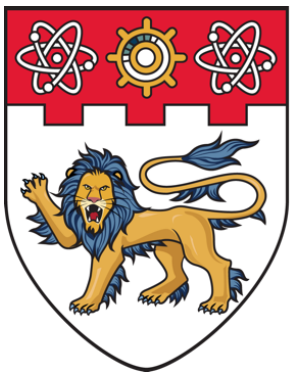

NANYANG TECHNOLOGICAL UNIVERSITY
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THE FOUNDING OF KWONG WAI SHIU FREE HOSPITAL: RECONCILING MODERNITY AND TRADITION IN HEALTHCARE IN SINGAPORE BETWEEN THE 1890s to 1911

TAN YAN LIN JAMIE
SCHOOL OF HUMANITIES
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The Founding of Kwong Wai Shiu Free Hospital:

Reconciling Modernity and Tradition in Healthcare in Singapore between the 1890s to 1911

TAN YAN LIN JAMIE

School of Humanities

A thesis submitted to the Nanyang Technological University in partial fulfilment of the requirement for the degree of Master of Arts

2023

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Name of student:	Tan Yan Lin Jamie
Signature of student:	

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SUMMARY

This thesis is an examination of the reconciliation of “modernity” and “tradition” in healthcare in Singapore between the 1890s and 1911, amid the advent of infectious diseases. The impact of infectious diseases redefined medical practices not only in colonial Singapore, but also across the expansive Chinese medical network. These diseases prompted a re-evaluation of medicine and medical practices, reshaping the landscape of healthcare in multiple regions. In colonial Singapore, there was a notable shift towards reconciling "modern" Western medical systems with "traditional" Chinese medical practices in response to evolving healthcare needs. This reconciliation of Chinese and Western medical systems was exhibited in many spaces, one of which was in the Kwong Wai Shiu Free Hospital (KWSFH). Established in 1911, the KWSFH stands out as the first modern Chinese hospital in Singapore to offer both Western and Chinese medicine. The establishment of the hospital challenges prevailing narratives of contention between medical systems, revealing a collaborative spirit amid local healthcare and broader Cantonese medical developments. Hence, this thesis seeks to locate the place of KWSFH within the shifting healthcare landscape of colonial Singapore and the broader Cantonese diaspora by examining the circumstances leading to its establishment.

CHAPTER ONE: INTRODUCTION

Singapore's healthcare system while primarily rooted in Western medicine, supports the role of Traditional Chinese Medicine (TCM) in complementing the healthcare system.[1] In 2013, the Ministry of Health established the Traditional Chinese Medicine (TCM) Research Grant, providing a funding of close to $8 million to encourage "collaborative research between researchers and practitioners in TCM and those from our healthcare institutions and institutes of higher learning"[2]. Singapore is a multiracial country, comprising of a majority ethnic Chinese at 74% of the population, Malays at 13% and Indians at 9%, while Western medicine today serves as the primary form of healthcare sought by the multi-racial population. However, native medical systems continue to flourish alongside Western medicine, such as TCM. However, scholars such as Daniel Say argues that Chinese medicine only started to become associated with tradition around the 1890s when the Western medical doctors started differentiating Chinese medicine from Western medicine in the name of science.[3] Hence, this thesis will refer to TCM as Chinese medicine when discussing the period between the 19th to mid 20th century. In the 19th century, Chinese medicine was primary form of medical relief utilised by the early Chinese migrants who brought their medical system to Singapore due to the lack of accessible healthcare.[4] While Chinese medicine is no longer the primary mode of healthcare sought by the Chinese in Singapore today, it still remains a popular alternative to Western medicine.[5] According to a 1994 survey, 45% of Singaporeans had sought consultation from TCM practitioner at least once. Amongst this demographic, 54% of the population seeking care from TCM clinics were among the Chinese. Hence, TCM still continues to retain its relevance in the daily lives of the Chinese in Singapore.[6] While extensive research has focused on the evolution of TCM in Singapore, adapting to meet the community's needs amidst

[1] Ministry of Health, "TREATMENTS THAT BLEND WESTERN and TRADITIONAL CHINESE MEDICINE," Ministry of Health, August 7, 2018, https://www.moh.gov.sg/news-highlights/details/treatments-that-blend-western-and-traditional-chinese-medicine.
[2] Ibid.
[3] Daniel Say Liang Foo, "A Short History of a Long Tradition: The Resilience of Chinese Medicine in Singapore" (Thesis, 2001), 10.
[4] Margaret Chan, "The Contribution of Traditional Chinese Medicine to Sustainable Development," https://www.who.int/director-general/speeches/detail/the-contribution-of-traditional-chinese-medicine-to-sustainable-development-keynote-address-at-the-international-conference-on-the-modernization-of-traditional-chinese-medicine..
[5] Singapore Paincare, "Combining Chinese and Western Medicine: Benefits and Challenges - Singapore Paincare TCM Wellness," September 19, 2021, https://sgpaincaretcm.com/combining-chinese-and-western-medicine-benefits-and-challenges/.
[6] Ministry of Health, "A Report by the Committee on Traditional Chinese Medicine" (Singapore: Ministry of Health, 1995).

a modernising environment, there is a notable gap in the exploration of the changing dynamics between Western medicine and Chinese medicine within this context.

