threatened them by warning them that "if they went without giving their reason for leaving none of them would be asked to return."<sup>97</sup>

In the end, the striking nurses returned to the hospital after four days away when they received a further warning to "take away their belongings as no one could be responsible for what they had left in the Nurses Home." The nurses did present their demands to Miss Rayner, but none was accepted. One missionary nurse boastfully recorded this so-called victory: "No alternations were made in the Hospital rules." Miss Rayner further scornfully commented in

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<sup>94</sup> J.S.P. Ting, *Shan Yu Ren Tong: Yu Xianggang Tongbu Chengchang de Donghua Sanyuan (1870-1997)* [善與人同：與香港同步成長的東華三院(1870-1997)] (Hong Kong: Sanlian Shudian YouXian Gongshi, 2010), 153.

<sup>95</sup> L.K. Rayner, "Report for 1923."

<sup>96</sup> L.K. Rayner, "Report for 1923."

<sup>97</sup> L.K. Rayner, "Report for 1923."

her report on the incident, “I think that some of the nurses thought that if anything displeased them the correct thing to do was to strike.”<sup>98</sup> All of the nurses were reinstated in their positions.

Miss Rayner further justified the administration’s actions by citing the case of another missionary hospital that had refused to receive back any of its nurses who had gone on strike. She concluded her report by reiterating the hospital’s righteous position and benevolence in handling the crisis: “I think the right thing was done in connection with our Hospital as the nurses came back in the right spirit and acknowledged their fault in having left the Hospital.”<sup>99</sup> Although the Chinese nurses were subsequently given more responsibilities and leadership opportunities at Nethersole, that does not necessarily mean that they were content with their working environment. It is difficult to construct a complete picture of this first strike without accounts from the Chinese nurses involved. Although their discontent was completely dismissed by the missionaries, this may constitute the first time that such discontent was clearly voiced through a secondary account.

Hong Kong nurses went on strike again two years later, although this time male nurses were involved. The male nurses’ strike of 1925 was quite different from the earlier female nurses’ strike. It also occurred in a very different social context, with the anti-foreign movement at its peak in 1925. Hong Kong’s labor unions declared a general strike against the colonial government, and as a result all commercial traffic between the colony and Guangzhou came to a halt for about sixteen months.<sup>100</sup> The primary impetus for the strike was the Shakey Massacre in Guangzhou, in which British troops killed more than fifty local workers who had gone on strike to protest foreign imperialism and unfair treaties. In response, Hong Kong’s Chinese workers went on strike, bringing all trading activities to a halt. The estimated financial loss was \$210 million per month. According to Ding, the majority of the 1925 strike’s leaders were members of the Communist Party.<sup>101</sup> Nethersole Hospital, as an institution founded and operated by Westerners, felt the strike’s effects acutely when its male nurses joined and were dismissed in 1925. According to the missionaries’ report:

The year 1925 was marked by great upheavals. Following events on the mainland of

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<sup>98</sup> L.K. Rayner, “Report for 1923.”

<sup>99</sup> L.K. Rayner, “Report for 1923.”

<sup>100</sup> For more on the strike of 1925, see N. Miners, *Hong Kong under Imperial Rule* (Hong Kong: Oxford University Press, 1987), 15-19.

<sup>101</sup> Ting, *Shan Yu Ren Tong: Yu Xianggang Tongbu Chengchang de Donghua Sanyuan (1870-1997)* [善與人同：與香港同步成長的東華三院(1870-1997)], 153.

China, there were anti-foreign riots and a general strike in Hong Kong. This affected the work of the Hospitals quite severely, as all the male nurses in the Ho Miu Ling Hospital and all the dispensers left their posts, so the Ho Miu Ling Hospital had to be closed for two months.<sup>102</sup>

This second strike made clear the differing value placed on female and male nurses. Inspired by the healing culture of the West and the ideology of Florence Nightingale, many in the West believed nursing to be a women's occupation owing to their innate mothering nature. Male nurses were trained in China and Hong Kong only to temporarily meet nursing demand at a time that cross-gender care was still problematic in the local culture. The missionary nurses were just waiting for an opportunity to replace the male nurses with more qualified female nurses. Therefore, there was an evident disparity in what was expected of male and female nurses, and male nurses tended to enjoy much greater mobility than their female counterparts. Most expected to eventually leave the profession, either during or after training. Hence, at some level, the strike came as no surprise to Nethersole's medical missionaries, and they never sought to explore the reasons for it. All that is known is that the men's hospital bore the brunt of the strike action.<sup>103</sup>

Clearly, the male nurses were discontented, either with the nature of their jobs or with the hospital administration. The evidence suggests the latter, as some of them subsequently found employment in other Western hospitals in Guangzhou. Once again, the missionaries failed to listen to them—individually or collectively. After the incident, the missionaries concluded that “if ever the day comes when it is possible to have ... women nurses, the difficulties of male nursing will be considerably lessened, but until then we must be content to do the best we can with the men we can get.”<sup>104</sup> The strike had a serious effect on the missionary hospitals, however, with the number of male patients in Ho Miu Ling Hospital decreasing dramatically thereafter. Most of them were simply discharged, with severe cases transferred to Nethersole Hospital.<sup>105</sup> When Ho Miu Ling Hospital reopened in September of 1925, it was run by an entirely new staff.

To the female nurses' credit, most of them behaved professionally once they returned to work after the strike. Dr. Sydenham wrote in 1925 that “the nurses, even if they have strong nationalistic feelings, do not show any unfriendliness with us.”<sup>106</sup> Miss Rayner reported the

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<sup>102</sup> Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 67.

<sup>103</sup> A. Hughes, “Alice Memorial and Affiliated Hospitals, Matron's Report for 1926.”

<sup>104</sup> M. Ward, “Ho Miu Ling Hospital, 1926 Report.”

<sup>105</sup> A. Hughes, “Nethersole Hospital, Matron's Report, 1925.”

<sup>106</sup> A. Sydenham, London Mission, Hong Kong, 1<sup>st</sup> September 1925.



following year: “Throughout the year, although they are well aware of the bitterness and enmity that surrounds Britons and everything British, there has not been a single incident that would bespeak disloyalty in any form.”<sup>107</sup> Even without the large-scale departure of Chinese female nurses, however, many individuals left, particularly those in leadership positions. As previously noted, Nethersole’s first Chinese staff nurse, Miss Wong, left the hospital in 1926 after just one year of service for a better opportunity at Tung Wah Hospital. According to Miss Rayner, “we lost a very valuable worker. During the year she had gained a good deal of helpful experience, so that her going was really a great loss to me personally, and to the work in general.”<sup>108</sup> Her successor also left quite quickly: “From April until July we were without a staff nurse, and the next one who came (also one of our graduates) only stayed a very short time.”<sup>109</sup> Rather than address the sources of the Chinese nurses’ discontent, however, the missionaries decided to turn to a European nurse to resolve the issue.

#### *The Issue of Caring for Male Patients*

As the feminizing of the nursing field continued apace in Hong Kong, the issue of caring for male patients became even more critical. For more than three decades, the colony’s medical missionaries had employed untrained *coolies* to assist in providing care for the patients in the men’s hospitals, but their performance was unsatisfactory. Thus, under the influence of Government Civil Hospital, they began to train male nurses to care for male patients. Doing so proved a difficult task, however, owing to the lack of qualified nursing candidates and the high turnover rate in the male nursing department. The problem arose partly from the nature of the nursing profession, which prevented educated men from entering the field, but was also due to the missionaries’ lack of genuine interest in training male nurses as a result of their own presumptions about the nursing profession. Without a proper understanding of the Chinese medical culture, they ended up advocating for a break in cultural barriers in patient attendance by introducing cross-gender nursing.

According to Bower, “Male patients were cared for exclusively by men who, after the advent of Western missionaries, received apprenticeship training in the missionary hospitals.”<sup>110</sup> The nursing program in PUMC, for example, recruited only male nurses in its first few years of development. I argue in a previous chapter that this recruitment policy was

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<sup>107</sup> L.K. Rayner, “Report for 1926.”

<sup>108</sup> L.K. Rayner, “Report for 1926.”

<sup>109</sup> L.K. Rayner, “Report for 1926.”

<sup>110</sup> Bower, *Western Medicine in a Chinese Palace: Peking Union Medical College, 1917-1951*, 199.

perhaps the result of a more conservative society, and hence more rigid gender segregation, in Northern China, where cross-gender medical treatment was rare outside the family context. The Rockefeller Foundation's involvement in PUMC and the establishment of the new nursing school in 1920, however, changed the recruitment process, with primarily female nursing probationers recruited thereafter.

By then, after undergoing the baptism of the May Fourth New Culture Movement, more women were prepared to join the health care field, and it became efficacious to recruit qualified female students who wanted to train as nurses. The gender barrier in health care provision similarly began to dissolve. According to statistics, only seven hospitals in China allowed female nurses to care for male patients in 1920.<sup>111</sup> That number increased dramatically throughout the decade. In 1922, the issue of male nurses was brought up once again at the sixth congressional meeting of the NAC. It was noted that male nurses were still needed in rural areas where female nurses' access was limited. Two articles about male nurses—"The Value of Male Nurses in China" and "The Future Male Nurse in China"—were published in the NAC's official journal that year.<sup>112</sup> Although male nurses became an important presence during the war years, especially during the Northern Expedition that started in 1926, the use of male nurses continued to fade as nursing in China underwent feminization.<sup>113</sup>



Figure 26:  
Chinese Male  
Nurses 1922<sup>114</sup>

<sup>111</sup> Wang, *Zhongguo Huli Fazanshi* [中國護理發展史], 101.

<sup>112</sup> Y.P. Liu, "Zhongguo Huli ShiShang de Nanhushi [中國護理史上的男護士]," *Today Nurse* 2 (2004): 15.

<sup>113</sup> Wang, *Zhongguo Huli Fazanshi* [中國護理發展史] 101.

<sup>114</sup> Alice Ho Miu Ling Nethersole Charity Foundation Archive.

The process also spread to Hong Kong. Previously untrained *coolies*, also known as dressers, were hired to provide assistance during medical treatment, attending to male patients along with young medical students and female missionary nurses. However, concern with providing sufficient care for male patients continued to exist at Ho Miu Ling Hospital. In 1921, when Government Civil Hospital began its nursing training program, it incorporated both male and female nurses. In the same year, with the appointment of Miss Ward, Nethersole also made the decision to officially start training male nurses. The task was much more difficult than the missionaries expected. To begin with, according to Miss Ward's 1922 report, it was "very difficult to get enough suitable men."<sup>115</sup> This was similar to the situation with the training of female nurses in the late nineteenth century, when the missionaries had difficulty recruiting qualified nursing probationers and most applicants were rescued *Mui Tsai*.<sup>116</sup> It was not until the turn of the century, under the reformist and nationalist promotion of Western learning, that nursing became an acceptable occupation for women. The same, however, was not the case for men.

Women's, let alone foreign women's, tutelage and supervision of Chinese men in the context of employment were unprecedented in Chinese society. During the constant struggles at the men's hospitals, Miss Ward made note of the feminization process occurring in China: "There is a definite move forward in various parts of China where women nurses are working in men's wards.... If the women nurses are able to do male nursing as part of their training, it may probably alter the whole situation with regard to the training of men."<sup>117</sup> What Miss Ward preferred, evidently, was to appoint Chinese female nurses to provide care for Ho Miu Ling's male patients, but the existing cultural gender barrier would be difficult to overcome. The issue was "argued fiercely, whether it was better to train men as nurses or to break the taboo on female nurses entering the men's wards" throughout the decade.<sup>118</sup>

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<sup>115</sup> M. Ward, "Report 1922 Ho Miu Ling Hospital."

<sup>116</sup> For more information on *Mui Tsai*, see Chapter 3.

<sup>117</sup> M. Ward, "Report 1922 Ho Miu Ling Hospital."

<sup>118</sup> Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 64.



Figure 27: Chinese Male Nurses 1922<sup>119</sup>



Figure 28: Miss Ward and Male Nurses in Ho Miu Ling Hospital 1923<sup>120</sup>

<sup>119</sup> Alice Ho Miu Ling Nethersole Charity Foundation Archive.

In the face of these challenges, the strike was a critical blow to Ho Miu Ling Hospital. Not only was it forced to close down, with its patients relocated to Nethersole Hospital, but, more importantly, Miss Ward had to once again recruit male nursing probationers and start over with entirely new staff. However, the male nursing situation deteriorated even further after the 1925 strike, and the difficulty of recruiting qualified male nurses persisted. Miss Ward complained about the challenging situation in 1926:

Hong Kong men were afraid to apply, but our need for recruits soon became known on the New Territories and from there most of our help came. But what help!! Suitable men, there seemed to be none so we had to make the best use of our offers—lads between the ages of 17 & 20 years of age, most of whom up to this time had done nothing but “plough the fields and scatter.” With such material it is not easy to cultivate the “cool hand and gentle touch,” but it is really surprising how well some of these lads are getting on. Of course it means constant supervision & we have to pass over a great deal [that] would strike horror in the heart of many of our sisters in the profession in the homeland.<sup>121</sup>

Moreover, in addition to the recruitment difficulties, perhaps an even greater challenge was the high turnover rate among male nurses. Miss Ward wrote:

But alas for one’s hope[s], they were shattered in a week. The men were all intimidated and one by one they departed. We did our utmost to make it possible for them to stay, [but] the first two went off without any warning. Some came and told us frankly that they were afraid to stay; they said that their own lives and their homes were in danger. Some stayed a few days longer keeping their courage up by sleeping in the hospital in the private rooms. But each day as evening came on the fear returned and someone or other succumbed. The head nurse was the only one who stayed. The last man to go on being asked for his reason said “the world is all wrong[;] I will come back when it is better.”<sup>122</sup>

As new employment opportunities continued to open up for young Chinese men, many male nurses left the missionary hospitals for better positions elsewhere. Miss Ward said, “We do not despair that what they learn here is wasted even though they leave some of them after a few months.”<sup>123</sup> The problem remained in the following year “owing to a variety of reasons (personal sickness, family sickness or bereavement, or important business!),” Miss Ward reported. “[W]e rarely have the complete staff for more than a few weeks at a time. This is a

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<sup>120</sup> SOAS CMS Archive.

