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Colonizing Childbirth: The Adoption of Western Obstetrics in Hong Kong (1842-1910)

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ABSTRACT

Since the sixteenth century, advancements in anatomy and Western medicine have facilitated male exploration of women's bodies and intervention in women's health issues, including childbirth. The medicalization of childbirth during the eighteenth century enabled men to exert control over birthing practices. This paradigm of "medicalized childbirth" was introduced to China in the early nineteenth century alongside the Protestant missionary movement. This article examines the introduction of Western obstetrics in Hong Kong. Following Hong Kong's designation as a British colony in 1842, the colonial government largely neglected the medical needs of Chinese residents, thereby creating opportunities for medical missionaries. To navigate the cultural and gender barriers inherent in this context, Western physicians were compelled to make compromises regarding "gender politics" and "medical space" to render Western obstetrics a viable option for Chinese families. This process facilitated opportunities for women to receive medical training in Europe and the United States and enabled their participation in overseas medical missions. Furthermore, it opened pathways for Chinese women to enter the medical field as nurses and doctors. In the early twentieth century, as the colonial government intensified its efforts to reduce infant mortality, it relied on female missionary doctors and nurses to train Chinese maternity nurses to conduct home deliveries. This marked a significant increase in obstetric cases and culminated in implementing maternity regulations in 1910.

Keywords: history of obstetrics, history of medicine, gender history, history of Hong Kong

Introduction

In 1835, medical missionary Dr. Peter Parker established the first Western medical clinic in Guangzhou, introducing Western medicine to China. This group of early Protestant missionaries viewed Western medicine as a platform for entering China and a key to unlocking its doors: "When Western cannons could not lift a beam, he opened China's doors with a scalpel."[1] Following the British victory in the Opium War, Western imperialism formally expanded in China, bringing not only political and economic exploitation but also significant impacts on Chinese traditions and culture. However, obstetrics remained an area where Western medicine struggled to penetrate China during the 19th century.

There has been considerable academic research on the history of obstetrics in China. As early as the 1980s, Charlotte Furth examined the social significance and cultural symbolism of childbirth during the Qing Dynasty.[2] She later delved deeper into the evolution of obstetrics following the Song Dynasty, focusing particularly on the discourse surrounding women's bodies, childbirth culture, and technological changes through the lens of "blood" theory.[3] Her work highlighted the intricate connections between medical practices, cultural beliefs, and gender dynamics in historical contexts.

Francesca Bray analyzed the changing roles of women in childbirth while researching women's contributions to technological development in China, examining the effects of the specialization of midwifery on Chinese society and women from various angles.[4] Angela Ki Che Leung discussed women's roles and social status, including midwives, within pre-modern medical practices.[5] Recently, Yi-li Wu has also focused on midwifery during the Ming and Qing Dynasties, analyzing women's childbirth behaviors from social, cultural, and medical perspectives.[6]

Another group of scholars has examined the development of Western-style obstetrics in China during the late Qing and early Republican periods. Ka-che Yip analyzed the discourse on institutionalizing obstetrics within the public policies of the Nationalist government in his monograph.[7] Zhou Chunyan explored how Western medicine challenged Chinese gynecology and obstetrics after the First Sino-Japanese War, as well as the role of the government in this process.[8] Tina Johnson analyzed how modern medicine and technology influenced perceptions and cultural practices surrounding childbirth in modern China, as well as how government intervention transformed the professionalism and environment of midwifery.[9] However, these works primarily focused on the impact and political significance of 20th-century Western obstetrics on Chinese society, neglecting to investigate the process through which Western obstetrics entered China in the 19th century. This oversight has created a disjunction between studies of traditional Chinese obstetrics and discussions of Western obstetrics' development in 20th-century China.

In the research of missionaries, Sara Tucker[10] and Connie Shemo[11] have mentioned the issues surrounding Western medicine and Chinese women's healthcare. However, they have not conducted an in-depth analysis of obstetrics as a unique medical domain. Hsiuyun Wang[12] has pointed out that in the 19th century, many non-Western contexts, including colonial and semi-colonial China, were often constructed as backward and uncivilized, with "women oppressed by tradition" being a significant component of this construction, often serving as focal points for the civilizing missions of imperialism and nationalist discourses. In reality, when male-dominated Western medicine encountered the gendered body politics of Chinese women in the 19th century, both sides engaged in various levels of negotiation and concession. Women adopted various strategies to overcome gender barriers when seeking Western medical treatment, such as consulting male doctors through intermediaries like mosquito nets, maids, or dolls.[12] However, unlike other branches of Western medicine, childbirth required immediate hands-on intervention from physicians, necessitating direct observation and

contact with women's intimate areas. Thus, medical missionary Mary Brown[13] reflected, "Indeed, many Chinese women sought male doctors; however, there were still areas they could not treat." Obstetrics exemplified this "untreatable area."

After the Opium War, Hong Kong officially became a British colony in 1842, establishing it as a distinctive locale where Eastern and Western cultures intersected. Initially, the colonial government adopted a *laissez-faire* medical policy towards the Chinese population. The government established the Civil Hospital, primarily aimed at providing medical services for European residents in the colony. Scholars Gauld and Gould[14] pointed out that the colonial administration in London showed little interest in providing social services for Hong Kong. As a result, few Chinese people sought medical care at the Civil Hospital. The primary reasons for this avoidance included unfamiliarity with Western medicine—both in terms of medical practices and the hospital environment—and the high costs associated with treatment. This sense of alienation from Western medical institutions contributed to the persistence of traditional medical practices within the Chinese community, including childbirth, where cultural familiarity and lower costs made local remedies and practitioners more accessible. This dynamic reflected broader societal tensions between colonial authority and the lived realities of the colonized, illustrating the complexities of healthcare in a colonial context.

This paper will examine the development of Western obstetrics in Hong Kong to explore the impact of colonial medicine on Chinese childbirth practices. This paper contends that when Western medicine became a crucial rationale and tool for cultural imperialist aggression in the 19th Century, obstetrics proved to be a relatively "unsuccessful" domain, as Western midwifery practices failed to become mainstream in Hong Kong. To overcome this barrier, Western medicine made compromises in terms of "gender politics" and "medical spaces," allowing Western obstetrics to become one of the options for Chinese women during childbirth. This process of compromise also indirectly transformed the gender politics of the Western medical community, fostering the emergence of female doctors in the United States and Europe, while providing Chinese women opportunities to participate in medical affairs, allowing them to take on roles as doctors and nurses, leading to the official implementation of maternity regulations by the colonial government in 1910.

