

Chapter 6

From Means to Goal: A History of Mental Health in Hong Kong from 1850 to 1960



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Abstract The British ruled Hong Kong as a colony from 1842, when China ceded Hong Kong Island after the First Opium War. The colonial territory was expanded to include the Kowloon Peninsula and, in a further treaty in 1899, Britain leased the New Territories for 99 years. Its developmental trajectory was therefore very different to that of mainland China. This chapter examines the history of development of thinking about and responding to mental illness and the establishment of mental health services, between 1850 and 1960. In the early years, responses to mental disorder were based on the needs of the port city, a growing commercial center, and a matter for exercise of colonial authority, rather than concern for the needs of people with mental illness. Persons with mental illness were seen as disturbing the efficient operation of the port city, with police and the magistrates playing a key role in the disposition of the “insane.” In the 1920s and 1930s, psychiatric and psychological sciences were actively introduced into Hong Kong. After World War II began, there was active modernization of the mental health system, with a focus on the well-being of persons with mental illness. Many of the leading psychiatrists studied in the UK. Psychiatric and psychological professional bodies proliferated, psychiatry was included in the medical curriculum, new treatments were introduced, hospital facilities improved, and a phase of collaboration among psychiatric/psychological professionals, social workers, and welfare policymakers established the foundations for today’s comprehensive mental health system.

Keywords Hong Kong · History of psychiatry · Asylum · Colonialism · Free port · Deportation and repatriation · Judicial system

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H. Minas (ed.), *Mental Health in China and the Chinese Diaspora: Historical and Cultural Perspectives*, International and Cultural Psychology,

https://doi.org/10.1007/978-3-030-65161-9_6

The history of psychiatry in Hong Kong has been narrated repeatedly in historical or clinical accounts, most of which adopt the institutional approach that differentiates the history of mental health into phases of different asylums and hospitals (Lo 2003; Zhai and Gao 2017). However, the fact is that the agenda related to mental health started far earlier than the efforts of institutionalization. These efforts have, however, less to do with psychiatry. In 1854, an ordinance implemented in Hong Kong marked the significance of mental health to the port city. The methods for managing mentally ill individuals were formed as early as the commencement of commercial activities roughly about a decade after the opening of the treaty port. These methods reveal the spirit of mental health work in the city, now branded by the government as “Asia’s World City,” as a means to ensure the operation of the city instead of as a goal in itself. The ordinance was one of the many bills controlling the “outcasts” of the colony. It was not until the post-World War II period that the methods for addressing mental health were finally augmented with modernized psychiatric and psychological sciences, reworking itself to become a pursuit in the policy that served the dwellers’ well-being.

If we put Hong Kong in the context of port governmentality and the economy of migration, mental health would mean something very different from what it meant in the colony. In the port city on the margin of the British and Chinese empires, all aspects of migration were linked to the worldwide chain of business, and services were commoditized (McKeown 2001). On the one hand, Hong Kong’s colonial nature facilitated the formation of a local Chinese business elite group. They became allies of Britain that helped establish Hong Kong as a commercial center (Carroll 2005). On the other hand, it is sensible to say that anything meddling with the chain would be regarded as subjects to be cast away from the port-city.

On August 26, 1854, George Whittington Caine of the British Consular Service in Hong Kong published in the Government Gazette the Queen’s confirmation of Ordinance No. 2 entitled “An Ordinance to Invest Her Majesty’s Consuls in the Ports in China with Jurisdiction over the Persons and Property of Lunatics and Persons of Unsound Mind, as also with the Power inherent in the Office of Coroner” (The Hong Kong Government Gazette 1854). This ordinance ensured the daily functioning of Hong Kong and other treaty ports in China. In 1873, it was further regulated that insane individuals were not allowed to produce evidence at court (The Hong Kong Government Gazette 1873). During the second half of the nineteenth century, one could easily see individuals being declared insane in newspapers, meaning such problematic persons could no longer manage their own properties or on behalf of a company. During this time, insanity was used as a tactic to exploit someone’s legal behavior mostly related to commercial activities, before it became something that could be diagnosed or treated.