<sup>121</sup> M. Ward, “Ho Miu Ling Hospital, 1926 Report.”

<sup>122</sup> M. Ward, “Ho Miu Ling Hospital, 1926 Report.”

<sup>123</sup> M. Ward, “Ho Miu Ling Hospital, 1926 Report.”

great hindrance to the carrying out of any [program] of work or teaching.”<sup>124</sup>

As a result, Miss Ward once again pleaded for the introduction of female nurses to the men’s wards, although she realized that doing so would be no easy task. “I should like to say a word about the introduction of women nurses for work in the men’s hospital. The question is often asked ‘Are the women nurses not willing to help nurse the men?’ I think a great many of them are willing, especially the Christians, but the men are not ready.”<sup>125</sup> Later, it was clarified that the “men” referred to here were the nurses’ family members: “We have made inquiries among Chinese gentlemen, several Western trained doctors included, and the heavy weight of opinion is against the procedure. Without exception they say the men are not ready and they would be unwilling to let their daughters or sisters do the work.”<sup>126</sup> It is obvious that these men, despite the professional training offered to female nurses, were not ready for the critical decision to break the gender boundary in health care. Compared with China, Hong Kong was relatively stricter about segregation in the 1920s since many local elites firmly upheld Chinese traditional culture. And with Chinese doctors’ objections, the proposal to arrange for female nurses to serve male patients was off the table.

In the subsequent year, Miss Ward attempted to find the root cause of the problem by looking deeper into the issue of male nurses. In her opinion, the nature of the job was not appealing to men in general: “Difficulty has been experienced in securing the right type of man; the work in itself does not appeal to men in the same way it does to women. A man presents himself as a candidate for vacancy simply because he desires employment—he is out of work.”<sup>127</sup> Therefore, educated and qualified men were likely to shun nursing as an occupation and choose an alternative line of work: “The accommodation we have to offer attendants is poor, and the wages are small—for youths or men with knowledge of English and a fair Chinese education, the business and commercial world make a stronger appeal.”<sup>128</sup> These were practical, yet superficial aspects of the missionaries’ difficulty in training male nurses. What Miss Ward failed to observe was the cultural aspect of the problem. For instance, the medical missionaries never realized that the job might not be appealing to Chinese men because of the gender label that Westerners placed on nursing throughout the development of Western medicine in Hong Kong. The medical missionaries’ biased opinion of the incompatible association between men and nursing makes Miss Ward’s observations seem

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<sup>124</sup> M. Ward, “Ho Miu Ling Hospital, 1927 Report.”

<sup>125</sup> M. Ward, “Ho Miu Ling Hospital, 1926 Report.”

<sup>126</sup> M. Ward, “Ho Miu Ling Hospital, 1926 Report.”

<sup>127</sup> M. Ward, “Ho Miu Ling Hospital, 1927 Report.”

<sup>128</sup> M. Ward, “Ho Miu Ling Hospital, 1927 Report.”



like practical excuses for the hospitals' decision not to work with Chinese male nurses.



Figure 29:  
Male  
Patients in  
Ho Miu Ling  
Hospital  
1929<sup>129</sup>

In 1927, Ho Miu Ling Hospital did attempt to modify male nursing training by inviting an experienced female nurse to provide assistance. Miss Ward noted: “During the year I have had the help of a Chinese nurse as interpreter when lecturing. She is a graduate of Government Civil Hospital and has a good knowledge of English as well as Chinese. She has been a great help in the teaching work.”<sup>130</sup> The name of this assistant was Mrs. Shin. Her recruitment constituted a Hong Kong missionary hospital’s first hiring of a Chinese nurse from outside its own training program, perhaps because Government Civil Hospital commenced male nursing training in 1921, along with female nursing training, and the missionary nurses wanted the input of a Chinese nurse who had gained experience at a government hospital. It also constituted a practical attempt to incorporate female nurses into a men’s hospital.

Nethersole also flirted with the idea of a joint-training program for nurses, similar to those in Guangdong hospitals. Bower noted:

An important program for training both male and female nurses was opened at the Canton Hospital in 1914. The hospital’s report for that year noted that the Chinese nursing staff consisted of one male and two female graduate nurses. There were eleven students in the first-year class—seven men and four women.<sup>131</sup>

<sup>129</sup> Alice Ho Miu Ling Nethersole Charity Foundation Archive.

<sup>130</sup> M. Ward, “Ho Miu Ling Hospital, 1927 Report.”

<sup>131</sup> Bower, *Western Medicine in a Chinese Palace: Peking Union Medical College, 1917-1951*, 200.

However, the proposal was overturned because of the incompatible nursing curriculum: “There is no likelihood for some time to come of the men nurses being able to join the women nurses in general lectures, owing to differing standards of education. This department will have to be on a separate basis.”<sup>132</sup>

The situation regarding male nurses did improve somewhat. Mrs. Hughes explained: “[B]ecause we have had fewer changes and have had an unbroken year of supervision, we have been able to make some progress.” She noted that “[t]he four men who had completed one whole year when the last Report was written are still with us, and so have completed two years. This means that they are now able to [take] more responsibility.”<sup>133</sup> This example was the greatest success that Ho Miu Ling Hospital had experienced with male nurses to date, and Mrs. Shin continued her work in male nursing training. She single-handedly managed the lectures and training in 1928 when Mrs. Hughes was away. According to Mrs. Hughes’ report, the missionary nurses were “able to do more than would otherwise have been possible” because of Mrs. Shin’s contributions.<sup>134</sup>

Despite the progress made, the missionary nurses’ complaints continued. Mrs. Hughes pointed out that “the difficulty [of training male nurses] is still a very real one.”<sup>135</sup> Missionaries continued to complain about the male nurses’ character, in addition to their lack of punctuality and conscientiousness in patient care and their level of dedication. Some of the male nurses were dismissed for unsatisfactory performance. Although the missionaries were able to recruit a few probationers with a better educational background, they were not up to missionary nursing standards: “Three new men were admitted; educationally they are better equipped than most of the others. It is easier to teach them and their theoretical work is good, but there is still a great lack of conscience.”<sup>136</sup> Ultimately, the missionary nurses were reluctant to rely on these Chinese men: “Such things make one wonder whether the time has come to leave very sick people in the hands of a few whose own training is still in its infancy.”<sup>137</sup> What the missionary nurses really wanted was to replace the male nurses with their female counterparts. This, however, would not happen until the 1930s.

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<sup>132</sup> A. Hughes, “Ho Miu Ling Hospital, Nursing Department, Report 1927.”

<sup>133</sup> A. Hughes, “Ho Miu Ling Hospital, Nursing Department, Report 1928.”

<sup>134</sup> A. Hughes, “Ho Miu Ling Hospital, Nursing Department, Report 1928.”

<sup>135</sup> A. Hughes, “Ho Miu Ling Hospital, Nursing Department, Report 1928.”

<sup>136</sup> A. Hughes, “Ho Miu Ling Hospital, Nursing Department, Report 1928.”

<sup>137</sup> A. Hughes, “Ho Miu Ling Hospital, Nursing Department, Report 1928.”



### *Conclusion*

In the wake of the May Fourth New Culture Movement, the nursing profession continued to progress during China's political turmoil in the 1920s. In Hong Kong, nursing training was conducted in all types of hospitals. After upholding their *laissez faire* health care administration and relying on the services of European and Japanese nurses for several decades, the colonial government finally started to participate in general nursing training in 1921. Thanks to its ample resources, the government's School of General Nursing caught up with the nursing training offered by Nethersole toward the end of the decade. The colony's Chinese hospitals also initiated official nursing training programs, Kwong Wah in 1921, Tung Wah in 1926, and Tung Wah East in 1928, in response to the growing number of local patients seeking Western medical treatment. In addition, the Hong Kong Sanatorium & Hospital became Hong Kong's first private medical institution to offer training for institutionalized nurses as a means of providing quality patient care.

With Nethersole Hospital no longer the only institution providing nursing training as the decade came to a close, the medical missionaries were forced to maintain a higher standard to maintain their leadership position in Hong Kong's nursing development. Consequently, they further stressed the importance of nursing training, and Nethersole started training Chinese nursing leaders to serve both in the missionary hospitals and elsewhere in the colony. This development eventually opened up additional employment opportunities for Chinese nurses, particularly in the newly established nursing programs that badly needed the input of experienced nurses.

Although Chinese nurses had more leadership opportunities, however, they were not necessarily happy with their working conditions, as we have seen. As anti-foreign sentiment elevated in Hong Kong, incidences of strikes against colonial and other foreign institutions continued throughout the decade. Nurses, too, went on strike as a means of expressing their discontent, although little was achieved, as the medical missionaries refused to listen to their demands or make concessions. Rather than organize another large-scale strike, many female nursing leaders decided to leave the missionary hospitals for better employment opportunities elsewhere. The male nurses who went on strike were not even asked to return to work owing to their unreliability in the missionary nurses' eyes. Although the missionary hospitals officially started training male nurses in the 1920s, there was a lack of qualified candidates and an overwhelmingly high turnover rate. Hence, the missionary nurses continued to petition for the replacement of male nurses with their female counterparts, and they welcomed the new era that dawned when the new Alice Memorial Hospital opened at the beginning of

1929.

## - CHAPTER 7 -

### **THE STANDARDIZING STAGE: RISE OF GOVERNMENT CONTROL AND BIRTH OF STANDARDIZATION OF NURSING (1929-1941)**

“Although not yet fully-fledged in expertise and lacking especially in administrative experience, the Chinese nurses won recognition as a new and independent professional force in the turbulent decade of the 1930s.”—Chen Kaiyi<sup>1</sup>

The development of nursing programs at all hospital levels in the 1920s rendered it necessary to establish appropriate nursing standards for these programs to follow. The colonial government also started to intervene in the monitoring of Hong Kong’s nursing profession. The Nurses Registration Ordinance was passed in 1931, followed by the founding of the Hong Kong Nursing Board (HKNB) in 1932. While the government continued to use various measures to regulate nursing, Nethersole’s nursing program cooperated with the colonial government in standardizing Hong Kong’s nursing profession. Compared with the previous period, the London Missionary Society (LMS)’s missionary hospitals in Hong Kong enjoyed a certain degree of stability in the 1930s. Missionary Matron Ward and Assistant Matron Hughes remained in their positions at Alice Memorial & Affiliated Hospitals<sup>2</sup> throughout the period following the resignation of the previous matron, Miss Rayner, in 1928. Both missionary nurses witnessed the construction of two new hospital buildings and participated in providing patient care for the victims and refugees of the Japanese invasion until the end of 1941, when the hospital was overtaken by Japanese troops.

This chapter examines how the colonial government attempted to supervise the development of nursing in Hong Kong as more hospitals continued to open through out the period, while the LMS hospitals underwent expansion and rebuilding, as well as new hospitals were founded and then managed by Catholic sisters. The chapter also considers how Queen Mary

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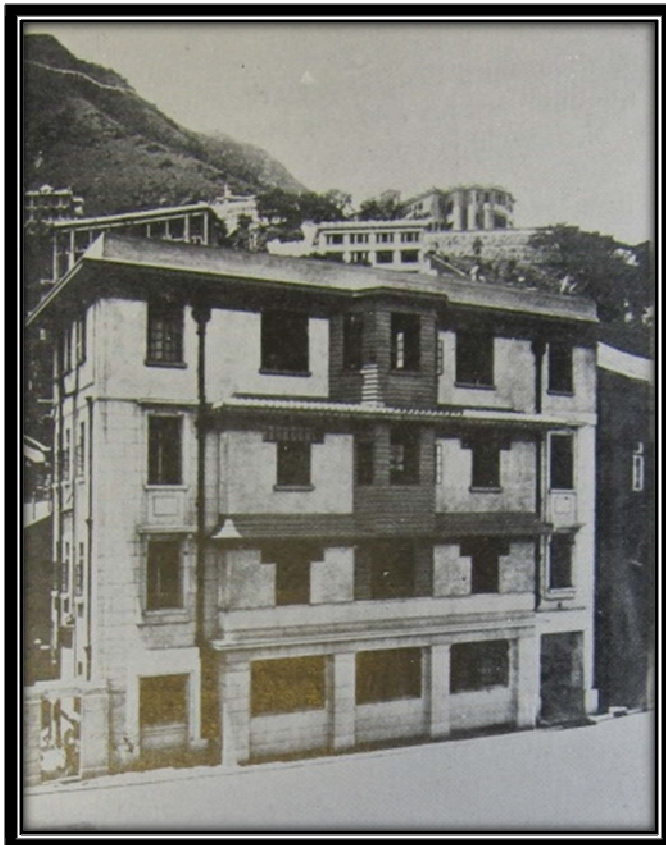
<sup>1</sup> K.Y. Chen, “Missionaries and the Early Development of Nursing in China,” *Nursing History Review* 4 (1996): 144.

<sup>2</sup> The four hospitals managed by London Missionary Society were Alice Memorial Hospital (founded in 1887), Nethersole Hospital (a hospital for women and children, founded in 1893), Alice Memorial Maternity Hospital (founded in 1904), and Ho Miu Ling Hospital (a hospital for men, founded in 1906). The nursing training took place at the Nethersole Hospital, and the maternity nursing/midwifery training took place at the Alice Memorial Maternity Hospital. These four hospitals were interconnected; generally they were referred to as Alice Memorial and Affiliated Hospitals.