Obstetrics and Culture: Eastern and Western Practices

According to European obstetric traditions, prior to the 16th century, the majority of childbirths were attended by midwives, who predominantly came from the lower social classes.[15-22] The rise of anatomy during the Renaissance provided men with a deeper understanding of the female body.[23,24] However, male doctors were still unable to breach the domain of midwifery, as childbirth remained the purview of women and midwives in domestic settings.

In the 16th century, France began to see male doctors take on a leading role in the training of midwives.[25] By the 17th century, physicians had more opportunities to observe childbirth, leading to the publication of various obstetric texts across Europe, and the medicalization of childbirth began to take shape.[26,27] At the same time, male midwives emerged in European cities, partly due to upper-class women seeking to emphasize their social status by choosing male attendants. However, the acceptance of male midwives varied by city[25]; for example, they gained acceptance in Paris earlier than in London, while most lower and middle-class families continued to rely on female attendants for childbirth.

Subsequently, male involvement in midwifery persisted, culminating in the 18th century with the development of obstetric instruments like forceps and discussions regarding relevant techniques (Forceps were developed by the Chamberlen family in London in the seventeenth century, but they were not publicly used for nearly a century). Initially,

only male midwives or doctors were permitted to use forceps, paving the way for men to access the most intimate aspects of women's bodies and to intrude into the space of childbirth.[28,29] Although the profit from midwifery was not exceptionally high for male doctors, it represented a significant market, as the families of postpartum women could become their clientele.[30] Consequently, while female midwives were not entirely replaced, they gradually found themselves squeezed into subordinate roles, with their status in the field being redefined.[27]

As childbirth practices became increasingly dominated by male physicians, the act of giving birth began to be "medicalized."[30] This medicalization was facilitated not only by advancements in obstetric techniques but also by evolving European societal perceptions of women's bodies, leading to the development of obstetric theories. Male-led anatomical studies had begun to influence Europe, and scholars from various fields started to emphasize the differences between male and female bodies—anatomists no longer viewed women as merely imperfect men; the emerging categories of male and female were biologically opposed—thereby regulating women's social spaces and underscoring their subordinate status.[23] For instance, scholars in the 17th century pointed to distinctions in the brain structures of women and men, claiming that women's intellectual capacities were limited.[27] By the 18th century, gender differences continued to dominate the development of European medicine, with women being perceived as physically and mentally vulnerable and labeled as "pathological," including a greater predisposition to mental health issues.[27] This period also witnessed the gradual emergence of gynecology as a specialized field in Europe. Within this framework, the process of childbirth was regarded as a high-risk endeavor, akin to a state of illness, leading to the medicalization of midwifery[27] and emphasizing the importance of medical assistance during childbirth.[30]

To mitigate maternal mortality, British physician Charles White highlighted the significance of "cleanliness" in his work, *Treatise on the Management of Pregnant and Lying-in Women*. This focus resulted in a gradual shift of childbirth from home settings to hospitals, further institutionalizing the birthing process (before the eighteenth century, the primary clientele of obstetric services in hospitals were the lower social classes who had no homes or could not afford the costs of childbirth).[31-35] Additionally, in the context of the Enlightenment, many European governments became involved in public health matters, formulating obstetric systems and regulations.[36,37]

Ironically, although some upper-class women opted for hospital births to alleviate the pain and risks associated with childbirth, the safety of mothers and infants in hospital settings during the 19th century was not guaranteed. With the medicalization of childbirth, doctors tended to intervene more actively in the birthing process,[38] employing popular obstetric tools of the time, such as forceps and anesthesia. Forceps became a symbol of male authority, while anesthesia was celebrated as a significant invention in 19th-century European medicine. Judith Leavitt noted that in the records of hospital births in the United States during the 19th century, approximately half of the cases involved anesthesia.[28] However, improper use of forceps (in terms of technique or timing) could harm both mothers and infants, and anesthesia posed its risks, whether through chloroform or ether, as there were no guidelines for dosage, making childbirth hazardous.[28] Furthermore, hospitals in Europe still experienced outbreaks of puerperal fever, leading some scholars in the mid-19th century to advocate for the abolition of hospital maternity wards.[39]

In China, records of knowledge related to childbirth can be traced back to the Warring States period, highlighting a rich history of understanding and practices surrounding pregnancy and childbirth.[8] One of the most significant texts from this tradition is the ***Huangdi Neijing*** 黃帝內經 (Yellow Emperor's Inner Canon), which includes various discussions on pregnancy and childbirth. While scholars like

Charlotte Furth argued that truly "gendered" medicine did not emerge until the Song Dynasty, Lee Jen-der's research indicates that there were significant discourses on the "female body" during the Tang Dynasty.[40] Yates[41] also posited that the discussions regarding women's health in the Tang period profoundly influenced the Song Dynasty. During this time, the female body was increasingly alienated, leading to gynecology being recognized as a specialized field.

Childbirth was viewed as a contact with pollution,[42] rendering it a "gendered" act predominantly led by midwives.[43] Furth[3] even notes that the obstetric knowledge of male doctors in the Song Dynasty derived from midwives. Although the social status of midwives declined after the 13th century, positioning them among the "three aunts and six mothers" who were often disparaged,[5,44,45] scholarly critiques primarily targeted the ethics of midwives rather than questioning their technical skills. Moreover, unlike in Europe, critiques of midwives were not aimed at abolishing their roles.[3] Given that childbirth was considered polluting, many Confucian physicians were reluctant to participate in the birthing process, with men only willing to intervene in emergencies.

According to the studies by Furth and Wu Yili, during the Ming and Qing periods, Confucian physicians no longer emphasized the differences in the female body beyond physical imbalances during childbirth. They ceased viewing childbirth or gynecology as unique diseases or ailments. Within this framework, Confucian physicians found justification to further discuss women's bodies and childbirth techniques based on the theories of *qi* 氣 and blood. This was one method through which these male practitioners established authority, allowing them to deepen their understanding of the female body and exert a certain degree of power over childbirth theory.[6] The process of childbirth was not deemed pathological but instead framed as a state of fragility or imbalance post-delivery, which could lead to harm due to negligence on the part of midwives or family members, necessitating the use of herbal remedies for recovery.

With the development of printing technology in the 18th century, there was a surge in publishing opportunities and a growing readership, leading to the emergence of numerous medical texts in the late Qing period, including many popular books on midwifery. These texts were aimed at laypeople rather than medical professionals, including midwives. According to Ma Dazheng's research, the Qing Dynasty produced the most literature on obstetrics and gynecology.[46] Among the "Four Texts of Obstetrics 產科四書" of the period, *Daseng Pian* 達生篇 (Treatise on Easy Childbirth) was categorized as a popular work. Wu Yili described it as despite its humble origins, this modest book by an obscure author became one of the most famous works on childbirth of late imperial China.[6] The book later circulated widely in the Southern Regions of China, and Protestant missionaries took note of it, translating it into English.