The shift in these dynamics further stood out between the late 19th to early 20th century as municipal public strategies that were built upon Western medical concepts began to be imposed onto the colonial society. While scholars like James Francis Warren and Brenda S.A Yeoh have studied these interactions, it was often analysed as contestations between the colonial government and the Chinese migrant community.[7] Amongst this discourse, Kwong Wai Shiu Free Hospital (广惠肇留医院；KWSFH) stands out as an "anomaly" as it demonstrated collaborative efforts between the colonial government and the Chinese community in reconciling their divergent health systems in the establishment of the hospital. Hence, this thesis aims to study the founding of the hospital, examining how these complex forces came together in the culmination of the KWSFH.

KWSFH is a private medical institution that was established in 1911 by the Kwong Wai Shiu clan, which had established the Kwong Wai Shiu Peck San Theng cemetery and the Yang Zheng Primary School prior to the hospital. The Kwong Wai Shiu clan consisted of the Cantonese and Kheh (Hakka) clansmen from the three prefectures of Canton Province – Guangzhou （广州), Huizhou （惠州), and Zhaoqing （肇庆). The establishment of KWSFH was unprecedented in the 20th century as it was the first Chinese "modern" hospital to be established in Singapore that offered both Chinese medicine and Western medical services. This made KWSFH unlike other existing hospitals in the early 20th century, as it was established with Chinese medicine as its main medical system with Western medicine as the complementary role. Additionally, it was the only "Chinese hospital" at the time to provide maternity services in Singapore. These midwives typically operated within their local communities and delivered babies in the home environment.[8] Apart from that, KWSFH as a "Chinese hospital" stood out amongst other Chinese medical institutions in Singapore as it was the only institution providing in-patient services. It is notable that the hospital emerged in the early 20th century amidst the introduction of municipal public health measures in Singapore that were anchored on Western medical principles. It was in this time that the domain where

[7] James Francis Warren, *Rickshaw Coolie* (NUS Press, 2003); Brenda S A Yeoh, *Contesting Space in Colonial Singapore: Power Relations and the Urban Built Environment* (Singapore: Singapore University Press, 2003).
[8] Tina Phillips Johnson, *Childbirth in Republican China: Delivering Modernity* (Lanham, Md.: Lexington Books, 2011), 74.

Western medicine and Chinese medicine were practiced in became increasingly blurred as Western medicine began crossing into the public and private spaces of the Chinese community.

Unfortunately, studies on hospitals have rarely focused on such complex dynamics between medical systems and its place in the health landscape, typically focusing on examining their significance in charity, power, and community dynamics while privileging narratives of Chinese merchants and prominent personalities. While some exceptions, such as Brenda Yeoh's exploration of colonial Singapore's spatial politics and James Warren's study of Chinese prostitution and rickshaw coolies, delved into matters of hygiene, health, and epidemics, these works predominantly approached the subject from the perspective of the colonial archive.[9] Recent contributions by scholars such as Loh Kah Seng and Hsu Li Yang have started to shed light on health and medicine in the historiography of Singapore examining tuberculosis and leprosy.[10] However, there remains a tendency to view these issues through a lens that primarily privileges Western medicine and its connections with modernity.

In both colonial and nation-state narratives, Western European medical knowledge formed the standard in discussions surrounding hospitals, clinics, and medical practices. Historically, health and medical dialogues in Singapore predominantly centred on the principles of Western medicine, emphasising scientific research, technological advancements, and progress. Meanwhile, ethnic medicine was often referred to as "traditional," perceived as lacking scientific validation, rationality, methodologies, and in knowledge transmission. Such forms of medicine were associated with implicit knowledge, habits, superstitions, or anecdotal wisdom passed down through generations. As highlighted by Yeoh and other scholars, the establishment of "modern" medical institution and public health measures coincided with the propagation of ideologies endorsing progress in public health. Such emerging concepts of “modernity” and “tradition” in discourses of health in the early 20th century saw the adaptation of medical systems as they grappled with these new labels. Yang Yan’s discussion of the development of TCM in Singapore between 1867 to 2014 highlighted the modernisation of TCM through the innovation and adaptation of the medical system to align with government