Hospital marked an important change in the colony's leadership role in nursing training. It also analyzes the government's efforts to standardize nursing via the HKNB, and considers how that standardization contributed to the consolidation of nurses' professional status in the colony. Finally, the chapter concludes by discussing how government intervention also led to the further feminization of the nursing profession in Hong Kong.

### *Nursing in Pre-War Hong Kong's New Hospitals*

During the period between the two world wars, which many scholars refer to as the "interwar period," the Great Depression led to financial difficulties for Hong Kong's hospitals. The Depression diminished trade activity in the colony, which had long-term effects, serving to limit Hong Kong's medical and health care resources until 1934.<sup>3</sup> Despite the difficult situation, however, two new LMS hospital buildings were erected with a direct financial contribution from Chinese nurses, beginning a new phase in the development of Alice Memorial & Affiliated



Hospitals. The Catholic mission to Hong Kong also established three new hospitals, and the Chinese and private hospitals also continued nursing and midwifery training. The most significant development was perhaps the colonial government's establishment of Queen Mary Hospital in 1937, which was thereafter used as the government's administrative tool to monitor the colony's nursing programs.

After years of petitioning and planning, the LMS's new Alice Memorial Hospital (Figure 30)<sup>4</sup> finally opened in 1929. According to Superintendent Gibson's description, the new hospital

<sup>3</sup> J. George, "Moving with Chinese Opinion: Hong Kong's Maternity Service, 1881-1941," (Ph.D. Dissertation, University of Sydney, 1992), 174.

<sup>4</sup> F.R. Ashton, "Alice Ho Miu Ling Nethersole Hospital, Hong Kong," 1957.

included “an out-patient waiting room, a well-equipped operation room, [and] a nurses’ lecture room.”<sup>5</sup> As Miss Rayner resigned from her post in the nursing department in 1928 after serving in the colony for more than sixteen years, she never got the chance to enjoy the new hospital and nursing facilities that she had petitioned for years. Her replacement, Miss Ward, was appointed matron of the new Alice Memorial Hospital,<sup>6</sup> and Miss Lau Mei Yuk was appointed staff nurse, becoming an important asset to the hospital in subsequent decades. Her contribution is discussed in greater depth in the next chapter. In addition to Miss Lau, two trained nurses, Miss Leung Tse Hing and Miss Wong Yuk Wa, were appointed charge nurses upon the hospital’s opening.<sup>7</sup>



Figure 31: Male and Female Nurses 1930<sup>8</sup>

The nursing curriculum continued to progress in the newly established hospital building. In 1931, training in specialized nursing care began, with “mental nursing, sanatoria (especially for tuberculosis disease... [for which] there is [no] cure) nursing, private nursing, and nursing of

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<sup>5</sup> R.M. Gibson, “Alice Memorial and Affiliated Hospitals, Report for 1928.”

<sup>6</sup> Miss Ward was a missionary nurse who had served in Ho Miu Ling Hospital, a men’s hospital, since 1920. For more on her and male nurse training, see Chapter 6.

<sup>7</sup> E.H. Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital* (Hong Kong: Alice Ho Miu Ling Nethersole Hospital, 1987), 68.

<sup>8</sup> Alice Ho Miu Ling Nethersole Charity Foundation Archive.

infectious diseases, and many other branches [remaining a] mere drop in the ocean.”<sup>9</sup> In particular, Mrs. Hughes foresaw future demand for private nursing in the colony, as “gradually private nursing of the people and the nursing of sick children in their own homes is coming more and more into prominence.”<sup>10</sup> This move may have been the result of the newly passed Nurses Registration Ordinance, which ensured the quality and standards of nursing in Hong Kong. More details of this Ordinance are given later in the chapter.

In 1932, the number of patients in the new LMS hospital building reached 2,000, and twenty-five nurses were undergoing training. Matron Ward went on leave at this time, leaving Mrs. Hughes in charge until December of 1933.<sup>11</sup> In the matron’s absence, Chinese sisters



performed necessary duties in the hospital. After witnessing the effectiveness of the new Alice Memorial Hospital and the growing demand in its nursing department, a missionary doctor named F.R. Ashton reported the need to rebuild Nethersole Hospital to include new nurses’ quarters: “The consequent inability to provide additional nursing accommodation is preventing the further development of our Nurses’ Training School.”<sup>12</sup>

Figure 32:  
Chinese Staff Nurses 1933<sup>13</sup>

As Nethersole’s nursing department continued to expand, the issue of nurses’

<sup>9</sup> A. Hughes, “Nethersole Hospital Report, Nursing Department,” 1931.

<sup>10</sup> A. Hughes, “Nethersole Hospital Report, Nursing Department,” 1931.

<sup>11</sup> R.M. Gibson, “Superintendent’s Report of 1932.”

<sup>12</sup> F.R. Ashton, “L.M.S. Annual Report for 1931.”

<sup>13</sup> Alice Ho Miu Ling Nethersole Charity Foundation Archive.

accommodation was once again raised by Superintendent Gibson at the LMS district meeting in 1933:

The Nurses Home, erected in 1914, was planned to accommodate twenty nurses. For the present needs of the Hospitals, a minimum of thirty-two probationers is needed. The necessity for additional nurses has arisen through the large increase in the number of in-patients (women and children) since the opening of the new Alice Memorial Hospital in 1929.... Another reason for increasing the number of nurses is that a beginning has been made in the employing of women nurses in the Men's Hospital.<sup>14</sup>

The old Nethersole Hospital was officially declared unsafe at the end of 1933 and was demolished the following year. Its patients were transferred to Ho Miu Ling Hospital, and the number of patients decreased from 2,231 in 1933 to 1,613 in 1934 as a result. Dr. Gibson reported that "from May onwards, the number [of patients] will be greatly reduced, and patients coming from the surrounding districts will be disappointed, when as will frequently be the case, there are no vacant beds."<sup>15</sup>

To rebuild Nethersole Hospital and to meet the demands of a rapid increase in patients, the hospital's Chinese nurses, both current and alumni, enthusiastically organized a fund-raising scheme called Mile of Dollars. Miss Ward reported in 1934:

As soon as it was known that the Nethersole Hospital had to be demolished, many of the former nurses came to inquire how they could help in the matter of collecting funds for rebuilding. A number of the present nurses also expressed a wish to help and all were very anxious that the site should not remain vacant for long...it was obvious that the nurses meant business.<sup>16</sup>

The nurses ended up collecting 11,000 dollars by the end of the year. Miss Ward later commented, "it is very gratifying to find that such a large number of nurses who have received their training in the hospital still maintain a lively interest in all its activities."<sup>17</sup>

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<sup>14</sup> London Missionary Society, Minutes of the Annual Meeting of the District Committee, May 30 – June 2, 1933.

<sup>15</sup> R.M. Gibson, "Superintendent's Report of 1931."

<sup>16</sup> M. Ward, "Matron's Report of 1934."

<sup>17</sup> M. Ward, "Matron's Report of 1934."





Figure 33: Chinese Nurses 1937<sup>18</sup>

Superintendent Gibson left Hong Kong in 1935 after almost four decades of medical service in the colony, and died unexpectedly the following year. Dr. Ashton was appointed the new superintendent. Construction of the new Nethersole Hospital finally began in 1937, but it continued to face funding shortages, particularly after the Japanese invasion of Beijing in July. Fortunately for the hospital, in that year the nurses' Mile of Dollars campaign again met its goal. However, construction was further delayed after one of the worst typhoons in Hong Kong history struck on September 2, taking 11,000 lives.<sup>19</sup> Despite all of these difficulties, the new Nethersole Hospital finally opened its doors in January 1938. The LMS recognized the nurses' efforts, as shown in correspondence from Mr. Brown to Mrs. Hughes in April of that year:

We are all rejoicing with you mightily in the occupation of your new buildings. It is a very great achievement in these days of financial stringency. I think your nurses are particularly

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<sup>18</sup> Alice Ho Miu Ling Nethersole Charity Foundation Archive.

<sup>19</sup> Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 75.



to be congratulated and one rejoices, not so much in their success in a financial campaign, as in the loyalty and devotion to the hospital and to their own profession which they show.<sup>20</sup>

The new hospital included senior nurses' offices. According to Mrs. Hughes, one of the functions of the new hospital was to provide a better working environment for the growing number of nurses: "This increase in the number of nurses and of qualified nurses in particular, together with the great improvement in the Hospitals' facilities and equipment, [is] the result of the opening of the New Nethersole."<sup>21</sup> Superintendent Ashton later commented that the establishment of the new Nethersole Hospital had enabled the missionary hospitals "to offer a better standard of service to [their] patients than was possible in 1931," which ultimately benefited them because "the number [of patients] requiring constant and skilled nursing care [was] proportionately larger."<sup>22</sup>

The new Nethersole was also established just in time to accommodate the refugees from China after the beginning of the Second Sino-Japanese War. The wave of refugees that arrived in 1938 doubled Hong Kong's population to 1.6 million. The number of patients soared from 1,876 to 3,570 as a result.<sup>23</sup> Dr. Sydenham noted the effects on the Chinese nurses: "a constant 'full house' has been a heavy tax on the strength and temper of the nursing staff."<sup>24</sup> She made particular mention of the contribution made by the staff nurse, Miss Hoh:

Sister Hoh's task has been a particularly heavy one, and she has worked hard and conscientiously. She has been most patient and helpful in dealing with the many refugees from other language areas who found it difficult to make themselves understood, and she has a genius for making herself intelligible in any dialect sufficiently to deal with the ordinary needs of the patients.<sup>25</sup>

In the case of the maternity hospital, Dr. Sydenham and her nurses were also responsible for delivering the babies of refugee patients. The number of deliveries reached 882 in 1938, double the number of just two years earlier, and the number rose further to 1,057 in 1939.<sup>26</sup>

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<sup>20</sup> Mr. Brown to Mrs. Hughes, April 14<sup>th</sup>, 1938.

<sup>21</sup> A. Hughes, "Decennial Report of the South China District Committee, 1931-1940."

<sup>22</sup> F.R. Ashton, "Superintendent's Report of 1940."

<sup>23</sup> Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 78.

<sup>24</sup> A. Sydenham, "LMS Annual Report for 1938."

<sup>25</sup> A. Sydenham, "LMS Annual Report for 1938."

<sup>26</sup> A. Sydenham, "LMS Annual Report for 1939."



Figure 34: New Nethersole Hospital 1938<sup>27</sup>

To ensure better care for the refugees, Mrs. Hughes was released from her hospital duties to serve in the government's refugee center in Kowloon, and the medical missionaries requested that the LMS appoint additional missionary nurses to meet the growing demands of the new Nethersole. Their request was denied, however, as the mission's supply was limited at that time: "We usually have a good supply of nurses, though at the moment I do not remember one who has been passed for the usual year's training at Carey Hall."<sup>28</sup> The LMS nonetheless was able to appoint one additional nurse, Miss Ethel Thomson, in the following year. Miss Thomson was "trained at the Royal Northern Hospital, Holloway, London from 1931-1935 and was a member of the Maternity Nursing Association." According to the correspondence, she also had extensive nursing experience in various hospitals in London where she had served as staff nurse.<sup>29</sup> Mrs.

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<sup>27</sup> SOAS CMS Archive.

<sup>28</sup> Letter to Rev. Short, 18<sup>th</sup> August 1938.

<sup>29</sup> Letter to Rev. Short, 8<sup>th</sup> February 1939.

Hughes also returned to Nethersole in July of 1939, and for the first time the missionary hospitals enjoyed the services of three missionary nurses, thus helping to meet the growing demand.



Figure 35: Chinese Staff Nurse Participating in Nursing Training 1938<sup>30</sup>

Joining the mass of refugees from China was a group of nurses who escaped Japanese occupation and sought to receive further training at the missionary hospitals. Miss Ward stated:

We were able to help some nurses from hospitals in China particularly from Kong Cheun and Fatshan. Owing to the hostilities the work of these hospitals was curtailed for a time and the authorities were unable to employ their graduates. The nurses who had finished their course under difficulties were anxious to get some post graduate work and their Matrons applied to us to know if we could help. We were glad that we had some vacancies to offer and a number of these nurses were taken on as senior nurses in our wards.<sup>31</sup>

<sup>30</sup> Alice Ho Miu Ling Nethersole Charity Foundation Archive.

<sup>31</sup> M. Ward, "Matron's Report of 1938."

Miss Ward later explained that some of these nurses had come from missionary hospitals in Kong Cheun and Fatshan, and had trained under British nurses “in much the same way as our own,” and thus had no difficulty adjusting to the duties at Nethersole Hospital.<sup>32</sup> The majority went on to midwifery training upon completing their training in general nursing. For the medical missionaries, this was “an exceptional opportunity which we have been pleased to offer at this exceptional time.”<sup>33</sup>



Figure 36: Chinese Nurses 1938<sup>34</sup>

With the Japanese takeover of Guangdong Province in December 1938, Hong Kong went into preparation mode and established an Auxiliary Nursing Service,<sup>35</sup> in which the missionary hospitals also participated. Miss Ward reported in 1939, “We were very pleased to accede to a request that we should receive some of the Chinese volunteers into our hospital for this practical

<sup>32</sup> M. Ward, “Matron’s Report of 1938.”

<sup>33</sup> M. Ward, “Matron’s Report of 1938.”

<sup>34</sup> Alice Ho Miu Ling Nethersole Charity Foundation Archive.