A notable characteristic of these texts was their limited theoretical discourse, which lacked a cohesive perspective across the various works. The widespread circulation of these popular obstetric texts underscored the diversity and complexity inherent in Chinese medicine. As medical historian Volker Scheid[47] observed, "Chinese medicine has been characterized from theory and diagnosis to prognosis, therapeutics, and the social organization of health care." He argued that traditional Chinese medicine represents a composite healthcare system, formed from an array of components. This assertion applies equally to the theories and practices of childbirth that varied across different regions during the Qing Dynasty.

Colonial Hong Kong: A Convergence of Childbirth Cultures

American medical missionary Dr. Peter Parker established the first Western medical clinic in China, the Ophthalmic Hospital at Canton, in November 1835. This clinic quickly garnered attention from

local officials seeking medical treatment, particularly for its surgical services. Notably, the hospital attracted a significant number of female patients, with statistics from the first quarter revealing that approximately 30% of patients were Chinese women.[48] These women presented a diverse array of medical issues, including some specific to female health.

However, obstetrics posed a unique challenge for Dr. Parker. Tucker noted that childbirth was one of the most challenging areas for him to engage with, as Chinese women generally did not view childbirth as a medical situation requiring intervention. Consequently, they were unlikely to seek Dr. Parker's assistance for obstetric care. Dr. Parker's records indicate that his first obstetric case did not occur until 1843, when a woman named Li Mun was brought to the clinic by her husband following a boating accident. This case was marked by desperation, as Li Mun and her family sought medical help only under duress. Tragically, Li Mun died two days after giving birth, and her case remained the only recorded obstetric incident at the Western medical clinic in Guangzhou until 1855.[48] This situation underscores the cultural barriers and perceptions surrounding childbirth at the time. Despite the presence of Western medical facilities, traditional beliefs and practices continued to dominate the approach to childbirth among Chinese women, illustrating the complexities of integrating Western obstetrics into a deeply rooted cultural context.

Following the Opium War, Hong Kong officially became a British colony in 1842. The colonial government felt reluctant to spend resources on the Chinese community and thus opted for a *laissez-faire* medical policy. Consequently, Western missionaries took on the responsibility of providing medical care for the Chinese, one of whom was Dr. William Lockhart. Arriving in Macau in 1839, he practiced in various locations and established Western hospitals. Although Shanghai later became his primary area of activity, Lockhart also left his mark on Hong Kong, overseeing the establishment of the first church hospital in the colony in 1843. Shortly after arriving in China, Lockhart recognized the limitations in providing obstetric care to Chinese women. To understand traditional Chinese obstetrics, he translated a Chinese obstetric text published in 1825, *A Treatise on Midwifery: A New Edition Published in the Fifth Year of Taou Kwong*, which appeared in an Irish medical journal in 1842.[49] This was the first Chinese obstetric book translated into English, serving as a rare resource for missionaries seeking to understand Chinese midwifery traditions. In his memoirs on medical missions in China, written in 1861, Lockhart expressed frustration at the complete dominance of childbirth by women in Chinese society.[50]

Following Lockhart, Dr. Benjamin Hobson was another influential medical missionary in Hong Kong. In 1843, he established the first hospital in Hong Kong.[50] After arriving in China in 1839, Hobson served in hospitals in Macau, Guangzhou, and Hong Kong over a span of twenty years. According to his records, "I am happy to state that there has been no intermission, for a single day of the regular ministration to the sick…The number of new patients registered from June 1844 to July 1845, amounts to 3,307, making the total for the two years the hospital has been opened in Hongkong, 7,221 patients."[50] Hobson noted that the hospital treated many patients, including women and children, yet no obstetric cases were recorded in the hospital.[50]

While practicing medicine, Hobson also began translating Western medical texts. In 1851, he compiled the *Quanti Xinlun* 全體新論 in Guangzhou, which is considered the first comprehensive introduction of Western anatomy to China, introducing Harvey's theory of blood circulation. It also conveyed the obstetric knowledge held by Western medicine at the time, including theories on fetuses, placentas, and lactation.[51] In 1858, Hobson published the first Western obstetric book in China, *Fuying Xinshuo* 婦嬰新說. This work was one of Hobson's five significant publications,[52] written after he fled to Shanghai during the Second Opium War, primarily through translations of texts by Fleetwood Churchill

et al.[53] and Francis Henry Ramsbotham.[54,55] Hobson himself was not an obstetric expert and admitted his shortcomings in obstetric knowledge, stating that

> I give my mornings and evenings chiefly in preparing the closing series of my medical works in Chinese, the one on medicine and principal diseases of women and children, with probably a condensed *materia medica* at the end. This, seeing how little I can do in the speaking way, seems my possible and appropriate work as a medical missionary, and therefore I do it, hoping they will stand and exert some influence for good, when I am long removed from the field.[56]

In the absence of permission to intervene in childbirth, Hobson attempted to convey the concept of medicalized obstetrics through the translation of Western medical texts.

Hobson aimed to demonstrate the superiority of Western internal medicine and prescriptions over traditional Chinese medicine in his writings.[57] His work included numerous illustrations and anatomical diagrams, affirming that Western medicine viewed childbirth from a surgical perspective. Despite containing several inaccuracies (such as the number of eggs), *Fuying Xinshuo* attracted the attention of traditional Chinese medicine practitioners. For instance, in 1861, Shi Shoutang referenced Hobson's text in *Yiyuan* 醫原, stating,

> Western scholars say that within a woman's uterus, there are fifteen to eighteen pearl-like eggs, wrapped in a thin membrane and containing seminal fluid, known as yin essence. At the onset of menstruation, these eggs first appear, and when the moon cycle ends, they disappear. When a couple engages in sexual intercourse, the eggs burst, mingling yin and yang essences to achieve conception. This explanation aligns with the theories of Yuan Tai Yi and seems credible.[58]

Despite Hobson's efforts to present Western obstetric theories in various ways, the medicalization of obstetrics proposed by Western medicine had little practical impact on most Chinese families. Early Western medical clinics in Hong Kong saw very few cases of childbirth.

Colonial Medicine: The Establishment of Obstetrics in Government Hospital

Colonial medicine has become a significant area of scholarly inquiry, particularly concerning obstetrics within the context of imperial medicine. Much of the research has concentrated on birthing systems and policies in British colonies in Africa and Southeast Asia during the 20th century.[59] These studies reveal that many colonial policies were influenced by Britain's efforts to increase birth rates in the late 19th century, positioning the health of women and infants as a governmental priority.[60] However, the approaches and policies of colonial governments regarding childbirth and maternal health varied widely across different regions. These variations were shaped by local medical cultures, existing health systems, and the specific sociopolitical dynamics at play. As Li Shangren notes,[59] "The public health measures adopted by the empire often involve factors such as governance capacity, the economic conditions of the colony, and the power dynamics between colonizers and the colonized." This complexity illustrates that while there was a broader agenda tied to imperialism—such as controlling populations and improving labor productivity—local contexts significantly influenced the implementation and reception of these policies.