Violent Sailors and Suicidal Chinese

In the second half of the nineteenth century, insanity was the culprit for the deviant behaviors that affected the soundness of the port. In Britain, large-scale asylums where the mad could be kept were already available in most counties. In its colony in East Asia, only one temporary asylum with a dozen beds was available to detain those who were charged with insanity because of violent or suicidal behaviors. It was built in 1875 for Europeans near the Hollywood Road Police Married Quarters. In around 1880, the temporary asylum was relocated to Hospital Road and became a wing of the Government Civil Hospital (Lo 2003). Those who were detained often came from the lower class in the society. The ways they ended up in temporary custody were largely similar. First, disturbing behaviors were observed by a watchman, an inspector, or a police officer. They would be brought to the police station, and then, without trial in court, the magistrate would decide whether to admit them to the asylum or send them back home. The high demand on the capacity of the magistrate reflected the judicial system in Hong Kong at the time, which tended to bypass court hearings or debate. Such an arrangement was for the convenience of maintaining social order. No psychiatric professionals testified to the behaviors or mental status of the charged. In most cases, medical opinions were only given as a formality. Because of the inadequate facilities to keep the insane, if no accommodation could be found at the Government Civil Hospital or Tung Wah Hospital, most of them ended up with a discharge after being remanded temporarily at the police station.

With the emergence of the asylum in Hong Kong, insanity was grouped mainly with suicide and other disturbing behaviors. However, it was the police force that dominated the deposition of “patients.” For example, on 26 August 1877, a woman sitting on the Praya Central was found bleeding from the mouth. It was reported by Police Officer No. 541 that the self-mutilated woman was insane. She was brought to the Central Police Station and stayed there for 2 days before she was examined by the Colonial Surgeon (Hong Kong Daily Press 1877). In another example, in 1903, an Indian watchman out for a stroll saw a Chinese man jump into the harbor from the Praya at Wanchai. Taken to No. 2 Police Station, he said he was out of work and had had no “chow” for 2 days, which resulted in his suicidal behavior. By the magistrate’s orders, he was placed under medical supervision, and the result of the detention was that he was not only declared to be a lunatic but also a leper. He was discharged immediately (Hong Kong Daily Press 1903).

Temporary Deposition of the Insane in Gaol and Tung Wah Hospital

In the mid-1870s, discussions began to envisage an asylum for the Chinese in Hong Kong similar to the proper amenities in England. These discussions in general discredited the backward Chinese ways of keeping the insane. In 1874, an opinion

piece in the Hong Kong Daily Press called for shifting attention from contagious diseases to insanity. The author, who used the pseudonym C, said “Contagious disease we are frightened of catching ourselves, and so we isolate it and supervise it, and build a lodge about it, and pass by on the other side; but as for hereditary disease we have nothing to do with it” (Hong Kong Daily Press 1874). Among these opinions was the view that Tung Wah Hospital was not an ideal institution to provide such custody. As C continued to note, “I am informed that some cells are being built at Tung Wa [sic] Hospital for the confinement of lunatics, but no one with any knowledge of the rational treatment of the insane” (Hong Kong Daily Press 1874). In a report written in 1893 Colonial Surgeon Phillip Ayres described his Tung Wah Hospital visit as follows: patients there were “confined in dark and dreary cells under Chinese native doctor’s supervision and those who were violent were chained like wild beasts” (The Medical Department 1893).

In the late 1870s, several incidents highlighted conflicts between the Tung Wah Hospital’s managing personnel and the magistrate, demonstrating their struggles concerning interpretative authority over lunatics. For example, in 1877, a boatman was charged with insanity and was sent to the Chinese Hospital before the scheduled court decision. However, the Acting Registrar General decided to allow the family to claim the patient and bring him home, resulting in the magistrate’s discontent (Hong Kong Daily Press 1874). In 1878, another man was charged with being insane and a danger to the public. Instead of being sent to Tung Wah Hospital or due to the inadequate space, he was brought to stay in with the constable of the Government Civil Hospital to wait for the examination (The China Mail 1878). Apart from Tung Wah Hospital, some patients ended up in the Victoria Gaol if their cases were related to crime.

According to the Governor of Hong Kong, John Pope Hennessy, “it is perhaps unreasonable to suppose that [the current Lunatic Asylum] is intended to be used by Chinese as well as foreigners.” Hennessy also reported that “I was astonished to see a man chained by a long chain to one of the inner gates and Mr. Tomlin cautioned me how I was to pass through the next little opening so as to avoid him.” “He was chained because he was a lunatic and a violent one. There was another upstairs in one of the associated cells. He was a peaceable man, but a very talkative one, and he kept on talking the whole time.” “There have been other cases of people confined in the prison as lunatics who never ought to have been inside its walls. Therefore, I propose to ask you for the sum of 5000 for a small lunatic asylum” (The China Mail 1878).