[9] Brenda S A Yeoh, *Contesting Space in Colonial Singapore: Power Relations and the Urban Built Environment* (Singapore: Singapore University Press, 2003); James Francis Warren, *Rickshaw Coolie* (NUS Press, 2003).
[10] Loh Kah Seng, Hsu Li Yang, *Tuberculosis – The Singapore Experience, 1867 – 2018: Disease, Society and the State* (Singapore: Routledge, 2020).

legislations and the shift towards scientisation.[11] The adaptation of TCM was reflected in KWSH in practice. The Chinese medical delivery system in Singapore in the 19th century was one that did not comprise of a medical institution that provided both in-patient and out-patient care – it was one or the other.[12] In-patient Chinese medical institutions included clan association operated recuperation centres or sick receiving houses, while out-patient medical institutions included TCM medical halls and other charitable medical organisations like Thong Chai Medical Institution.[13] Foucault's discussion of the concept of the modern hospital in *The Birth of the Clinic* shows that the modern hospital only started to emerge in the late 18th to early 19th century.[14] Hence, the concept of a modern hospital was still relatively new by the late 19th and early 20th century. The development of KWSH in Singapore in the 20th century reflects the changing meanings to the modern hospital in a colonial environment that seeks to blend both colonial and local concepts of health and medicine. Hence, this thesis seeks to document and analyse the historical dialogue between the colonial government and the Chinese community as they negotiated the place of the two medical traditions in the hospital against the backdrop of the changing health landscape of colonial Singapore in the late 19th to early 20th century. In doing so, this thesis will also consider the historical contexts of the hospital, in terms of its close connections to similar medical institutions in the Cantonese diaspora, as well as the colonial government's reconciliation of native medical traditions and systems with municipal health strategies.

Accompanying the blurring boundaries in the domains of Western medicine and Chinese medicine in the 19th and 20th century, there also arose increasing discourses that negotiated the place of Western medicine and Chinese medicine. At one level, there existed a dynamic interaction between the colonial government and the Chinese community. The colonial government endeavoured to introduce Western medicine to the Chinese community, aligning it with broader public health initiatives. However, this effort faced initial resistance from the Chinese community, largely due to their unfamiliarity with the practices and underlying

[11] Yang Yan 杨妍, "*zhongyi zai xinjiapo* 中医在新加坡（1867-2014）: *zhengfu yu minjianzuzhi zhi zuoyong yu hudong* 政府与民间组织之作用与互动" [Chinese Medicine in Singapore (1867 - 2014): The Interactions between the Government and Non-Governmental Organizations] (Doctoral Dissertation, 2018).
[12] Meng Chan, Traditional Chinese Medicine in Singapore, Accession Number 002430, interview by Kok Keong Moey, *National Archives of Singapore*, December 11, 2000, https://www.nas.gov.sg/archivesonline/oral_history_interviews/record-details/8c0d7c6d-115e-11e3-83d5-0050568939ad.
[13] Brenda S A Yeoh, *Contesting Space in Colonial Singapore: Power Relations and the Urban Built Environment* (Singapore: Singapore University Press, 2003), 113-114.
[14] Michel Foucault, *Birth of the Clinic*. (France: Universitaires de France, 2017), 42.

principles of Western medicine. On another level, there also existed a dynamic between Western doctors and Chinese medical practitioners. Within the Western medical community, there were those who supported and those who opposed Chinese medicine. Some advocated for the abolition of Chinese medicine, while others recognised its merits and proposed adaptations. Simultaneously, Chinese medical practitioners found themselves adapting to municipal rules and medical systems imposed on them. Yet on the next level, within the Chinese community surfaced differences in perspectives among the Chinese elites who had received English education. Efforts to promote Western medicine subsequently began to increase even amongst the Chinese community, which included several Chinese doctors practicing Western medicine. Increasing exposure to Western medicine within the Chinese communities in other parts of the British colonies coincided with the increasing exposure of the Chinese to education in Western societies. This exposure not only introduced them to Western medical systems and its rationalities, but also to an entirely different cultural perspective and worldview.[15] Consequently, Western medicine and its institutions began to gain acceptance and credibility among the Chinese communities in these regions.[16] Dr Lim Boon Keng (林文慶) emerged as a significant figure in Singapore's public health landscape during the 20th century. His influence extended beyond Singapore; he assumed leadership roles in China's pre-war Xiamen University and headed the first department of health in the Republican government. Dr Lim was notably known for advocating for the adoption and promotion of Western medicine within the Chinese population. Other notable figures include Dr Wu Lien Teh (伍連德).[17] Therefore, multiple complex layers contribute to the changing dynamics between Chinese medicine and Western medicine within the colonial setting, particularly amidst the Chinese community's increasing exposure to Western knowledge. These multifaceted shifts necessitate further exploration and examination within this thesis.