Janet George[61] highlighted that the situation in Hong Kong differed significantly from that of other British colonies. The British occupied Hong Kong primarily for trade, aiming to leverage its geographical advantages for commerce in China and Southeast Asia. Consequently, the colonial government directed most of its regulatory policies toward protecting European residents, maintaining a stance of mixed assertive and passive control over the Chinese population. Although the Colonial Surgeons proposed improvements in childbirth conditions

for women in Hong Kong—driven by humanitarian concerns and population registration strategies to manage infectious disease spread—these recommendations were largely ignored by the colonial government. It was not until the bubonic plague outbreak in the late 19th century, which affected trade, that the colonial government began to pay more attention to infant mortality rates. However, health policies for Chinese women remained passive and underdeveloped, leading to an inadequate birthing space for Chinese mothers.

The Civil Hospital, established by the colonial government in 1850, primarily served European residents and focused its medical policies and resources on protecting colonizers and military personnel.[62] With the colonial government prioritizing trade revenues, there was little desire or motivation to act as "saviors," resulting in minimal Chinese utilization of the Civil Hospital. Patients were categorized into six groups: Police, Board of Trade, Private Paying Patients, Government Servants, Police Cases, and Destitutes. Although there was no explicit ban on Chinese seeking treatment at the Civil Hospital, the high costs deterred most, as noted by government medical officials: "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."[63] For instance, in 1877, the hospital report indicated that 236 Chinese patients sought treatment, most of whom were Police Cases brought in under duress, highlighting the lack of voluntary admissions.[63]

George[61] asserts that "the private trouble of a difficult confinement as experienced by Chinese women did not appear on the public policy agenda until late in the nineteenth century." The initial report from the colonial surgeon indicated that in 1853, only one Chinese woman sought treatment at the Civil Hospital.[63] At that time, the hospital featured a small female ward with just 14 beds,[64] primarily accommodating women engaged in sex work for colonial residents (In 1858, the colonial government established a venereal disease hospital (Lock Hospital) to control the spread of sexually transmitted diseases, requiring all women providing sexual services to register and undergo regular health check-ups). The first recorded obstetric case in this hospital did not occur until 1876, when a pregnant woman was admitted for surgical intervention[63]: "One woman in labour was brought to Hospital. As a rule such cases would not be admitted to an ordinary Hospital, but some cases which require operative interference are better in Hospital than in the filthy, ill-ventilated rooms of their own houses; at any rate the risk of a fatal termination is no greater, if so great." This woman's admission was necessitated by unsanitary conditions at home, which made it impossible to manage her case in a typical hospital setting.

By 1880, the situation had only marginally improved, with two obstetric cases reported[65]: "They were Chinese women who were admitted on the application of the Police. One was an arm presentation requiring operative interference. The other is protracted labour delivered by forceps." Both cases involved Chinese women who were brought to the hospital by the police due to complications during childbirth. These early cases illustrated the challenges and systemic issues within the colonial healthcare framework, where medical intervention for Chinese women was often reactive rather than proactive.

In the 1881 annual report, the colonial surgeon continued to address obstetric issues[63]: "A lying-in ward is much required. At present cases admitted have to be treated in the female ward among the other patients." In 1882, the number of childbirth cases increased to six, yet the reports indicated that most infants did not survive[63]:

> Six cases of parturition are recorded, in two of which the mother died. The fate of the off-spring is not recorded, but most of them, if not all, were born dead. I have in previous reports alluded to the fact that, in cases of difficult labour among

> the Chinese, the lives of both mother and child are invariably sacrificed unless European aid is called in. The Chinese so-called doctors know nothing of anatomy, and they admit their utter ignorance of the mechanism of child-birth, and their consequent powerlessness to render aid to parturient women.

The cases admitted for childbirth were predominantly complicated deliveries; Chinese women were reluctant to choose the Civil Hospital for childbirth under normal circumstances.

The colonial government in Hong Kong lacked strong motivations to provide obstetric services for Chinese women. Under the prevailing *laissez-faire* medical policy, it took nearly 40 years after the colony's establishment before childbirth cases began to appear sporadically in medical records. Although there were continual discussions about establishing a maternity ward in the newly constructed Civil Hospital, these plans never materialized[63]: "Last November it was suggested to the Government that a small lying-in Hospital should be provided, and it was stated that the Directors of the Tung Wa Hospital were prepared to remunerate a Medical Officer for attendance on these cases. This proposition fell to the ground, and nothing came of it." This inaction reflected a broader reluctance to invest in maternal healthcare for the Chinese population. More viable alternatives, such as permitting the management of Tung Wah Hospital —a Chinese hospital established in 1872, initially run by Chinese staff and focused solely on traditional Chinese medicine—to set up a maternity ward for impoverished Chinese women, were also overlooked.[63] The situation indicated a broader systemic indifference within the colonial administration regarding the health needs of the Chinese population, particularly in relation to maternal care.

In this context, the vast majority of Chinese women in Hong Kong continued to adhere to tradition, opting for the assistance of midwives at home for childbirth. This choice made them targets for criticism from the colonial medical authorities. In a report from 1885, the colonial surgeon recounted the situation of several Chinese women who were brought to the hospital after unsuccessful home births[63]:

> Seven Chinese women in labour were brought to the Hospital for assistance. They had all suffered in labour for several days and required instrumental aid. Three of them died. Some of these cases are hopeless when they arrive, from having delayed too long, and there is, duties considerable risk to the patients in treating such cases in a General Hospital. Their only hope, however is to remain at home in the hands of their wise women, which means certain death.

The report highlighted the increasing criticism from colonial surgeons towards Chinese midwives and practitioners. By 1889, the reports[63] explicitly stated that "it is greatly to be regretted that these [laboring] cases do not come into the Hospital earlier as the Chinese Midwives are absolutely destitute of any obstetric skill."