Reform of Tung Wah Hospital

It is worth noting that the outbreak of the bubonic plague in 1894 accelerated the reform of mental health services in Hong Kong, especially for the Chinese. With its failed handling of the treatment of plague patients during the plague epidemic, the question of whether to preserve or abolish Tung Wah Hospital was a heavily debated

issue. The horrible image of the lunatic cell was by chance revealed by journalists as well as in a report by John Mifford Atkinson, the Acting Colonial Surgeon. In the *Hong Kong Telegraph*, it was reported that in the “chamber of horrors” was “a stain on our boasted civilization.” “The doors thrown wide open, a horrible sight presented itself to the spectator: lodged within thick hardwood boards, like ferocious wild animals in a menagerie” (*Hong Kong Telegraph* 1896). Immediately after the exposure through these articles in 1894, the colonial government redirected the power of government physicians and ordered the removal of mental patients from Tung Wah Hospital to the Government Civil Hospital. However, in Atkinson’s 1896 report, he still indicated the continuing ill practice on mental healthcare despite government rules: “I found a man barricaded in one of the cells above the mortuary. It appears that this patient was admitted on the previous day, and as he seemed to be mad he was fastened up in his cell. This is contrary to all instructions” (Dr. Atkinson 1985).

Politics of Repatriation

Historians of psychiatry in China would not be unfamiliar with John G. Kerr’s refuge for the insane in Canton. As a missionary project, it has been extensively written about in a number of accounts. However, its function went far beyond the honor of China’s first psychiatric hospital and its charitable nature and the crossover between Eastern and Western psychiatric care (Szto 2014). On the one hand, it served as a doorway for missionaries to spread Christian tidings to all of China; on the other hand, it was a close and hidden corner convenient for the British colonial government to hide the city’s outcasts. Before Hong Kong developed its full capacity to accommodate psychiatric patients, Kerr’s refuge functioned as a temporary lodging for insane Chinese who were perhaps already used to never-ending removal.

In 1890, during the fifth Annual Meeting of the Medical Missionary Society, a proposal was adopted to look into the possibility of establishing an asylum for the insane in the Chinese Empire. The proposal was sent first to Chang Chih-tung, the Viceroy of the Two Guangs in the late Qing, but unfortunately fell on deaf ears. Kerr then insisted that the plan should be an international effort (*The China Mail* 1890). Opening its doors in 1892, the expansion of Kerr’s refuge was related directly to the influx of inmates from Hong Kong, where the Chinese Lunatic Asylum coincidentally started to operate a year before (Li et al. 2017). In contrast to Tung Wah Hospital’s “dungeon,” it was “[a] large two-storey building, with wide verandahs and iron bars, looking out on a large lawn, and overlooking the grounds of the Civil Hospital. [...] Each cell, with a heavy door and grating, was fitted with a comfortable bed, the large room being the dining room” (Whitehead 1896). In 1898, Kerr’s refuge became China’s first mental hospital, (Zhai and Gao 2017), while in Hong Kong, the first mental “hospital” was not established until 1906 after the implementation of the *Asylums Ordinance*. Victoria Hospital was a merger of the European and Chinese asylums, becoming part of the Government Hospital (Li et al. 2017).

With limited capacity to treat mental patients, Hong Kong's history of repatriation of patients is widely known: European patients in the Lunatic Asylum were repatriated to Britain; Chinese were instead repatriated "back" to Canton after John Kerr's refuge in Fong Tsuen was established. From 1894, the colonial government of Hong Kong began to negotiate a deal with Canton, hoping that the repatriation work among Hong Kong, Britain, and China could be connected seamlessly. Nonetheless, the asylum in Hong Kong and Kerr's refuge both suffered from the ceaseless problem of overcrowding and required further funds for expansion. Within the first decade after the opening of Kerr's refuge, about 1500 patients were admitted. Each year, around half of them "went away well," and the other half remained. In 1910, a large-scale call was made to establish more buildings, improve water quality, and renovate the interiors at the refuge (*The China Mail* 1910).