<sup>35</sup> The Auxiliary Nursing Service refers to group of civilians who volunteered to receive nursing training in order to provide assistance during critical times.

work...some of the girls were very keen and were a real help to the nursing staff.”<sup>36</sup> Mrs. Hughes, the assistant matron, also recalled the training detail in her decennial report, stating that “the Matron has given two courses of lectures in Home Nursing and has conducted several examinations in the same subject. The Hospital is one of the [centers] for these examinations.”<sup>37</sup>

At the same time, the plan to erect a new nurses’ home was discussed. In 1940, Matron Ward and her staff began preparing for the fifth anniversary of Nethersole’s nursing training program in 1943, and the aforementioned nurses’ home was to have been part of the celebrations. However, the Japanese invasion of Hong Kong in December 1941 meant that neither the celebrations nor construction of new nursing quarters took place.

In the 1930s, many Catholic hospitals also emerged in Hong Kong. In 1929, the colony’s second major Catholic hospital, Canossa Hospital, was established on Hong Kong Island and functioned as a private hospital under the management of the Italian Canossian Sisters.<sup>38</sup> Destroyed during the Japanese occupation, Canossa Hospital was rebuilt in 1960. In addition, the Chinese Sisters of the Precious Blood founded Precious Blood Hospital in 1937,<sup>39</sup> although it also suffered severe damage during WWII. In 1939, the French Sisters of Charity founded the private St. Teresa’s Hospital in Kowloon. Known locally as French Hospital, it was the French Sisters’ second medical institution in Hong Kong, St. Paul’s Hospital being the first. Despite the important role played by Catholic nuns in European health care and the Catholic mission’s emphasis on patient care, there is no record of nursing training being offered at Hong Kong’s Catholic hospitals until 1969, when St. Teresa’s Hospital became the first Catholic institution to establish a nursing school.

The private Hong Kong Sanatorium & Hospital (also known as Yeung Wo Hospital), in contrast, started its midwifery training program in 1929—just two years after implementing its general nursing training program. Although the hospital ran into financial difficulties in 1933 owing to the Depression, it managed to found an official School of Midwifery in 1934.<sup>40</sup> It also

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<sup>36</sup> M. Ward, “Matron’s Report of 1939.”

<sup>37</sup> A. Hughes, “Decennial Report of the South China District Committee, 1931-1940.”

<sup>38</sup> Y.S.M. Wong, “Nursing Professionalisation in Hong Kong,” (Ph.D. Dissertation, The City University of Hong Kong, 2000), 386. Also see G.H. Choa, “A History of Medicine in Hong Kong,” in *The Medical Directory of Hong Kong*, ed. F.K. Li (Hong Kong: The Federation of Medical Societies, 1981).

<sup>39</sup> Wong, “Nursing Professionalisation in Hong Kong,” 386.

<sup>40</sup> Wong, “Nursing Professionalisation in Hong Kong,” 386.

hired an experienced female physician trained at Guangzhou's Hackett Medical College,<sup>41</sup> Dr. Chau Lee-Sun, as matron to oversee the nursing training program.<sup>42</sup> Her monthly salary was 60 dollars, and she and her daughter were provided with accommodation in the institution's nurses' quarters, where they lived with the other nurses.<sup>43</sup>

The colonial government was proactive in the health care arena throughout the 1930s, including in nursing training. In 1934, it took over the management of Tsan Yuk Hospital, the leading institution providing maternity services and trained maternity nurses. According to Tsang, "it was advantageous to take over the Tsan Yuk Hospital in order to consolidate the obstetrical work in the colony and [reduce] the high infant mortality rate."<sup>44</sup> More importantly, Queen Mary Hospital was established in 1937—the colonial government's fifth hospital. The old Government Civil Hospital then became an infectious disease hospital known as Sai Ying Pun Hospital, an appropriate decision given the notable rise in tuberculosis from 1939 onwards. Queen Mary Hospital not only replaced Government Civil Hospital, but also—and more importantly—its School of General Nursing, established in 1938, replaced Nethersole as Hong Kong's leading nursing training institute. As Fung explained:

From [the] beginning, the Queen Mary has been keeping up its high professional standards for 60 years, maintaining its role as the major teaching hospital attached to the faculty of medicine at the University of Hong Kong, and developing with the [vigorous] characteristic of Hong Kong.<sup>45</sup>

Governor Sir William Peel had this to say:

I set my heart on a new Government Civil Hospital almost as soon as I arrived in the Colony.... Three requisites appear to me to be necessary for the cure of disease and for convalescence. First, able, competent and sympathetic doctors; second, competent sympathetic and charming sisters and nurses[;] and third, bright and cheerful surroundings.<sup>46</sup>

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<sup>41</sup> This was China's first medical school for women.

<sup>42</sup> After graduating from the medical school, she practiced medicine at the David Gregg Hospital for Women & Children in Guangzhou, where she was in charge of internal medicine and surgery. For more information, see Rebecca Chan Chung, *Piloted to Serve: Memoirs of Rebecca Chan Chung* (Unknown Publisher: 2011).

<sup>43</sup> Chung, *Piloted to Serve: Memoirs of Rebecca Chan Chung*.

<sup>44</sup> C.L. Tsang, "Out of Dark: Women's Medicine and Women's Diseases in Colonial Hong Kong," (Ph.D. Dissertation, The University of Hong Kong, 2011), 71.

<sup>45</sup> C.M. Fung, *A History of Queen Mary Hospital Hong Kong, 1937-1997* (Hong Kong: Queen Mary Hospital, 1997), 2.

<sup>46</sup> *Hong Kong Telegraph*, November 5<sup>th</sup>, 1935.

The provision of nursing care very quickly became one of the main emphases of the new government hospital. Dr. Solomon Bard, a resident house physician at Queen Mary, recalled in a letter to Fung Chi-ming that “[a] nice [touch] was added by naming the wards after prominent historical names in medicine...and I recall only one famous name on the 7<sup>th</sup> floor—that of Nightingale.”<sup>47</sup> With the newly constructed nurses’ quarters, the hospital was able to accommodate nine nursing sisters, along with forty-five nursing students and eighteen probationer dressers (male nurses). According to Rebecca Chung,<sup>48</sup> one of the hospital’s first nursing candidates who enrolled in 1938, there were eighty probationers in the first year.<sup>49</sup> This was clearly a large-scale nursing school.

Unlike the previous government hospital, Queen Mary Hospital set aside eighty percent of its hospital beds for the poor, who had to pay a minimal charge of just 50 cents.<sup>50</sup> As the new hospital became more accessible to local patients, it also became easier for the hospital to recruit nursing students. Fung reported that “young and promising persons were attracted into the profession.” As with the recruitment process in the missionary hospitals, “the student nurses were drawn most readily from the local English-medium girls’ schools,” where students finished preparatory courses such as biology before enrolling in the nursing program.<sup>51</sup> The probationer nurses received a monthly salary of 40 dollars, with 18 dollars deducted for accommodation,<sup>52</sup> which was more than a regular nurse’s wage at Nethersole Hospital. In other words, Queen Mary’s nursing program far exceeded that of the missionary nursing program in capacity and quality.

The training at Queen Mary Hospital included night shifts every four to six months, along with rotations on various floors of the hospital. The nursing students’ duties included:

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<sup>47</sup> Letters, Dr. Solomon Bard to Fung, December 1995, quoted in Fung, *A History of Queen Mary Hospital Hong Kong, 1937-1997*, 9.

<sup>48</sup> In her memoir, Rebecca Chan Chung reported that she decided to enroll in nursing training instead of pursuing a university degree for financial reasons. Nursing training was still cheaper than university tuition because the hospital-based training model provided nurses with the opportunity to receive a stipend for their service at the hospital. According to Mrs. Chung, “nursing education at that time was provided by hospitals using an apprenticeship system that did not involve tuition or the granting of degrees, but involved the giving of wages in return for the work rendered by the Nursing students.” See Chung, *Piloted to Serve: Memoirs of Rebecca Chan Chung*.

<sup>49</sup> Fung, *A History of Queen Mary Hospital Hong Kong, 1937-1997*, 51.

<sup>50</sup> Fung, *A History of Queen Mary Hospital Hong Kong, 1937-1997*, 12.

<sup>51</sup> Fung, *A History of Queen Mary Hospital Hong Kong, 1937-1997*, 19.

<sup>52</sup> Fung, *A History of Queen Mary Hospital Hong Kong, 1937-1997*, 52.



Drug injection, drug distribution, faeces evacuation, urine catheterisation, wound dressing, and providing bed baths to patients, feeding, massage, helping patients change position in bed, transporting patients to the operating theatre, surgery preparation in the operating theatre, assisting doctors during surgery, and counting cotton wool and gauze after the surgery in order to avoid leaving any of them in the patient's body. The most difficult task was the last office, which referred to the cleaning and subsequent wrapping of the body of the dead patient.<sup>53</sup>

According to Clara Ko, a Chinese nurse trained at Queen Mary beginning in 1938, "The nurses normally worked three shifts of eight hours each. There was one day off each month. I was living [in] the Nurses' Quarters where each of the rooms was shared by two occupants."<sup>54</sup> The nurses' quarters at Queen Mary constituted a strictly disciplined institutional living environment in which disciplinary actions were taken against nurses who missed meals or bedtimes. The nurses had to follow their floor nurse when reporting to their station and follow her back to the dormitory after finishing their nursing duties. They even had to follow a strict hierarchy in accordance with seniority when entering and exiting the elevator in their dormitory. In Mrs. Chung's experience, the regulations were "so strict that it was almost like military training."<sup>55</sup>

The General School of Nursing at Queen Mary was managed by foreign nurses. Miss Sutton became its first principal matron, along with two other foreign matrons and a number of foreign assistant matrons and sisters. Similar to Nethersole, a Chinese nurse, Florence Wong, was placed in the position of charge nurse. English was the medium of instruction at the nursing school, as all of the instructors were native English speakers. In 1938, professors from the University of Hong Kong also took on the responsibility of delivering lectures to Queen Mary's nursing students. Although nursing had not yet been officially incorporated into the university curriculum, it is obvious that the quality of Queen Mary's nursing training exceeded the programs then offered elsewhere in the colony.

As a result, Queen Mary produced a number of outstanding nursing leaders, with many of the colony's hospitals hiring Queen Mary graduates to take charge of their nursing departments. Miss Leung Sheung-Chi, for instance, was hired by Tsan Yuk Hospital as its head nurse, and, in

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<sup>53</sup> Fung, *A History of Queen Mary Hospital Hong Kong, 1937-1997*, 53.

<sup>54</sup> Interview with Miss Clara Ko, via Miss Ulian Khoo, July 1996. Quoted in Fung, *A History of Queen Mary Hospital Hong Kong, 1937-1997*, 19.

<sup>55</sup> Fung, *A History of Queen Mary Hospital Hong Kong, 1937-1997*, 54.



1941, she was also appointed by the government to be a member of the Hong Kong Midwives Board. Lai Chi Kok Hospital<sup>56</sup> hired another Queen Mary graduate, Miss Bessie Thom, as its head nurse, and she too later became a member of the Midwives Board.<sup>57</sup> And along with Nethersole Hospital, Queen Mary also helped to bolster the Auxiliary Nursing Service by training voluntary nurses at the onset of the Japanese occupation in 1941.

Just one year after its founding, experts were describing Queen Mary Hospital as “the best hospital in the Far East.”<sup>58</sup> The colonial government also sent nursing educators from its School of General Nursing to provide assistance to the nursing training programs at the Tung Wah Group of Hospitals (TWGHs).<sup>59</sup> Three of the group’s hospitals—Tung Wah, Kwong Wah, and Tung Wah East—started their nursing training programs in the 1920s. When the colonial government began to play a more proactive role in overseeing the colony’s nursing programs, these three hospitals were merged to form the TWGHs, and were placed under the management of Ngan Shing-Kwan who was named chairman of the board. Although the Hong Kong Sanitary Board was identified as the mastermind behind the 1931 merger, Wong noted that most aspects of the group’s nursing training still functioned independently.<sup>60</sup> Tung Wah and Tung Wah East also introduced midwifery training in 1930 and 1932, respectively.

In 1933, the first nursing probationer from the TWGHs took Hong Kong’s standardized nursing examination. At the nurses’ graduation ceremony in 1936, Superintendent Poon Shek-Wah said:

Nursing training has become a significant aspect of a modern hospital; it is the ridgepole of the hospital structure. The success of a hospital’s work is also deeply connected with nurses’ competence. Hospitals’ nursing training is compulsory.... In three hospitals under the Tung Wah Group, each day Tung Wah accommodates 600 patients, Kwong Wah accommodates 300 patients, and Tung Wah East accommodates 325 patients—1,125 patients in total. These

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<sup>56</sup> Lai Chi Kok Hospital was established as a hospital for infectious diseases in 1937 during outbreaks of cholera and small pox. It became a leprosy hospital in 1974. See D. Phillips, “Hong Kong: An Epidemiological Transition from Third to First World?” in *Urbanisation et Santé dans le Tiers-Monde: Transition Épidémiologique, Changement Social et Soins de Santé Primaires*, ed. Gérard Salem and Emile Jeannée (Paris: L’Orstom, 1981), 15-37.

<sup>57</sup> Fung, *A History of Queen Mary Hospital Hong Kong, 1937-1997*, 20.

<sup>58</sup> *South China Morning Post*, 14<sup>th</sup> April 1937.

<sup>59</sup> *Annual Report of the Secretary for the Chinese Affairs for 1938*.