In this context, if the Civil Hospital wished to engage with more obstetric cases, the most direct approach would have been to hire female doctors. However, compared to American medical schools that began training female doctors in the mid-19th century, Britain was relatively conservative, resulting in a slower pace of training for women in medicine. "British medical schools and universities were committed to excluding women, preventing them from obtaining practicing qualifications," according to Waddington.[27] It was not until around 1865 that Elizabeth Anderson, the first female doctor in Britain, began to receive recognition in the medical field. Later, the status of female doctors remained undervalued, and London did not allow them to serve in the colonies. Meanwhile, Florence Nightingale's nursing reforms in Britain during this period solidified women's roles in hospitals as nurses.[66]

Under this context, the colonial surgeon proposed a plan in 1888 to recruit European professional female nurses[67]:

> A scheme for the employment of European Female professional nurses in the Hospital has been drawn up by Dr. Atkinson at the request of the Government and is now under consideration. If on enquiry in England it is found feasible the scheme will undoubtedly be a very great benefit to the Hospital. It is not however entirely without some drawbacks for the nurses will have to reside on the premises and this will require a considerable increase of accommodation in the shape of an additional block of buildings which means considerable expenses. As usual it is a question of initial outlay.[68]

The following year, the colonial government officially began constructing dormitories and hired five French nuns as nurses (However, a report the following year indicated that the nuns left after a year due to the demanding work at the hospital).[63] In 1889, the Civil Hospital decided to employ a Chinese nurse trained at John Kerr's Hospital in Canton, although her role was limited to that of a general helper (amah) rather than a nurse.[63] It was not until 1890 that the government successfully recruited Miss Eastmond, who had trained in London, along with five other trained nurses to join the service at the Civil Hospital.[69] That same year, the hospital established several dedicated maternity beds.[61] According to hospital reports,[63] Eastmond's arrival led to a slight increase in the number of Chinese women giving birth in the hospital.

Table 1: Obstetrics Cases in the Civil Hospital (1876-1893)

Year	Chinese	European	Mortal Cases
1876	1	0	0
1880	2	0	0
1881	4	1	0
1882	6	0	2
1883	4	0	3
1884	3	0	2
1885	7	0	3
1886	3	0	1
1887	3	0	1
1888	5	0	1
1889	5	0	1
1890	5	0	0
1891	6	0	NA
1892	14	0	2
1893	12	0	1

Source: Reports of Colonial Surgeon, 1876-1893

A Colonial Crisis: The Impact of the 1894 Plague on Chinese Women in Hong Kong

In May 1894, Hong Kong experienced a devastating outbreak of the bubonic plague. To prevent the disease from affecting European residents, many Chinese were forced to interact with Western medicine, leading to a noticeable increase in the number of Chinese seeking medical care.[70] This included both those who were quarantined or compelled to seek treatment and those who urgently needed help, including female patients. During this period, many Chinese women contracted the plague, with a mortality rate of 51% among women compared to 37% among men[71]; some of these cases involved pregnant women. Reports from May 23, 1894, raised concerns about suspected plague-infected pregnant women being quarantined on ships[72]:

> Is it a fact that a Chinese woman was sent on board the *Hygeia* by the Sanitary Authorities supposed to be suffering from the plague, but which proved to be a case of pregnancy? And is it true that the mistake was not found out until it was too late to save the patient's life? This is the tale told to me by my servants, and two of them have left my employ in a terrible fright to take their wives out of the colony.

The outbreak of the plague prompted the colonial government to reevaluate its approach to the mortality rates within the Chinese population, leading to a significant shift away from its previously *laissez-faire* policy. This crisis provided colonial authorities with an opportunity to reinforce the dominance of Western medical practices.[62] A primary focus for the government was the issue of infant mortality, which was closely linked to its image of civilization, the effectiveness of governance, and the management of resources. In 1895, the Registrar-General issued the first report on infant mortality, documenting twelve cases of childbirth fever, predominantly among residents of Kowloon, many of whom lived on boats.[70]

Following the identification of these cases, the Registrar-General expressed skepticism toward traditional Chinese medicine, voicing confusion over the "ignorance of the Chinese" in rejecting European medical practices and insisting that the government should mandate exposure to Western medicine, especially in childbirth. He advocated for urgent registration of midwives and a complete ban on dangerous Chinese medical practices, including the cauterization of newborns[70]:

> I have made some enquiries into the causes of this high infant death-rate among the Chinese, and find that it is largely due to diseases of a convulsive type, many of which are doubtless produced by the foul atmosphere which these infants breathe in the ill-ventilated dwellings of the poor, but I am of the opinion that not a few are the direct result of the forms of treatment to which these infants are subjected by the naïve midwives and quack doctors. It appears to be a Chinese medical custom to cauterize the face or body of an infant, as a remedial measure in the treatment of flatulence or other trivial ailment…The disregard of the value of female lives by the Chinese has also to be reckoned with, for it is a significant fact that the death-rate among infant girls double that among infant boys, and under these circumstances I consider that the government should, without delay, introduce a Bill for the registration and licensing of all Chinese midwives practising in this Colony, so that some control may be exercised over them.

Upon recognizing the high infant mortality rate, colonial medical officers of health attributed this issue primarily to the unsanitary living conditions prevalent among the Chinese population. They started advocating for the institutionalization of Western childbirth practices and proposed the relocation of birthing facilities to Western hospitals as a solution to address these public health concerns.

Consequently, The Civil Hospital officially established a maternity ward on April 21, 1897, repurposing an

old smallpox hospital. The maternity hospital was a single-story building housing two four-bed general wards and two two-bed private rooms, totaling twelve beds.[70] Although the term "maternity hospital" was used, it essentially referred to a few maternity wards.[61] After its establishment, the ward received only twenty births that year.[70] The following year, the ward reported 24 cases, with no infant deaths recorded: "There were 24 confinements during the year, with no deaths. The one fatal case was that of a Chinese woman admitted from the Tung Wah Hosptial, who aborted at the third month whilst suffering from Malarial fever, she was moribund on admission and never rallied."[70] Despite the increasing numbers, colonial officials did not recognize the reasons behind the majority of Chinese women's reluctance to give birth in Western hospitals. Instead, reports emphasized the absence of infant deaths in the Civil Hospital, attributing any complications in miscarriage cases to the timing of the women's admission.

By 1899, there were 36 recorded childbirths at the Civil Hospital, which increased to fifty-four in 1900[70]:

> 54 cases were admitted as against 36 last year. Five cases that were not in labour were sent out after a short stay. Of the children born 23 were males and 22 were female and in 4 cases the sex was not stated. There were 10 cases of still birth and one child died in hospital. Six deaths occurred amongst the patients—5 Chinese and 1 Japanese. The poorer Chinese, unfortunately, come in after some considerable delay and are generally the subjects of septicemia before admittance. The better class Chinese are slowly showing a greater liking for the place though not nearly in such numbers as one would like to see as I have little doubt the childbed mortality, which is to a large extent [preventable], amongst the Chinese must be pretty considerable.

According to the report, wealthier Chinese families began to show a preference for Western hospitals, whereas poorer Chinese still delayed seeking care until absolutely necessary, usually presenting with severe infections. The government medical authorities expressed hope that these numbers would continue to rise, aiming to prevent further maternal deaths during childbirth[70]:

> There seems to be little or no improvement in the alarmingly high death-rate among the infant population of this Colony…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 of 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 past, of allowing moribund infants to be left at the doors of various Convents, without any enquiries being made, conduces largely to this neglect.