For Chinese, the map of repatriation routes was much larger than the distance between Hong Kong and Canton. In 1914, it was reported that 22 insane Chinese from the Oregon State Asylum for the Insane were brought from Seattle to Portland. From there, they were taken to Minnesota for deportation. The steamship sailed to Hong Kong. This deportation was the result of the negotiation between the Asylum Superintendent Senior with the Hong Kong colonial government that if the patient was expected to live for more than 10 years, they would be sent back to China (*The Hong Kong Telegraph* 1914). However, scarce documentation is available regarding their destiny after arriving in Hong Kong. In addition, not all residents in Hong Kong were convinced by these arrangements. For example, in 1910, responding to the fundraising campaign in Canton, an anonymous reader expressed discontent, asking "What has a lunatic asylum in Canton to do with us in Hong Kong?" (*The Hong Kong Telegraph* 1910). Such expressions foreshadowed the development of a self-contained and sustainable mental health structure in Hong Kong. The repatriation work stopped in 1941 during the wartime and was never resumed.

Criminal or Insane?

Before the full-fledged development of psychiatric institutions and a psychiatric profession in Hong Kong, insanity itself was a punishable social category. In those days, police stations or prisons were a legitimate space to remand insane individuals. In hindsight, some treatments appeared inhumane. For example, a prisoner who refused to speak and was suspected to be "psychological case" in the Victoria Gaol was treated with electricity and cold douche, making him shout and struggle (*The Hong Kong Government Gazette* 1979). With the formation of the psychiatric profession, differentiation between crime and insanity became possible, requiring different kinds of intervention. Such a developmental trajectory corroborates the thesis of this chapter that mental health works in Hong Kong had to be weaned gradually from their instrumentality over time.

In 1916, the land disputes between two village elders resulted in the counsel's suspicion concerning a murderer's mental status. An "insane" village elder was

accused of murdering his neighboring village's elder. The firm belief in "feng shui" caused the accused to kill those who invaded the land protected by the village deity. GN Orme of the Attorney General's Department questioned whether such beliefs could "create a feeling of depression and a feeling of irritability" (The China Mail 1916). The case was described by counsel as a Chinese parallel to Shakespeare's tragedy of Macbeth who committed an attack upon the Scottish King. However, in this context, the "Chinese regarded the ancestors of their family as a most sacred thought in their religious life and some of them might know that there was no curse more terrible to a Chinaman than the curse which suggested that this race or his family should be blotted out." In the end, after the chief justice reviewed the case, the jury returned a verdict of guilty with a recommendation of mercy on account of the village elder's age. Nevertheless, this incident revealed how, in early days, culture obscured the court's judgment on individuals' mental capacity, especially while the psychiatric profession still did not exist in Hong Kong.

In the 1920s and 1930s, criminal cases requiring psychiatric assessment proliferated, stimulating the development of forensic psychiatry. In 1930, the trial of Li Man-pun for the murder of five people at the Hung Tak Bank in the morning of May 24 attracted public attention on the role of psychiatric science in understanding the nature of aggression (The China Mail 1930a). Li, who had worked at the bank for 7 years, was alleged to have chopped five young people to death before wounding his own throat. He was treated at the Government Civil Hospital for 18 days before being taken to court. During the trial, despite the absence of psychiatric professionals, witnesses had to be called to clarify the person's mental capacity. In the records, he was never seen by people as having any "fits of depression." No one had seen him muttering or mumbling to himself. He was never called "San Kin Man (crazy man)" (The China Mail 1930b). The jury in the end found Li guilty.

It was only in the late 1950s when psychiatry began to play a critical role in assessing criminal cases. Both Pow-Meng Yap and Cho-Man Chung were psychiatrists commonly called to the bar to testify to the mental status of the accused (The China Mail 1956, The China Mail 1960b, The China Mail 1961). With the increasing need to detain criminals who were also mentally unstable, Hong Kong's government started to plan a special hospital for the treatment of the criminally insane (The China Mail 1960a). By 1960, the total psychiatric beds in Hong Kong were only 200 out of 6500 beds for all kinds of diseases. The Medical Department hoped to establish day hospitals and outpatient clinics first in Hong Kong and then in Kowloon. However, the most important development was Castle Peak Hospital in the New Territories which had the capacity to accommodate 1000 patients. At a Ladies' Day Luncheon at Rotary Club, Pow-Meng Yap explained to the media, "The lunatic often serves the function of a scapegoat for society. In the middle ages, they were burnt as witches. Today, they are regarded by some as possessed either by Satan or by a vengeful and evil ghost, and they may still be exorcised." "If by some turn of events, public attitudes change, then opportunities will soon be found for useful voluntary effort in the prevention and rehabilitation of mental disease" (The China Mail 1961).