<sup>60</sup> H.L. Wang, “Donghua Hushi Zhuanye [東華護士專業],” in *Yi Shan Xing Dao: Donghua Sanyuan 135 Zhounian Jinian Zhuanti Wenji* [益善行道: 東華三院 135 周年紀念專題文集], ed. E. Sinn & R.H. Liu (Hong Kong: Sanlian Shudian, 2006), 323.

patients are all under the meticulous care of our nurses, denoting the importance of their service in our hospitals.<sup>61</sup>

Later Poon added:

Previously we had an extensive discussion over the necessity of nurses in our hospital. Knowing the close association between Western medicine and nursing—as the state of a patient’s wellbeing, the timing of a patient’s recovery, and the effectiveness of medical treatments all relied heavily on nursing—nurses will be needed in our hospital, and their service should not be neglected.<sup>62</sup>

In the previous period, the Chinese hospitals relied heavily on the input of nurses trained in Netherlands to manage their nursing departments.<sup>63</sup> Nonetheless, owing to a lack of resources and nursing staff, the majority of Tung Wah’s nursing graduates had to participate in the training of nursing probationers in addition to their nursing duties. Dr. Dovey, the visiting medical officer in charge of Chinese hospitals and dispensaries, proposed in 1933 that the nurses’ training schools of the TWGHs hire a nursing educator with experience serving in Western hospitals and excellent English ability to oversee their nursing programs.<sup>64</sup> In the past, the colonial government had often attempted to interfere with the group’s management, but never with its nursing training. Dr. Dovey’s proposal was put into action in 1938 when the TWGH board decided it wished to receive a full government subsidy. This decision marked the “inclusion of Tung Wah into the government’s institutional oversight.”<sup>65</sup>

By then, a record-high seventy percent of Tung Wah patients were seeking Western treatment:

The trend in the Chinese Hospitals in Hong Kong is definitely towards the acceptance by a discerning public of Western rather than Eastern medicine. This is typified in the increasing number of even poor, illiterate persons who are willing to receive treatment from properly

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<sup>61</sup> *The Kung Sheung Daily News* 香港工商日報 (Hong Kong), 1<sup>st</sup> February 1936.

<sup>62</sup> *The Kung Sheung Daily News* 香港工商日報 (Hong Kong), 1<sup>st</sup> February 1936.

<sup>63</sup> For more information, please see Chapter 6.

<sup>64</sup> *Donghua Sanyuan Bainian Shilue v.1* [香港東華三院百年史略, 上冊] (Hong Kong: Xianggang Donghua Sanyuan Gengxunian Dongshiju, 1970), 132-133.

<sup>65</sup> J.S.P. Ting, *Hong Kong. Benevolent City: Tung Wah and the Growth of Chinese Community* (Hong Kong: Hong Kong Museum of History, 2010), 161.

registered medical practitioners instead of from herbalists.<sup>66</sup>

Therefore, the demand for qualified nurses also continued to increase. After the colonial government's intervention, the TWGH board had very little voice in its nursing training programs, which continued to expand as the number of applicants increased. In 1940, Tung Wah Hospital alone received 214 applications from both male and female nursing probationers, with Kwong Wah and Tung Wah East receiving 124 and 85, respectively. Nursing programs continued to develop in various Hong Kong hospitals, cementing the need for standardization.

### *The Standardization of Nursing under Government Intervention*

The colonial government's determination to regulate and monitor Hong Kong's nursing development can be seen in its efforts to standardize nursing. The Nurses Registration Ordinance, passed in 1931, became an administrative means for the government to lay hands on all trained nurses in the colony. The registration of nurses and other nursing-related regulations were implemented by the government-sanctioned HKNB beginning in 1932. In the following year, the government also implemented a standardized examination, administered by the HKNB, to ensure that nurses were qualified before their registration. The LMS missionaries also participated in the process of becoming core Board Members of HKNB.

The Nurses Registration Ordinance required all nurses to register with the colonial government before practicing. Rebecca Chung reminded her readers of the ordinance's significance in her memoir. Having grown up in the nurses' quarters of the Hong Kong Sanatorium & Hospital, where her mother, Dr. Chau Lee-sun, served as one of the institution's earliest matrons, Mrs. Chung recalled that "there was no nursing system in Hong Kong until 1931, when the government of Hong Kong set the qualifications for a registered nurse."<sup>67</sup> Dr. Chau had been trained at Guangzhou's Hackett Medical College for Women, but she ultimately lost her job as matron because of the ordinance, as she lacked the required nursing training and qualifications. Foreign nurses, however, were exempt from the ordinance.

The registration requirement was perhaps belated compared to the midwives registry, which

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<sup>66</sup> P.S. Selwyn-Clark, "Annual Medical Report for the Year 1938." For more information, see Y.G Yang, "Colonial Power and Medical Space: The Transformation of Chinese and Western Medical Service in the Tung Wah Group of Hospitals, 1894-1941" (Ph.D. Dissertation, The Chinese University of Hong Kong, 2007), 134.

<sup>67</sup> Chung, *Piloted to Serve: Memoirs of Rebecca Chan Chung* (Unknown Publisher: 2011), 50.

had been in place for some time. Paterson stated that “it seems strange that midwives had been registered for many years before the nurses received the same status.”<sup>68</sup> Their registration was also relatively late compared with that of their counterparts in mainland China, which began in 1914, and Britain—the birthplace of Florence Nightingale’s model of nursing—where the Nurses Registration Act was passed in 1919.<sup>69</sup> I would argue that the relatively late registration of nurses in Hong Kong was the result of the missionary hospitals being the sole providers of nursing training for almost three decades. Hence, as long as nurses finished training that was recognized by the missionary nurses, they could land a job in a Hong Kong hospital. However, the situation began to change as more hospitals implemented nursing training in the 1920s, thus requiring standardization and registration to ensure quality. The registration requirement also made it possible for nurses trained in China to work in the colony.<sup>70</sup>

The Nurses Registration Ordinance furthered the process of professionalizing nursing and, more importantly, it gave the colonial government the legitimate authority to oversee nursing. According to Wong, “the passing of this Ordinance is a crucial and far-reaching landmark in the development of nursing,” as it became an indication of the colonial government’s attempt to “[institutionalize] its administrative control” of Hong Kong’s nursing profession.<sup>71</sup> The government’s involvement via the Registration Ordinance ultimately had a profound effect on the LMS hospital’s nursing training programs. Nethersole’s superintendent, Dr. Gibson, noted: “The passing of the Bill for the Registration of Nurses ... will place general nursing in a more important position than it has yet had.”<sup>72</sup> Being held accountable by the colonial administration also prompted the missionary hospitals to maintain high standards of nursing training, and to seize the opportunity to continue producing qualified nurses for the colony. Mrs. Hughes stated in her 1931 report:

With the passing of this ordinance the teaching work assumes even greater importance than it has done in the past, if we are to hold our place among the Institutions of the Colony. There is still tremendous need for the help and advice and teaching that Missionary nurses

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<sup>68</sup> Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 71.

<sup>69</sup> In Britain, Parliament could not pass the Nurses Registration earlier due to the opposition from Florence Nightingale herself, as she did not see registration as a necessary means of strengthening nurses’ roles. For more information, please see A. Witz, *Professions and Patriarchy* (London: Routledge, 1992).

<sup>70</sup> George, “Moving with Chinese Opinion: Hong Kong’s Maternity Service, 1881-1941,” 251.

<sup>71</sup> Wong, “Nursing Professionalisation in Hong Kong,” 96.

<sup>72</sup> R.M. Gibson, “Superintendent’s Report of 1931.”

can give.<sup>73</sup>

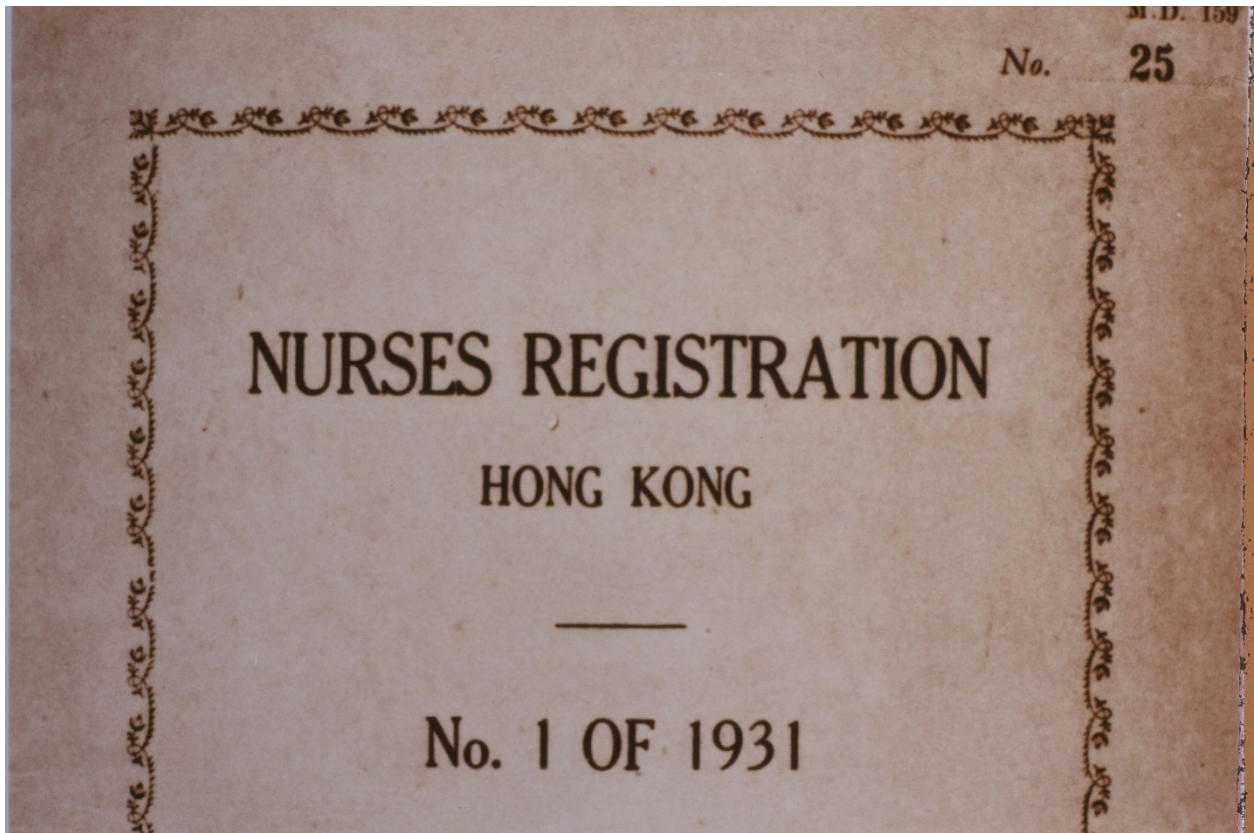


Figure 37: Hong Kong's Nurses Registration Ordinance 1931<sup>74</sup>

The HKNB was established one year after passage of the Nurses Registration Ordinance. Wong pointed out that the new board was also empowered by the colonial government to execute “the respective articles of the Ordinance,” including the process of registration.<sup>75</sup> Two matrons were appointed HKNB members, one from Government Civil Hospital and the other from Nethersole, along with five doctors.<sup>76</sup> The selection of members indicates that the role of the missionary hospitals’ nursing training programs was still recognized by the government. Despite its composition, the HKNB was very much under the control of medical doctors and University of Hong Kong faculty. Even though the establishment of a nursing board in addition to registration clearly symbolizes the colonial government’s acknowledgment of the significance of

<sup>73</sup> A. Hughes, “Nethersole Hospital Report, Nursing Department,” 1931.

<sup>74</sup> Alice Ho Miu Ling Nethersole Charity Foundation Archive.

<sup>75</sup> Wong, “Nursing Professionalisation in Hong Kong,” 96.

<sup>76</sup> A. Hughes, “Nethersole Hospital Report, Nursing Department,” 1931.

nursing in Hong Kong's health care administration, it also denotes official authorization for medical professionals' power over the nursing profession. Wong argued that, with support from the colonial government, the medical community "successfully established its power base and exerted its dominance over nursing." Doctors' authority included "designing training syllabuses, stipulating ways of practice, [and] arbitrating and hearing complaints."<sup>77</sup>

Mrs. Hughes addressed such concerns in her 1931 report, but was reluctant to contest nurses' subordination to medical doctors: "Being a Nursing Board, some of us consider that the representation from the nursing side is not sufficient, but that may be rectified later."<sup>78</sup> The situation was quite different in the United States, where nursing reformers such as Mary Nutting (1858-1948) and Lavinia Dock (1858-1956) claimed that "the primary obligation of the nurse was the patient, not the doctor and urged nurses to control their own profession."<sup>79</sup> Unlike Nutting and Dock, most missionary nurses in Hong Kong embraced and endorsed nurses' submissive role in medical treatment.<sup>80</sup> Moreover, local Chinese nurses were not represented on the HKNB. It was apparent that despite the growing number of Chinese nurses in leadership positions, the colonial government still intended Hong Kong's nursing development to remain in the hands of foreign nurses.

At the HKNB's first meeting, a few important decisions were made regarding Hong Kong's nursing development, including the enforcement of nurses' registration and the implementation of an examination: "Existing nurses must be register[ed], and ... nurses in training must pass a preliminary examination after completing one year of training and a final examination at the end of a three years' general course."<sup>81</sup> Once again, compared with the introduction of standardized examinations in China in 1915, this was certainly an overdue development. By the latter half of the 1920s, it had become apparent that a standardized nursing examination was necessary, following the emergence of various nursing training programs at a variety of Hong Kong hospitals, which ultimately changed the colony's nursing structure. Without a standardized examination, it was difficult to ensure the quality of nurses even after they had completed their training. The nursing examination, however, not only became a measure to standardize Hong

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<sup>77</sup> Wong, "Nursing Professionalisation in Hong Kong," 96.

<sup>78</sup> A. Hughes, "Nethersole Hospital Report, Nursing Department," 1931.