Overall, while there was a steady increase in the number of women choosing to give birth in hospitals, the proportion of Chinese women among these cases did not show significant improvement, and many still sought hospital care only in emergencies. The persistence of traditional practices continued to influence childbirth experiences for Chinese women in colonial Hong Kong.

Table 2: Obstetrics Cases in the Civil Hospital (1897-1910)[73]

Year	Chinese	European	Mortal Cases
1897	20		3
1898	14+	14	1
1899	21	15	1
1900	21++	25	5
1901	22	22	2
1902	37	29	0
1903	37	31	0
1904	26	35	2
1905	30	29	2
1906	31	14	1
1907	35	27	1
1908	46	20	2
1909	47	51	3
1910	51	39	3

Source: Reports of the Principal Civil Medical Officer, 1897-1908

+In the report from 1898, there were 4 cases that did not require hospitalization, resulting in a total of 24 childbirth cases for that year.

++The report from 1900 grouped the childbirth data of Chinese and Indian individuals together. In addition to 21 cases involving Chinese and Indians and 25 cases involving Europeans, there were also 8 cases of childbirth among Japanese individuals, totaling 54 cases.

Following the establishment of the obstetrics ward, European women also began to choose hospital births. Li Shangren points out that "unlike settler colonies that attempted to transplant their home country's medical systems fully, physicians in Orientalist colonies selectively adopted Western medical practices based on local environments and social conditions. In these Orientalist colonies, military medicine was often the first to be established, followed by medical services primarily targeting European civilians."[59]

However, European civilians were not a homogenous group; there were distinctions based on gender and class. In 19th-century Hong Kong, the proportion of European women was relatively small. In 1845, 455 European men and only 90 women resided in Hong Kong. Although the European population increased significantly by 1872 (3,264 men and 699 women), the overall gender ratio remained essentially unchanged.[74] This was primarily due to Hong Kong not being designated as a settler colony, coupled with the fact that many early European residents fell ill due to the climate, leading officials and merchants to rarely relocate their families to Hong Kong.

The few European women living in Hong Kong primarily resided in European communities, and initially, the colonial government did not provide

adequate medical facilities for them, including maternity wards. To avoid the risk of infection, these expatriate mothers typically had doctors attend to them at home.[61] For instance, when the wife of Governor William Robinson gave birth in 1894, she was attended by James Cantlie at her residence.[61]

Data from the hospital indicated that after the obstetrics department was established in 1897, European women began to opt for hospital births starting the following year. This meant that European women had to share the hospital's services with Chinese women, as the obstetrics ward, with its twelve beds, became a rare intersection of the two groups. However, this situation did not last long. In a 1901 report, the Principal Civil Medical Officer mentioned plans to construct a separate maternity hospital for European women to ensure their safe deliveries.[70] This new facility, the Victoria Hospital for Women and Children, began offering maternity services in 1903.

According to the Director's description, while the hospital claimed to provide services for women of all social classes and ethnicities, he noted that Chinese women were reluctant to occupy floors above the first level.[70] Thus, the maternity ward was located on the upper floors, a design that seemingly aimed to exclude Chinese women from giving birth there. Reports from the hospital did not include data or cases of Chinese women delivering at the Victoria Hospital, confirming its role as a delivery space primarily for European women. This shift highlighted the stratification within colonial medical services, where access to healthcare was not only determined by gender but also by race and class, further entrenching the disparities between European and Chinese women in colonial Hong Kong. Within this framework, the quality and nature of medical care varied markedly according to ethnicity, revealing the complexities of colonial governance and its implications for public health equity.

Table 3: Obstetrics Cases at the Victoria Hospital for Women and Children (1904–1910)

Year	Admitted Cases	Mortal Cases
1904	10	0
1905	13	1
1906	21	0
1907	21	0
1908	26	0
1909	27	1
1910	20	0

Source: Reports of the Principal Civil Medical Officer, 1904-1910

Colonial Humanitarianism: Reviving Medical Missionary Work in Hong Kong

According to Janet George, Western medicine entered Third World countries primarily through two pathways: one driven by humanitarianism through medical missions and the other as an aggressive imperial medicine under colonial government control.[61] The lines between these two approaches were often unclear, and policies varied greatly among different British colonies. However, in regions classified as "colonies of exploitation," a trend emerged where, in scenarios of minimal governmental interference, missionaries frequently became the conduit for local women to access Western medicine.

For instance, research by Megan Vaughan indicates that missionaries provided more medical services to locals than colonial governments did in many parts of Africa: "It was missionaries who in East and Central Africa from the late nineteenth century pioneered the setting up of rural hospitals and rural clinics, who trained African medical personnel, who introduced 'western' midwifery and childcare practices, and who dealt with chronic and endemic disease."[75] This trend continued until the 1930s. In the late nineteenth century, missionaries established Western medical hospitals and clinics in East and Central Africa to facilitate their evangelistic efforts, as well as trained Western-style midwives. Taking Uganda as an example, European and American churches recognized that in order to engage with local women effectively, they needed to intervene and disrupt existing birthing practices, as childbirth is a universal experience for women.[75]

Consequently, medical missionaries and church hospitals were more proactive in promoting Western obstetrics compared to colonial government hospitals. Similar trends were observed in Southeast Asia, India, and Bengal.[76,77] The cases mentioned in various studies indicate that missionaries' actions often influenced colonial governments' medical policies. With assistance from medical missionary frameworks of humanitarianism, colonial authorities were able to establish Western obstetrics in Hong Kong. This further substantiates the significant role that Christian missions played in the expansion of imperialism.[78]

As circumstances in China evolved, missionary efforts in Hong Kong waned, particularly after 1848, when Dr. Hirschberg took over medical duties in Hong Kong. Following his departure to Xiamen in 1853, no missionary doctors were sent to practice medicine in Hong Kong, and the missionary hospital was sold to the colonial government, becoming a naval hospital. Medical missionary work in Hong Kong effectively ceased for nearly thirty years.

It was not until 1881 that, through collaboration between the London Missionary Society, the colonial government, and local leaders, missionaries re-established a small clinic in Hong Kong, offering services twice a week.[78] In 1882, Dr. Ho Kai, the first Chinese physician fully trained in Western medicine, returned to Hong Kong with his wife, intending to establish a charitable hospital to serve the impoverished Chinese population. This hospital was named in honor of his wife, Alice, who tragically passed away in 1884. The London Missionary Society was responsible for managing the hospital and dispatching medical missionaries to provide care and support in this newly established institution.[79] The Alice Memorial Hospital finally opened on February 16, 1887, reviving long-dormant medical missionary efforts. To better serve the Chinese community, the hospital charged only a nominal fee for meals and made institutional adjustments to attract Chinese patients, such as allowing family members to stay with patients.