Psychiatric Knowledge and Its Practicality

In Hong Kong, the development of mental health support, such as institutions, soon outgrew knowledge-based content. One of the reasons was the insignificant scale of institutionalization. Unlike asylums in Britain or state-sponsored hospitals in France, where the accumulation of cases became convenient for psychiatrists to observe, classify, and explain lunacy, the inadequate number of patients and, most importantly, trained psychiatrists resulted in no significant theories being formed in Hong Kong. However, a call for modern institutions that could accommodate insane individuals as patients arose.

In addition, despite Hong Kong being on the nexus of international trade, the city was unfortunately regarded as a “pitfall” among the global trend of mental hygiene movement, especially during the interwar period. In 1923, for example, it was reported that only two psychiatrists were working for a population in excess of three million and the suicide rate was 24.1/1000 persons (Kaplan 1959). Instead, the international mental hygiene movement had a greater impact in Canton. Not lagging behind the trend in the Anglo-American context, from 1919, Kerr’s refuge held the annual Mental Hygiene Campaigns on Chinese New Year holidays, during which the hospital demonstrated the best methods for treating mental patients to Chinese crowds. In those days, while patients were still confined in wards, the door was open to visitors. Various forms of entertainment were also provided to better educate the public with knowledge of mental illnesses and raise funds to improve the hospital’s facilities (Hong Kong Daily Press 1924).

In the 1920s and 1930s, knowledge related to psychiatric and psychological sciences was introduced actively to Hong Kong through periodicals, such as *The Caduceus*, the official journal of Hong Kong Medical Society. It was also during this period that the term “lunatic asylum” was substituted by “mental hospital” in official reports (Lo 2003). These reports emphasized the relevance of emerging theories with medicine. For example, M. O. Pfister introduced theories of psychopathology, psychotherapy, and hypnotism (Pfister 1927; Pfister 1929). Lindsey Ride, a professor of physiology, commented in 1935 on the analogical relationship between racial psychological differences, morphological characteristics, and inheritable genetic traits (Rider 1935). Quite extraordinarily, Sigmund Freud’s dream interpretation and the concept of the unconscious were introduced by the British psychiatrist Alexander Cannon (1896–1963), who worked for the Government Medical Department of the University of Hong Kong and later became famous for his enthusiasm for alternative treatments learned while working in “China” (Cannon 1927). To what extent these theories were applied in actual clinical practice, however, requires further clarification.

After World War II, a new page of psychiatric science in Hong Kong was seen. The aforementioned Pow-Meng Yap, who was appointed as the government psychiatric specialist and superintendent of the Mental Hospital in High Street, took a great leap to modernize mental health services in Hong Kong. Born in Malaysia, Yap first read psychology before graduating from medicine at Cambridge. He was

trained to become a psychiatrist at Maudsley Hospital in London. He took the opportunity to renovate the facilities in the hospital and introduce new treatments, including the first-generation antipsychotics that proved effective in treating psychosis; electroconvulsive therapy, which was cost-effective; and several therapies no longer in use these days, such as insulin coma, lobotomy, and malaria therapy (Lo 2003). He also became the first Professor of Psychiatry at the University of Hong Kong. All of these events occurred before the abovementioned Castle Peak Hospital was established. Following Yap's footsteps, most psychiatrists in the early postwar period received training at Maudsley (Li et al. 2017).

Conclusion

In Hong Kong, the discourses related to mental health were developed for more than half a century before there were psychiatrists or psychiatric institutions. Unlike other colonies of either European or East Asian empires, theories and practices of colonial psychiatry were not well developed. As a free port, movement itself was a self-perpetuating source of profit and an interest to be defended (McKeown 2001). Thus, mental health was primarily a means for the colonial authority to maintain normal functioning of the port, especially in the matters of business. Many of the interventions were passive, sometimes merely practical management after crises. Movement itself, such as the matter of repatriation, became a legitimate mega plan that safeguarded the operation of the port.

After the 1960s, despite remaining a colony, Hong Kong gradually became a residential "city." The concept of Hong Kong citizens also emerged in contrast to their original identity as overseas Chinese. Mental health became an important factor that determined the well-being of residents in the port city. Psychiatric and psychological professional bodies and associations also proliferated. After the establishment of the Castle Peak Hospital, the infrastructure for psychiatric and psychological professions in Hong Kong became more complete. Mental health since then entered the phase of collaboration among psychiatric/psychological professionals, social workers, and welfare policymakers, requiring further analysis in a separate account. Mental health had also grown into a common pursuit for the various stakeholders in the still legendary international port.

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