<sup>79</sup> L.N. Magner, *A History of Medicine* (New York: Taylor & Francis, 2005), 447.

<sup>80</sup> Pang, *Nursing Ethics in Modern China*, 20.

<sup>81</sup> A. Hughes, "Nethersole Hospital Report, Nursing Department," 1931.

Kong's nursing programs but, more significantly, it became a tool to further enhance nurses' professional status, as the names of those who passed it were announced in local newspapers.

In the first year all Nethersole's fifteen nurses from passed the preliminary and all five passed the final examination. Matron Ward recalled the significance of the examination in her annual report:

It is interesting to note that the first examination of the Hong Kong Nursing Board was held exactly forty years after the first probationer nurse was received into the [Nethersole] Hospital for training, the very first Chinese probationer nurse in the Colony. We have held our own hospital examinations for many years and for a number of years other hospitals in the Colony have been doing the same. But now with an External Examining Board for public examinations with Registration it is hoped that a uniform standard of training will be obtained.<sup>82</sup>

Miss Ward reported in 1933 that “[o]wing to the starting of the examinations of the [Hong Kong] Nursing Board, there had been three external examinations, which had meant a great deal of extra work both for staff and nurses.”<sup>83</sup> Consequently, nurses from the Nethersole Hospital did well on the examination. Almost all of them had passed their preliminary examinations in consecutive years, and some had even earned honors in all subjects. In 1937, as a direct result of the HKNB's nursing examination, the missionary hospitals also implemented an entrance test to ensure the quality of the nurses they recruited.<sup>84</sup>



Figure 38:  
Certificate of Training<sup>85</sup>

<sup>82</sup> M. Ward, "Matron's Report of 1933."

<sup>83</sup> LMS Semi-Annual Report, 1933.

<sup>84</sup> A. Hughes, "LMS Annual Report for 1937."

<sup>85</sup> Alice Ho Miu Ling Nethersole Charity Foundation Archive.

The standardization of nursing also affected the Chinese hospitals' nursing programs. Unlike the missionary and government programs, the medium of instruction was Chinese. In 1933, when the HKBN held Hong Kong's first standardized nursing examination, eleven nurses from the TWGHs were assessed, and all of them received qualifications.<sup>86</sup> Superintendent Poon Shek Wah of Tung Wah East was very proud of the TWGHs' achievements:

In Tung Wah's seventy years of history, general nursing has been the only element that has yet to be tested by the colonial government, as it conducted only midwifery examinations before. The nursing examination was officially implemented with the establishment of the Hong Kong Nursing Board in 1932. Our own nursing program was previously unknown to society, and in most people's opinion our nurse training schools' standards differed from those of the other nursing training institutions in Hong Kong. I want to use this opportunity to explain to everyone that our nursing school has always followed the colony's nursing training standards and guidelines. The test results also indicate that the quality of our nurses is no less than that of nurses trained in other institutions.<sup>87</sup>

The examination results were considered positive affirmation of the TWGHs' nursing training schools.

Owing to their positive assessment results, a good number of Tung Wah nurses were able to register with the government. Of the 223 nurses registered in 1934, seventy-six were from the TWGHs' training schools.<sup>88</sup> The group maintained its prominent position throughout the decade. In 1938, for instance, the TWGHs produced 104 of Hong Kong's 299 registered nurses.<sup>89</sup> Superintendent Poon continued commented:

After graduating from the program, the nurses should not be satisfied with their diploma. They should understand that the qualification indicated on the certificate ought to serve as a logo, where a product's quality relies completely on the process of manufacture. The character of our nurses also depends heavily on the training we offer in our hospital.<sup>90</sup>

Although the colonial and missionary hospitals clearly controlled the development of nursing in

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<sup>86</sup> *The Kung Sheung Daily News* 香港工商日報 (Hong Kong), 1<sup>st</sup> February 1936.

<sup>87</sup> *The Kung Sheung Daily News* 香港工商日報 (Hong Kong), 1<sup>st</sup> February 1936.

<sup>88</sup> *The Hong Kong Government Gazette* (26<sup>th</sup> January 1934), 40-54.

<sup>89</sup> *The Hong Kong Government Gazette* (21<sup>st</sup> January 1938), 37-38.

<sup>90</sup> *The Kung Sheung Daily News* 香港工商日報 (Hong Kong), 1<sup>st</sup> February 1936.



Hong Kong, the number of qualified nurses who had received their training from the TWGHs' nursing training programs shows that the group had become an active participant in the provision of such training in Hong Kong.

From 1939 to 1940, Nethersole Hospital's Miss Ward coordinated a nursing conference, an important step in the development of Hong Kong's nursing leaders.<sup>91</sup> This conference paved the way for the establishment of the Trained Nurses and Midwives Association in 1940. According to Miss Ward, "we record as a matter of interest that the Chinese nurses in the Colony have formed a Trained Nurses and Midwives Association during the year. Some of our graduates took an active part in forming the Association of whom one was elected its first Chairman."<sup>92</sup> In addition to the chairman, Mrs. Hughes later added that the "Recording Secretary, Treasurer, and Chairman of the Social Committee are all Nethersole Graduates."<sup>93</sup> Despite the growing dominance of the colonial government's nursing training programs, Nethersole did remain as a vital part of Hong Kong's nursing training by producing influential nurses.

Lin Cixin Evelyn (林斯馨), the Board Director of the Nurses Association of China, visited Hong Kong in 1940 and held a meeting with all of the leaders of the colony's nursing training programs to inform them of China's nursing developments.<sup>94</sup> This meeting was highly beneficial, as nurses' professional status had continued to strengthen in China, especially during the warfare with Japan toward the end of the decade. Her arrival also set the stage for Chinese nurses to take control of Hong Kong's nursing profession at the end of 1941 when the Japanese took over the colony and incarcerated all of Hong Kong's foreign medical staff.

### *The Consolidation of Nurses' Professional Identity*

The colonial government's increasing involvement in Hong Kong's nursing development in the years up to the Japanese occupation helped to further consolidate the professional identities of Chinese nurses. To consolidate nurses' status, Nethersole Hospital introduced graduation ceremonies and established a network that would allow their nurses to maintain their association with the hospital. The missionaries also appointed more Chinese nurses to leadership positions and established better relations with local nursing leaders. Some of them were also given the

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<sup>91</sup> George, "Moving with Chinese Opinion: Hong Kong's Maternity Service, 1881-1941," 256.

<sup>92</sup> M. Ward, "Matron's Report of 1940."

<sup>93</sup> A Hughes, "Decennial Report of the South China District Committee, 1931-1940."

<sup>94</sup> M. Ward, "Matron's Report of 1940."

opportunity to study in China and abroad, further strengthening their nursing aptitude.

Nursing training became available in a wide variety of Hong Kong hospitals during this period, and Superintendent Gibson made it very clear that “general nursing now occupies a more important place in the curriculum than in the past, as there is a greater demand for nurses to attend patients in their own homes.”<sup>95</sup> In other words, the social recognition of the nursing profession was clear. Nethersole Hospital held its first nurses’ graduation ceremony in 1931, “when Mrs. Lauder...presented certificates to seven successful nurses—four of these nurses had qualified toward the end of 1930.”<sup>96</sup> The missionary hospitals placed great emphasis on the graduation ceremonies as they were thought to serve as “an important event in [the nurses’] lives.” These ceremonies were significant not only in terms of solidifying nurses’ positions in the hospitals but, more importantly, in helping to “cement the bonds that bind them to their training schools.”<sup>97</sup> For instance, on graduation day in 1934, “all the past nurses were invited to an evening meeting which was somewhat in the nature of a reunion.”<sup>98</sup> With the emergence of nursing training programs in a number of hospitals, it became beneficial for the missionary hospital to construct such networks and maintain an affiliation with all of their nurses to sustain the influence of their own nursing training programs in Hong Kong.

The Nethersole’s Former Nurses’ Association had been formed in 1929. Seventy ex-nurses had been contacted, of whom the forty-three still in Hong Kong joined.<sup>99</sup> Members gathered for an important meeting in 1932 to discuss how they could participate in helping Shanghai’s refugees: “During the spring, when the trouble broke out in Shanghai, a meeting was called to see what could be done to help.”<sup>100</sup> When St. John’s Ambulance Association formed a contingent to send to Shanghai, a former Nethersole nurse, Miss Kong Kin-San, was appointed to take charge of the nursing arrangements there.<sup>101</sup> Former Nurses’ Association projects became another platform for nurses to establish networks with former classmates, “especially with those whom one had not seen for a long time.”<sup>102</sup>

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<sup>95</sup> R.M. Gibson, “Superintendent’s Report of 1932.”

<sup>96</sup> A. Hughes, “Nethersole Hospital Report, Nursing Department,” 1931.

<sup>97</sup> A. Hughes, “Nethersole Hospital Report, Nursing Department,” 1931.

<sup>98</sup> M. Ward, “Matron’s Report of 1934.”

<sup>99</sup> Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 71.

<sup>100</sup> A. Hughes, “Nethersole Hospital—Nursing Department Report for 1932.”

<sup>101</sup> A. Hughes, “Nethersole Hospital—Nursing Department Report for 1932.”

<sup>102</sup> A. Hughes, “Nethersole Hospital—Nursing Department Report for 1932.”

As previously noted, many former nurses also participated in Miles of Dollars, a fund-raising program to support construction of the new Nethersole Hospital established in 1933. Mrs. Hughes recorded that “former nurses have done valiantly, [and] many have collected or contributed one hundred dollars, and a few of them more than that.”<sup>103</sup> The Miles of Dollars project continued throughout the decade. Miss Ward noted in 1935:

Not only [are we] pleased with the success of this plan financially, but it is good to have this means of keeping in touch with the past nurses. On several occasions we have had visits from nurses who ... left the hospital many years [ago], bringing sums which have been given to them by their friends, and in some instances the money has represented a contribution from their patients who have wished to make a donation to some charity as an expression of appreciation. We feel that this shows a splendid spirit of loyalty in the nurses towards their training school.<sup>104</sup>

By the time construction of the hospital began in 1937, the Chinese nurses had become an indispensable source of financial support for Nethersole, further consolidating their position in missionary hospitals.

The missionary nurses began relying more heavily on Chinese nurses in the previous decade and had been appointing Chinese staff nurses since 1925. As previously noted, however, the majority of these staff nurses left the missionary hospitals after relatively short periods of employment for better opportunities elsewhere. The trend toward placing Chinese nurses in leadership positions continued as more experienced and qualified nurses emerged as a result of standardization. Mrs. Hughes reported:

We gave them more responsibility, one in the General Hospital and one in Maternity. They found it difficult at first and they were very self-conscious about their promotion, but it was not long before we realized that we had chosen well. They both proved themselves to be very efficient and worthy of the trust we had placed in them.<sup>105</sup>

This trend was in accordance with colonial government policy, with the government “fully and frankly accepting the policy of replacing wherever possible European by Asiatic employees” in

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<sup>103</sup> A. Hughes, “Nethersole Hospital—Nursing Department Report for 1933.”

<sup>104</sup> M. Ward, “Matron’s Report for 1935.”

<sup>105</sup> A Hughes, “Decennial Report of the South China District Committee, 1931-1940.”

the 1930s, an aftermath of the anti-foreign movement in the previous period.<sup>106</sup> In 1930, three reliable staff nurses were appointed, with the number increasing to six when the new Nethersole Hospital opened in 1938. These staff nurses were placed in charge of various wards.

In contrast to the many staff nurses who quickly left the missionary hospitals to take up better positions elsewhere, particularly once demand for experienced local matrons began to rise, Sisters Lau Mei Yuk and Suen Oi To remained in their positions for a significant length of time. Miss Ward reported in 1938 that these two sisters “have worked hard and have been good leaders during a year which has been in many respects one of ‘pioneering.’”<sup>107</sup> In the following year, when the new Nethersole Hospital became fully functional, the medical missionaries made further distinctions between sisters and staff nurses, with the former being given higher administrative positions. Superintendent Ashton explained in 1939 that “additional Chinese Staff Nurses have been appointed locally, and [a] further increase in our nursing staff is desirable.”<sup>108</sup>

Sister Lau Mei Yuk, one of the sisters appointed that year,<sup>109</sup> was perhaps the most influential Chinese nurse in the missionary hospitals. According to Mrs. Hughes: “She is a senior member of our Chinese staff, her chief work being to supervise the diets for staff and patients, and giving general oversight to the domestic staff.” Miss Ward also recalled that Miss Lau “has taken full charge on several occasions in the absence of the Matron.”<sup>110</sup> Later, when the Japanese took over Hong Kong at the end of 1941, all foreigners, including the missionary nurses, were interned in concentration camps. Miss Lau then officially took over the Nethersole Hospital’s nursing program and became the missionary hospitals’ first trained Chinese matron.

In 1938, Nethersole hired Miss Cheung Chung Hing as its first Chinese sister tutor to provide assistance in nursing training. Miss Cheung received her training at Yau Tsai Hospital in Guangzhou and later underwent postgraduate training at the prestigious Peking Union Medical College (PUMC). She also had extensive teaching and training experience. Miss Cheung was brought in to give lectures and provide assistance in the missionary hospitals’ nursing training programs. At the end of the year, Miss Ward commented that “it is a great relief to the staff to

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<sup>106</sup> G.B. Endacott, *Government and People in Hong Kong, 1841-1962: A Constitutional History*, (Hong Kong: Hong Kong University Press, 1964), 169.

<sup>107</sup> M. Ward, “Matron’s Report of 1938.”

<sup>108</sup> F.R. Ashton, “Superintendent’s Report of 1939.”