A significant aspect of the hospital's contributions to women's healthcare was hiring Miss Kwan Lai-sik (1840-1902), the first Chinese nurse in Hong Kong.[80] Although she had not received formal nursing training, she had assisted her husband in dental practice. Her language skills and experience made her an ideal candidate, and she was appointed as the head nurse at the Alice Memorial Hospital. Miss Kwan became a vital bridge between Chinese women and Western medicine, leading to a significant increase in female patients seeking care at the church hospital, a trend not seen previously at government hospitals[81]:

> The establishment of Alice Memorial Hospital in Hong Kong marked a significant advancement in medical services, particularly for women's healthcare. A substantial number of women sought medical attention, often numbering in the hundreds daily; however, many felt a sense of alienation due to the lack of interpreters. Recognizing his wife's proficiency in English, Dr. Ho Kai employed her as an interpreter, thereby not only facilitating communication but also pioneering a new era for women's professional roles in the medical field.

Miss Kwan served as head nurse for four years, eventually earning the title "Nightingale of Hong Kong." In that year, the hospital's report documented two cases of childbirth.[61]

In 1891, Mrs. Helen Stevens arrived as a missionary nurse and officially took over Kwan's position. The London Missionary Society expanded its medical work, establishing a second hospital—Nethersole Hospital. In her first report, Stevens noted that while she had six obstetric cases, they only sought help in emergencies[82]:

> It is only in very extreme cases that foreign help is asked for, and here I can see a great field of labour opening up for native Christian women, trained as far as will be possible with our limited space, and the prejudice of the people. The ignorance of the native women who offer assistance in such cases is incredible, and the poor women suffer terribly.

The following year, Stevens reported no obstetric cases[83]: "My midwifery in hospital, as yet, has had no beginning." Male missionary doctors remained excluded from attending deliveries, thereby delegating this responsibility to nurses.

In 1893, she began Hong Kong's first nursing training program. The recruitment of Chinese nurses was challenging, as many Chinese families were reluctant to send their daughters into a profession caring for strangers. Consequently, many early nursing students came from Christian families or were girls rescued and adopted by missionaries.[83] Nursing not only created new employment opportunities for Chinese women but also served as a bridge between Western medical practices and local female populations. Despite the involvement of Chinese nurses, however, the hospital's obstetric activities remained limited[83]:

> With regards to midwifery, we progressed, but slowly. My first patient came the day when the hospital was closed and could not be admitted. On the 19th of November, we had a very bad case brought from the mainland, but by the blessing of God, mother and child were both spared alive. At present, I have another woman waiting in the Hospital for her delivery. Over there, few here in China means a great deal, and by degrees, I trust the women will come in greater numbers and with more confidence.

To encourage more Chinese women to opt for hospital deliveries, midwifery became a key focus of Mrs. Steven's nursing training program. This initiative aimed to equip all Chinese nurses with the skills necessary to manage such cases effectively. As Mrs. Steven 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 maternity nurse."[83] A Kwai was the very first nursing student recruited by Mrs. Stevens in 1893. This emphasis on midwifery training not only enhanced the capabilities of the nursing staff but also aimed to improve the quality of care provided to mothers and infants within the hospital setting.

As the 20th century began, the participation of more Chinese nurses led to some improvements in hospital deliveries, though many cases still encountered complications. In the 1901 report, Dr. Robert Gibson, the director of Nethersole Hospital, noted fifteen obstetric cases, four of which resulted in fatalities. According to Gibson, these women had suffered under the care of traditional Chinese midwives and were in critical condition upon their admission to the hospital. Consequently, the superintendent remarked, "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."[83] The following year, Mrs. Stevens reported that Dr. Gibson continued to refer delivery cases to her, stating, "The last months of the year brought a considerable number of midwifery cases, and, as Dr. Gibson has given those over to me, I have splendid opportunities to train my nurses in this branch of the work such as I could never have with men present, and most enthusiastic pupils I have found them to be."[83] This

arrangement provided valuable training for the nurses, allowing them to develop their skills in midwifery.

That year, the mission officially submitted a proposal to establish a separate obstetric facility, which garnered strong support from Dr. Ho Kai. This backing led to significant donations and the eventual establishment of the obstetric hospital in 1903. Mrs. Stevens remarked, "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."[84] The Alice Memorial Maternity Hospital was completed in 1904. Shortly before its opening, the London Missionary Society dispatched Hong Kong's first female doctor, Dr. Alice Sibree, to join the Nethersole Hospital team. Dr. Sibree received her medical training at the Royal College of Surgeons in Edinburgh and the School of Medicine for Women in London.[61] Unlike Dr. Gibson and other medical missionaries in Hong Kong, who spoke only limited Cantonese, Dr. Sibree fulfilled her language requirement and was able to effectively communicate with her patients and Chinese nurses, significantly enhancing the quality of care provided at the hospital.[61]

Upon her arrival at the hospital, Dr. Sibree quickly identified trusted nurses for obstetric training, including a nurse named A Kio. According to Missionary Nurse Miss Langdon, "A Kio was also trained by Mrs. Stevens and had been three years in Nethersole Hospital; she was anxious to train in midwifery work and went into the Maternity Hospitals."[88] As the training progressed, specialist doctors were invited to further develop the nurses' midwifery skills. This initiative culminated in Dr. Gibson's proposal that, in the future, all missionary nurses should receive obstetric training in the UK before being employed—this recommendation aimed to ensure a higher standard of care and expertise among the nursing staff. By the end of the first year, "thirty-eight [obstetric] patients have been admitted. The majority of these have been drawn from the poorest class and a great number have been young women at their first confinements."[79]

Under the missionary hospital's efforts to promote medicalized obstetrics, the colonial government recognized the importance of the Alice Memorial Maternity Hospital, anticipating that it would benefit the Chinese population by training midwives to assist women who could not or would not go to hospitals[70]:

> During 1903 there has been built a new charitable hospital, namely, the Alice Memorial Maternity Hospital, and a qualified English Lady doctor has arrived from England to take charge of it. That the Institution will do much good is certain and it is further to be hoped that some means may be found of training Chinese midwives who could attend at their own houses, Chinese women who cannot or will not come to a hospital.

The government initially attempted to recruit Chinese nurses in 1902, but only two applied.[70] Observing the success of the Alice Memorial Maternity Hospital, the government hospital decided to collaborate with the church hospital. In 1904, a newly recruited missionary nurse, Miss Langdon, reported that at the request of the Director of Medical Services, they admitted a student who trained at the government hospital[83]:

> 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…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.

That year, the number of delivery cases at the hospital increased slightly to 55, and this group of

Chinese nurses also participated in 22 home deliveries.[79]

In 1906, the number of obstetric cases at the missionary hospital rose to 87, alongside 188 home deliveries performed by the hospital's female medical staff. As the colonial government hospital began employing maternity nurses trained in the missionary hospital, they also experienced success in promoting hospital deliveries. The training of midwives for home deliveries proved successful, mainly due to Dr. Sibree's efforts[67]:

> The scheme inaugurated in 1905 for supplying trained Chinese midwives to attend the poor in their own houses has proved most successful, largely owing to the supervision exercised over these women by Dr. Alice Sibree, who is engaged in medical missionary work in the Colony…They have attended 188 confinements during the year, and exercise a general supervision over the infants, during the first year of life, advising the mothers as to the manner of feeding, etc. Seven of these infants have been taken out of the Colony—thirteen to Canton and four to Macao—and some of these are known to be alive and well.

According to Yang, these trained midwives once again served as vital liaisons between Chinese women and Western medicine, facilitating communication and care during a transformative period in maternal healthcare. Their role was essential in bridging cultural gaps and ensuring women received the appropriate medical attention during childbirth.[85]

The following year, home deliveries rose to 578 cases,[67] and in 1908, they reached 1,043.[86] The compromises made by Dr. Sibree and the medical missionaries in the delivery space had significant impacts, leading to a dramatic increase in home births attended by Chinese midwives. To accommodate the rapidly increasing number of home births, the training of midwives also rose significantly each year.

Table 4: Obstetrics Cases Recorded by Alice Memorial Maternity Hospital (1905-1910)

Year	Chinese	Mortal Cases	Home Delivery
1905	55	1	22
1906	87	4	188
1907	125	8	578
1908	198	7	1,043
1909	231	6	1,381
1910	300	13	1,799

Source: Reports of the Principal Civil Medical Officer, 1905-1910

Despite the initial success, tensions emerged among the missionaries, particularly between Dr. Gibson and Dr. Sibree, concerning the role of female doctors. Dr. Sibree's responsibilities were restricted to treating women and children under the supervision of male doctors, which created an unequal status within the hospital.[85] Janet George[61] suggests that Dr. Gibson perceived Dr. Sibree as a unique threat and was hesitant to allow her to assume broader medical responsibilities. However, the root of their conflict was not merely a power struggle, but rather the organization of work. Despite the hospital's steady increase in obstetric cases, significantly fewer women than men sought hospital deliveries, which limited Dr. Sibree's workload. She expressed a desire to engage in other areas of the hospital, but Dr. Gibson

consistently rejected her requests. This lack of opportunity for professional growth and the constraints placed on her role ultimately fueled the conflict between them, highlighting the broader challenges female doctors faced in a male-dominated medical environment. This eventually led to Dr. Sibree's resignation in 1909.

Before leaving her post at the missionary hospital, Dr. Sibree advocated for improving midwifery standards in response to the increasing number of midwives trained at Nethersole Hospital. She proposed that all midwives must undergo a year of general nursing training at Nethersole Hospital before being eligible for further obstetric training.[79] This requirement aimed to ensure that only well-performing nurses could advance to midwifery roles, thereby elevating the quality of care provided during childbirth.

As more Chinese midwives were trained, the colonial government officially established a Midwifery Bureau in 1910 and passed the Midwives Ordinance, explicitly prohibiting untrained midwives from assisting in deliveries for profit. This regulation aligned with practices in the United Kingdom, where the Midwives Act of 1902 mandated that all midwives undergo formal training and be registered. Yang Xiangyin[85] noted that the Midwives Act included strict criteria regarding the qualifications for midwife training (including age and personal hygiene habits), professional ethics during delivery, and the responsibilities of midwives toward mothers and infants. This marked a significant shift as colonial medicine began to formally regulate the practices surrounding childbirth and the behavior of women during delivery in Hong Kong.

The establishment of these standards not only reflected a growing concern for maternal and infant health but also underscored the colonial government's attempt to exert control over medical practices. This milestone would not have been possible without the contributions of medical missionaries and the participation of pioneering Chinese nurses. By instituting formal training and regulations, the government aimed to ensure safer childbirth experiences and enhance the overall quality of midwifery care. This transition represented a broader trend of professionalization within healthcare in colonial contexts, where local practices were increasingly shaped by Western medical frameworks. In summary, the efforts to elevate midwifery standards in Hong Kong marked a pivotal moment at the intersection of colonial medicine and local healthcare practices, ultimately leading to a more structured and regulated approach to obstetrics in the region. This evolution not only improved maternal and infant health outcomes but also set the stage for ongoing changes in medical practice and training in the years to come.

Conclusion

For a long time, childbirth was viewed as a "gendered" act, exclusively involving women in both Europe and China. However, since the sixteenth century, with anatomy laying the groundwork for Western medicine, men began to explore women's bodies, seeking to address women's health issues, including childbirth. The medicalization of childbirth in the eighteenth century provided men with legitimate reasons and means to control women's birthing practices and spaces. This male-dominated Western medicine made its way to China in the early nineteenth century alongside the Protestant missionary movement, aiming to save souls and heal bodies.

After Hong Kong became a British colony in 1842, however, the colonial government showed little interest in using medicine as a tool of colonialism or in providing medical services to Chinese residents. This created opportunities for British missionaries to engage with the Chinese through Western medicine. To overcome cultural and gender barriers, missionaries began allowing women to receive medical training in the late nineteenth century, providing opportunities for female doctors to participate in medical missions and gradually influencing women's childbirth choices. This represented a compromise by medical missionaries

and facilitated the emergence of female doctors in the U.S. and Europe, indirectly altering gender politics within the Western medical community. However, this shift did not significantly change Chinese women's perspectives on childbirth; hospital cases primarily involved complications, and most Chinese women continued to prefer home births. Ultimately, real breakthroughs required compromises in institutionalized childbirth, training Chinese nurses as midwives to assist with home births. This laid a crucial foundation for future developments in maternal health and obstetrics in Hong Kong.

In the early twentieth century, as the colonial government intensified its efforts to reduce the infant mortality rate and invited more British nurses to the colony, it continued to rely on medical missionaries and employed Chinese maternity nurses trained in church hospitals. During this period, Hong Kong's first female doctor, Dr. Sibree, joined the newly established Alice Memorial Maternity Hospital to oversee maternity affairs. Through her collaboration with local nurses, there was a notable increase in obstetric cases in both missionary and government hospitals. The contributions of these Chinese maternity nurses ultimately facilitated the official implementation of maternity regulations by the colonial government in 1910.

Conflict of Interest:

None

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None

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