<sup>109</sup> The other sisters appointed that year were Miss Thomson, a missionary nurse, and Miss Cheung Chung Hing, a nursing educator.

<sup>110</sup> M. Ward, “Matron’s Report of 1940.”

feel that however busy the hospital is, the teaching work is going on steadily.”<sup>111</sup>

In addition to the appointment of Miss Cheung, another important breakthrough in Nethersole Hospital’s nursing education was the opportunity for postgraduate nursing training. In 1936, Miss Suen, the abovementioned staff nurse, was given the opportunity to pursue a six-month postgraduate nursing course at Lester Chinese Hospital in Shanghai.<sup>112</sup> In September, she returned to continue her service at the missionary hospitals. A second staff nurse, Miss Lau Mei Yuk, went to Shanghai for the same course in November, returning to Nethersole in 1937.<sup>113</sup> Another nurse undergoing the same program was killed that year “as a result of the hostilities in Shanghai.”<sup>114</sup> According to Mrs. Hughes, “she was a young person full of promise, and the news of her death came as a great shock to us all.”<sup>115</sup> Nethersole’s Chinese staffs were reportedly very distressed over the tragic incident. Another nurse, Sister Leung of the Maternity Department, decided to “go to Peking Union Medical College to study pediatrics” in 1937,<sup>116</sup> becoming the first Hong Kong nurse to study at China’s leading nursing institute. Other nurses went abroad and continued their nursing service elsewhere during the period. “[O]ne of the married nurses is in England and we hear that she is driving a motor ambulance, while another is in America,” Mrs. Hughes reported.<sup>117</sup> Also in 1937, the Margaret Charter Scholarship was established for outstanding nurses.

### *Breakdown in Gender Boundaries in Nursing*

Watt noted that “during this decade the profession became predominantly the domain of women. Henceforth, educated women would provide the leadership and increasingly the staff of nursing service.”<sup>118</sup> Although the gender boundary in health care started to break down in China following the May Fourth New Culture Movement, it took Hong Kong’s missionary hospitals longer to introduce the cross-gender nursing care they had advocated for more than a decade. Such care was ultimately made possible through the colonial government’s intervention, and the

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<sup>111</sup> M. Ward, “Matron’s Report of 1938.”

<sup>112</sup> A. Hughes, “LMS Annual Report for 1936.”

<sup>113</sup> A. Hughes, “LMS Annual Report for 1937.”

<sup>114</sup> London Missionary Society, Minutes of an Emergency Meeting of the South China District Executive Committee, August 22<sup>nd</sup> 1937.

<sup>115</sup> A. Hughes, “LMS Annual Report for 1937.”

<sup>116</sup> A. Hughes, “LMS Annual Report for 1937.”

<sup>117</sup> A Hughes, “Decennial Report of the South China District Committee, 1931-1940.”

<sup>118</sup> Watt, “Breaking into Public Service: The Development of Nursing in Modern China, 1870-1949,” 72.

feminization of the nursing profession in Hong Kong was complete before the Japanese occupation, with male nurses being marginalized as a result.

According to Stanley, the taboo against cross-gender medical care started to crumble after the 1911 revolution—a process that accelerated under the influence of the May Fourth New Culture Movement.<sup>119</sup> By 1929, for instance, Hunan's Hsiang-Ya School of Nursing was accepting only female nursing probationers.<sup>120</sup> In the subsequent decade, the concept of the male nurse became further marginalized in China. Although some hospitals kept a few male nurses on staff for practical purposes, female nurses had become the norm.<sup>121</sup> The marginalization of male nurses was so overwhelming that it became a matter of concern for the Nursing Association of China (NAC), which discussed the issue during its thirteenth congressional meeting in 1936. Suggestions were made that government institutions provide more employment opportunities to male nurses.

The same trend was taking place in Hong Kong's missionary hospitals. As we have seen, the missionary nurses struggled with the training of male nurses from the beginning. Ho Miu Ling Hospital officially began training male nurses in 1921, but encountered a number of difficulties and challenges, as tutelage by a female instructor was still uncommon for Chinese men, and the turnover rate among male nursing probationers remained extremely high. When Mrs. Hughes took over Miss Ward's duties in working with male Chinese nurses in 1928, she noted that "with the exception of the two most senior nurses, the staff has again completely changed. Men on whom a good deal of time and effort had bearing the strain of extra work, proved most disappointing."<sup>122</sup> In the missionaries' previous experience training female nurses, Christian probationers were usually easier to work with, but that was not the case with Ho Miu Ling Hospital's male nurses. Mrs. Hughes reported:

One of the men had become a Christian and was baptized in June 1927. Another, [the] son of a well-known Christian family and himself a Christian, was very unsatisfactory. He left and went to a local Chinese hospital where his work has not improved [and] so he is not being kept. The others [nurses] were non-Christians.<sup>123</sup>

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<sup>119</sup> Stanley, "Establishing a Female Medical Elite: The Early History of the Nursing Profession in China," 282.

<sup>120</sup> R. Holden, *Yale in China: The Mainland, 1901-1951* (New Haven: Yale in China Association, 1964), 59.

<sup>121</sup> Wang, *Zhongguo Huli Fazanshi [中國護理發展史]*, 101.

<sup>122</sup> A. Hughes, "Ho Miu Ling Hospital Nursing Department, Report for 3 months (October-December, 1930)."

<sup>123</sup> A. Hughes, "Ho Miu Ling Hospital Nursing Department, Report for 3 months (October-December, 1930)."

Frustrated by the situation, Mrs. Hughes continued to advocate for cross-gender nursing rather than struggle with male nurses: “We shall welcome the day when it is the normal thing for women to nurse men. We begin to see the dawning of that day and pray it may not be long delayed.”<sup>124</sup> Requests to follow what was considered the “nursing norm of the West” persisted over the years, and had the support of other medical staff. Dr. Sydenham mentioned in her letter to the LMS in 1931, “There [are] a growing number of hospitals in China staffing their men’s wards with women...for [the] most part they are such as P.U.M.C. (Peking Union Medical College), or Taiwan, or Yale.”<sup>125</sup>

In 1932, the medical missionaries finally broke the gender boundary when they introduced the first Chinese female nurse into Ho Miu Ling Hospital—Nurse Wong “assisted in supervising the men’s hospital, this being the first time a Chinese nurse took definite responsibility for that department.”<sup>126</sup> In the following year, more female nurses were appointed to provide care for male patients. According to Mrs. Hughes, “our cherished hope has become a reality!”<sup>127</sup> These female nurses were under the supervision of Mrs. Hughes and Sister Wong. During the transition, a few male nurses remained, but the majority either left the hospital voluntarily or transferred to other units of the hospital. The three male nurses who remained were designated to provide necessary assistance and to work the night shift.<sup>128</sup>

Despite a decade of vigorous petitioning on the part of the missionary nurses, I argue that the breakdown of the gender boundary at Ho Miu Ling Hospital finally occurred at the instigation of the colonial government. Superintendent Gibson pointed out that HKNB regulations required all candidates to have substantial nursing experience in a men’s ward.<sup>129</sup> The HKNB thus became a legitimate channel for the medical missionaries to introduce female nurses to men’s hospital wards.

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<sup>124</sup> A Hughes, “Decennial Report of the South China District Committee, 1931-1940.”

<sup>125</sup> Dr. Sydenham to Mr. Hawkins, March 28<sup>th</sup> 1931.

<sup>126</sup> A. Hughes, “Nethersole Hospital, Nursing Department Report for 1932.”

<sup>127</sup> A. Hughes, “Ho Miu Ling Hospital, Nursing Department Report for 1933.”

<sup>128</sup> A. Hughes, “Ho Miu Ling Hospital, Nursing Department Report for 1933.”

<sup>129</sup> London Missionary Society, Minutes of the Annual Meeting of the District Committee, May 30 – 2<sup>nd</sup> June 1933.



Figure 39: Chinese Female Nurses in Men's Hospital<sup>130</sup>

As previously noted, Sister Wong decided to leave the missionary hospitals after just one year of service at Ho Miu Ling Hospital. "It was with mixed feeling[s] that we said 'Good bye' to Sister Wong at the end of the year," Miss Ward stated.<sup>131</sup> Sister Wong took on a matron position in a private nursing home. In 1934, after a one-year trial, cross-gender nursing practice was adopted smoothly. Mrs. Hughes reported that "the women nurses are now firmly established in the men's hospital and take their duties as a matter of course; they are a great help in the nursing of very sick patients."<sup>132</sup> Moreover, to the missionaries' surprise, the three aforementioned male nurses remained in the hospital's employ, which meant that in two years "no change has taken place in the personnel and this has meant a great deal. In former years the continual changing was a handicap to progress."<sup>133</sup> In 1938, Miss Ward announced at the LMS District Meeting that "the substitution of women nurses for men in the Men's Hospital [has] now been completed and [is] working satisfactorily."<sup>134</sup>

The Chinese hospitals were apparently having more success in recruiting male nursing

<sup>130</sup> Alice Ho Miu Ling Nethersole Charity Foundation Archive.

<sup>131</sup> M. Ward, "Matron's Report of 1933."

<sup>132</sup> A. Hughes, "Ho Miu Ling Hospital, Nursing Department Report for 1934."

<sup>133</sup> A. Hughes, "Ho Miu Ling Hospital, Nursing Department Report for 1934."

<sup>134</sup> LMS Minutes of the Semi-Annual Meeting of the District Committee, 1936.



probationers to their nursing programs, perhaps due to the Chinese characteristics of the program. Tung Wah Hospital started admitting male nursing probationers in 1929. In 1931, eight male nurses graduated from the TWGHs' nursing training schools, and fourteen more were also recruited that year, along with eight female nursing students. In 1938, the first TWGH male nurse took the nurses' examination. Nonetheless, under the influence of Western nursing ideology, in which nursing was considered a "woman's profession," male nurses ultimately became marginalized.<sup>135</sup> The process of feminization the nursing profession had been completed in Hong Kong by the eve of the Japanese invasion in December 1941.

### *Conclusion*

In Hong Kong, many new hospitals emerged before the Japanese Occupation. This included two new LMS hospitals: the new Alice Memorial Hospital in 1929 and the new Nethersole Hospital in 1938. Nethersole's Chinese nurses continued to contribute to the colony's nursing development throughout the 1930s. They not only actively collected funds for the new Nethersole Hospital, but also provided invaluable assistance in medical treatment, particularly when the missionary hospitals were overloaded by the influx of war refugees from 1938 onwards. At the same time, the government established Queen Mary Hospital in 1937, and this hospital quickly overtook the missionary hospitals in playing a leadership role in nursing training. Queen Mary's role in such training was also part of the colonial government's emphasis on the use of nurses in health care administration. The government also started to intervene proactively in other hospitals' nursing programs, including those of the TWGHs, by providing them with the supervision and resources necessary to maintain high training standards.

While the colonial government had become more proactive in training local nurses since the beginning of 1920s, the missionary hospitals tried to maintain their vital role in Hong Kong's nursing development by contributing to government's scheme to standardize nursing, including the formation of NBHK. The effects of the HKNB were immediately evident, as nurses' professional status became consolidated among the various medical institutions of Hong Kong, with the missionary hospitals proving no exception.

Nethersole continued to benefit from the contributions of local nurses, and the medical missionaries became even more heavily reliant on these nurses to provide sufficient care in their

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<sup>135</sup> *The Kung Sheung Daily News* 香港工商日報 (Hong Kong), 1<sup>st</sup> February 1936.

new hospitals. The missionary hospitals also found ways for their Chinese nursing leaders to receive further professional training outside the colony. As Miss Ward mentioned in her last report before the Japanese occupation: “Patients shall be well nursed, nurses well trained, [and] the hospital run efficiently and economically...[T]here is scope for everybody and it is gratifying to report that the staff in all departments have worked well.”<sup>136</sup> The Japanese occupation, however, changed everything.

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<sup>136</sup> M. Ward, “Matron’s Report of 1940.”

## CONCLUSION:

### **From One Chinese Matron To Another: Missionaries, Women, and Health Care**

“This hospital has been a training school for nearly fifty years. The first probationer entered in 1893, long before the Government or any other hospital had thought of training Chinese women. It was here that the first Government midwives received their training at the request of the Medical Department. When the Committee of the Tung Wah Hospital first decided to use trained nurses and midwives, and later when they started a training school it was nurses who had graduated here who were the pioneers. The first School Nurse in Hong Kong was a Nethersole graduate, and so were the earliest midwives on the New Territories.”—Miss Ward, Matron of Nethersole, 1939.<sup>1</sup>

On the eve of the Japanese invasion, the missionary hospitals were in great shape. According to Paterson, their improved facilities had enabled the hospitals to provide quality patient care: “By the end of November the Hospitals had climbed out of all debts on building and running costs, and there was a small nucleus of a fund for a new Nurses’ Home.”<sup>2</sup> Superintendent Ashton later recalled the nursing staff of 1941:

The nursing staff worked magnificently. Miss Ward was even more than her usual ubiquitous self, while Miss Thomson, in full-time work in the hospital for the first time, showed herself to be a capable and efficient sister in charge of [the] surgical wards. The Chinese nursing staff showed courage and resources, faced as they were with unusual and very exacting duties.<sup>3</sup>

The Japanese invaded Hong Kong in December 1941. The joint British, Canadian, and Indian forces, along with the Hong Kong Volunteer Defense Forces, tried to counter and resist the rapidly advancing Japanese, but were heavily outnumbered. This study ends in 1941, a century after the colonization of Hong Kong, at this dramatic turning point for the colony’s hospitals. After their occupation, the Japanese incarcerated all foreign missionaries, including the hospitals’ medical staff, in a concentration camp in Stanley, and their hospitals came under Japanese administration. The Chinese nurses, however, remained in their posts, taking over the Nursing Department of Nethersole Hospital, thereby marking a new era in Hong Kong’s nursing development.

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<sup>1</sup> M. Ward, “Matron’s Report of 1939.”

<sup>2</sup> E.H. Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital* (Hong Kong: Alice Ho Miu Ling Nethersole Hospital, 1987), 79.

<sup>3</sup> Dr. Ashton on Nethersole, 1941.



Figure 40: Wartime Nurse<sup>4</sup>

After the Japanese conquered Hong Kong on December 25, 1941, the formerly missionary-run hospitals continued to provide treatment for the casualties. A number of Hong Kong's hospitals were severely damaged during the invasion. Canossa Hospital was completely ruined, Matilda Hospital was partially destroyed, and St. Paul's Hospital suffered extensive bombing damage.<sup>5</sup> Alice Memorial & Affiliated Hospitals, in contrast, escaped physical damage but became the Japanese Civil Hospital. All of the foreign medical staff, including the missionary nurses, remained in their positions until the end of January, when they were moved to the Stanley Internment Camp. Consequently, Sister Lau Mei Yuk was appointed the hospital's matron, and the other local nurses were kept in service. According to Sister Lau's account:

On January 29<sup>th</sup>, 1942, we got news that our Superintendent, Matron and the doctors had to separate from us. This incident caught us in a state of mental confusion. Prior to this we had enjoyed a considerable measure of rest in mind having our Superintendent and Matron to take up the major responsibility of the Hospital. But then, besides the unutterable sorrow of parting [from] each other, there was the Hospital entirely entrusted into our hands.... [T]he

<sup>4</sup> Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 81.

<sup>5</sup> C.M. Fung, *A History of Queen Mary Hospital Hong Kong, 1937-1997* (Hong Kong: Queen Mary Hospital, 1997), 29.

Matron put her work upon myself. At such a critical time I wondered what to do.<sup>6</sup>

Japanese doctors took over the missionary hospitals' management in May 1942, turning them into casualty clearing hospitals for the Japanese. Sister Lau now had to decide what to do with herself and all of the Chinese nurses under her leadership. She reported:

All of us were allowed to decide for ourselves whether we remained [at] work or resigned. I did not WANT to stay but I knew that if I left the Japanese would take all. Six of [the] Christian Sisters promised me that they would stay and take the risk with me. Each one was responsible for the wards of one floor, so that much of the equipment was preserved. They bore all sorts of distress patiently, showing their love for the Hospital.<sup>7</sup>

Only one nurse decided to leave, and her departure was due to the relocation of her family.<sup>8</sup> During the occupation, food shortages forced many residents to flee to China, and the Japanese expelled many others, with the population declining to 650,000 by 1945 from 1.6 million in 1941. However, despite the difficult circumstances, nursing training continued. Although Nethersole unsurprisingly had difficulty recruiting nursing probationers, Matron Lau selected fourteen students. She also appointed Miss Anna Mow as a sister tutor to provide assistance in nursing training. Miss Mow "proved to be an ardent co-operator, enduring hardship, and skillful in training the probationers who were benefitted in spirit, mind, and body," Miss Lau commented.<sup>9</sup> Male nurses had become officially extinct by this point.

Queen Mary Hospital also survived the bombing, although, similar to the situation with the missionary hospitals, all of its foreign medical staff was incarcerated in Stanley Internment Camp. Most of the hospital's medical students escaped to China, where they continued their medical education.<sup>10</sup> The Japanese administration eventually turned Queen Mary into a military hospital for its soldiers. The TWGHs was allowed to function autonomously, with the exception of Tung Wah East Hospital, which was used as a Japanese naval hospital.<sup>11</sup> The group's Tung

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<sup>6</sup> M.Y. Lau, "Report." Quoted in Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 80-83.

<sup>7</sup> M.Y. Lau, "Report." Quoted in Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 80-83.

<sup>8</sup> M. Ward, "Report," 1942.

<sup>9</sup> M.Y. Lau, "Report." Quoted in Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 80-83.

<sup>10</sup> Fung, *A History of Queen Mary Hospital Hong Kong, 1937-1997*, 35.

<sup>11</sup> Fung, *A History of Queen Mary Hospital Hong Kong, 1937-1997*, 38.

Wah and Kwong Wah Hospital played an important role in providing health care for local civilians and refugees throughout the occupation. One of the very first medical services they resumed was maternity care. The TWGHs were later forced to spread Japanese propaganda about their miraculous medical procedures.<sup>12</sup>

The Japanese Occupation ended with Japan's surrender in August 1945, and the medical missionaries returned to Alice Memorial. When they witnessed the work done by Miss Lau and her nursing staff in maintaining the hospital, they reported that "The Hospital owes a debt of gratitude to them for accepting these responsibilities, and to those members of the Chinese staff who stood by the Hospital throughout the difficult years of the Japanese occupation."<sup>13</sup> When the previous matron, Miss Ward, returned in October 1946, she received a warm welcome from the Chinese nursing staff, including Miss Lau, as the latter recalled:

I should like to say that we Chinese people owe much to the English missionaries and medical people. They spent these long years training us with marked perseverance, with the result that many Chinese have had their souls saved and their bodies healed. We are sure that these English friends just carry out the truth of Christianity with patience and love, accomplishing self-sacrificing service [to] this day.<sup>14</sup>

The history of nursing in Hong Kong is a tale of rapid transformation. At its founding in 1887, LMS' Alice Memorial Hospital hired Mrs. Kwan as its first matron. She was an untrained nurse who was hired primarily to serve as a foreign doctor's interpreter, although she also provided assistance in patient attendance. Her lack of nursing aptitude, according to missionary standards, cost her the job when Hong Kong's first missionary nurse arrived in 1891. Western missionaries thereafter held the reigns of nursing development at Alice Memorial & Affiliated Hospitals until 1942, when Miss Lau was appointed matron. Between Mrs. Kwan and Miss Lau, nursing in Hong Kong was transformed from a situation of overwhelming missionary domination to one of measured government supervision, from widespread Western prejudice to active local participation, and from arduous *coolie* labor to systemized professional care.

### *Missionaries: From Saving Souls to Saving Lives?*

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<sup>12</sup> Fung Chi-ming, *Queen Mary Hospital Hong Kong, 1937-1997*, 39.

<sup>13</sup> Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 80.

<sup>14</sup> M.Y. Lau, "Report." Quoted in Paterson, *A Hospital for Hong Kong: The Century History of the Alice Ho Miu Ling Nethersole Hospital*, 80-83.

According to Hutcheon's study on the development of Hong Kong's hospitals and health care system, "Hong Kong, indeed, owes a great debt to the missions, charities and benefactors who provided so many of the hospitals in its earliest years, extending humanitarian concern for people at the lowest, poorest and most defenseless level of society."<sup>15</sup> This was especially true when it came to the development of institutionalized nursing, in which Alice Memorial & Affiliated Hospitals took on a leadership role by becoming the only institution to train nurses from 1893 until 1921, when the colonial government started its general nursing training program. Even after 1921, the missionary hospitals were active in Hong Kong's nursing development, and missionary nurses became some of the founding members of the HKNB.

The primary aim of the missionary hospitals was evangelism, which was precisely why they needed Chinese nurses to play an intermediary role between Chinese patients and Western medicine. In Government Civil Hospital, however, that intermediary role was unnecessary because the primary purpose of the government hospital was to provide a medical service for the colony's foreign population. It was also unnecessary in Tung Wah Hospital, which was staffed by Chinese medical doctors. As a result, the missionary hospitals remained Hong Kong's only nurse training institutions for almost three decades.

Although Nethersole dominated nursing training for nearly thirty years, the emergence of Government Civil Hospital's general nursing program led to a shift in the focus of their programs that compromised their religious function. The medical missionaries modified their recruitment standards and began to accept non-Christian nursing probationers and to place greater emphasis on strengthening nursing aptitude. Although the missionary nurses in the later period still gave priority to Christian nurses when selecting nursing leaders, the number of non-Christian nurses grew rapidly. The colonial government then took official control of Hong Kong's nursing development in the 1930s and implemented standardized nursing training, thereby ending the missionary hospital's sole domination of the nursing profession and marking the dawn of an era of government supervision.

### *Women: From Rescuers to Rescued?*

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<sup>15</sup> R. Hutcheon, *Beside Manner: Hospital and Health Care in Hong Kong* (Hong Kong: The Chinese University Press), 24.

Women, whether foreign missionaries or Chinese nurses, are the focal point of this study. The influence of Florence Nightingale's feminized nursing model overwhelmingly shaped the institutionalized nursing model introduced to Hong Kong by British missionaries in the late nineteenth century. As a result, the missionary hospitals' primary goal from the beginning was to recruit female nursing probationers. Although the services of Chinese male nurses were initially needed because of Chinese culture's taboo against cross-gender patient attendance, nursing in Hong Kong ultimately went through a feminized process under the leadership of foreign missionaries, with male nurses gradually marginalized.

The missionary nurses, who were Western women, viewed nursing as a means of rescuing Chinese women from the oppressive Chinese traditional culture, and most of the nurses recruited in the late nineteenth century were rescued *Mui Tsai*. What the missionary nurses failed to realize, however, was that the social stigma against nursing as a line of work was the reason that rescued *Mui Tsai* alone were willing to train as nurses. "The development of the [nursing] profession as a vehicle for women seeking a role in public life was a slow and arduous process. All the prejudices against women were magnified by what was widely regarded as the humdrum and not infrequently demeaning and filthy work of nursing," Watt argued in his study of China's nursing development.<sup>16</sup> By bearing the social stigma that nursing carried, early nurses had to make tremendous sacrifices, including giving up the opportunity to get married. Thus, becoming a nurse was not necessarily liberating for all Chinese women.

Instead, it placed many of them inside another patriarchal institution in which nurses were expected to submit themselves to foreign medical staff. They were generally placed at the very bottom of the hospital hierarchy and under the institutional control of missionary nurses. Lutz noted in her introduction to a study of Chinese Christian nurses in China that they very much "resented the authoritarianism and the superior attitude of many missionaries. They were offended by the fact that administrative positions were monopolized by Westerners and that the salaries of Chinese ministers, teachers, and doctors, no matter how well qualified, were much lower than those of Westerners."<sup>17</sup> The one similarity between the missionary and Chinese

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<sup>16</sup> J. Watt, "Breaking into Public Service: The Development of Nursing in Modern China, 1870-1949," *Nursing History Review* 12 (2004): 67.

<sup>17</sup> J.G. Lutz ed., *Pioneer Chinese Christian Women: Gender, Christianity and Social Mobility* (Bethlehem: Lehigh University Press, 2010), 272.



nurses was that they were both under the patriarchal control of and expected to play a subordinate role to male medical doctors.

Despite the missionaries' prejudice against them and the difficult working environment, Chinese nurses managed to become valuable assets to the hospitals in which they served by becoming purveyors of medical modernity and popularizing Western medicine among Chinese female patients. After all, Western medicine had yet to achieve its hegemonic status, and most Chinese still preferred Chinese medicine. Without the local nurses' presence, the medical missionaries would have had great difficulty not only in addressing the hospitals' staff shortages but, more importantly, in effectively reaching out to the local populace. Later, when more Chinese nurses with better educational backgrounds began working in the hospitals owing to greater social acceptance of the nursing profession, they were able to make greater contributions to medical treatment.

#### *Health Care: From Coolies to Professionals?*

Before the emergence of Florence Nightingale, and her emphasis on the importance of nursing training, patient attendance was conducted at home by patient's family members. When medical missionaries introduced the concept of an outer healing space where patients were looked after by strangers, it was a foreign concept for most local people. Thus, missionary nurse began commencing institutionalized nursing training. The so-called training, however, was still limited to basic patient attendant tasks. Pang continued to address in his work:

How nursing was carried out in clinical wards could be glimpsed through the stories told by nurses and missionaries. These observations strongly suggested that nursing practice in China has followed a restricted concept of nursing. Instead of focusing on the ways of providing direct care contributory to patients' recovery, nursing is seen as primarily comprising a bundle of tasks in helping physicians implement their treatment regimens.<sup>18</sup>

This was also the case in the early nursing training at Hong Kong's missionary hospitals. Hong Kong's Chinese nurses were trained to deliver the aforementioned restricted conception of nursing.

In the beginning, the medical missionaries were reluctant to assign complicated medical tasks to Chinese nurses because of their prejudice concerning young Chinese women's ability to

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<sup>18</sup> S.M. Pang, *Nursing Ethics in Modern China* (Amsterdam: Rodopi, 2003), 23.

take on responsibility. These Westerners constantly complained about the local nurses' character and nursing aptitude in the early stages of nursing in Hong Kong. Chinese nurses, however, proved their worth during a number of social crises and other difficult situations, including a bubonic plague epidemic in 1894, several smallpox outbreaks, and the continuing influx of refugees from China, which overloaded the colony's hospitals, ultimately giving rise to the establishment of Chinese nursing leaders. Once the missionaries began to rely more heavily on the input of local nurses, they imparted more specialized medical knowledge to them and incorporated more in-depth nursing training, gradually giving birth to the development of a professional identity among Hong Kong's Chinese nurses.

That professional identity was further consolidated when the colonial government began to intervene in Hong Kong's nursing development, implementing a variety of measures to monitor and standardize nursing training via the HKNB. The government also used the newly established Queen Mary Hospital to supervise the nursing activities of all hospitals in the territory. Nursing was no longer considered a form of unskilled patient attendance. Instead, by the 1930s, it had become a specialized profession, preparing Chinese nurses to step in when the Japanese took over Hong Kong at the end of 1941 and removed foreign medical staff from their posts. This was the context in which Miss Lau stepped in and ably took charge of Nethersole's nursing departments.

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