What further complicated this was the difference between the role of Chinese medicine and Western medicine in the daily lives of the Chinese in 20th century Singapore. "Traditional" Chinese medicine, deeply rooted in Chinese culture, was a way of life beyond just serving a

[15] Ralph C. Croizier, *Traditional Medicine in Modern China: Science, Nationalism, and the Tensions of Cultural Change* (Harvard University Press, 1968), 36-56.
[16] Bridie Andrews and Mary Brown Bullock, *Medical Transitions in Twentieth Century China* (Bloomington: Indiana Univ. Press, 2014), 196.
[17] Wayne Soon, "SCIENCE, MEDICINE, and CONFUCIANISM in the MAKING of CHINA and SOUTHEAST ASIA — LIM BOON KENG and the OVERSEAS CHINESE, 1897–1937," *Twentieth-Century China* 39, no. 1 (January 2014): 24–43, https://doi.org/10.1179/1521538513z.00000000033.

role in healing diseases. In fact, Chinese medicine only began to be referred to as "traditional" by scholars until Ma Kan-Wen coined the term "Traditional Chinese Medicine" in the 1970s.[18] Cultures, including Chinese medicinal practices, were dynamic and evolving as they were influenced by interactions with other cultures in the environment where it is practiced. The encounters with Western medical knowledge in colonial port-cities and other regions led to significant adaptations and changes in the understanding and practices of health and medicine among Chinese communities.[19] This dynamic nature allowed for openness, change, and adaptation in response to evolving contexts and influences from various cultures. These shifts occurred alongside regional developments in health and medicine among the Cantonese diaspora which mirrored similarities in the development of KWSFH in Singapore. The Tung Wah Hospital (东华医院) in Hong Kong was one significant example. Elizabeth Sinn in *Power and Charity* highlighted that the hospital was founded in 1869 on the basis of the rejection of Western medicine for TCM. Similar to KWSH, the practice of Western medicine in Tung Wah was also made compulsory alongside TCM.[20] Given that the Tung Wah Hospital and the Chinese community in Singapore had existing ties, it suggests that there were possibly relations between the Tung Wah Hospital and the establishment of KWSH in Singapore.[21] This underscores the interconnectedness of medical networks within the Cantonese diaspora and the influences they had on each other, which will be an important area for exploration in this thesis.

Hence, unlike most studies which focus solely on either the development of the medical institution or on the medical system, this thesis examines in depth the nature of the health landscape amongst the Cantonese diaspora in Singapore in the 20th century by scrutinising the circumstances surrounding the founding of a unique medical institution of its time. KWSFH reflects changes in how hospitals were perceived, as well as the evolution of attitudes towards Chinese medicine in the city-state. These shift in attitudes mirrored broader shifts at both regional and global levels. These changes encompassed the reevaluation and integration of "traditional" non-western medicine into contemporary "modern" lifestyles. They also involved efforts by practitioners of "traditional" medicine to modify their knowledge systems, practices,

[18] J A Jewell and Sheila Hillier, "Kan-Wen Ma," British Medical Journal 356 (February 17, 2017), https://doi.org/10.1136/bmj.j810.
[19] Stella R Quah, *The Triumph of Practicality: Tradition and Modernity in Health Care Utilization in Selected Asian Countries* (Institute of Southeast Asian Studies, 1989), 13.
[20] Elizabeth Sinn, *Power and Charity: A Chinese Merchant Elite in Colonial Hong Kong* (Hong Kong Hong Kong Univ. Press, 2011), x.
[21] Ibid, 141.

and institutions to align with the methodologies, knowledge, and frameworks of Western "modern" medicine.

Despite the significance of KWSFH in highlighting developments in the health landscape, the hospital has not been widely examined in studies of Chinese communities in Singapore, nor in studies on health and medicine in Singapore. KWSFH has been examined in detail by Hu Hong Mei, whose work explores the role of charity networks in the hospital.[22] Furthermore, Goh Siang Sin has attempted to locate Chinese medicine within KWSFH while also drawing connections to the shifting meanings of Chinese medicine in the broader health landscape of Singapore during the 20th century.[23] These studies offer insights into specific aspects of KWSFH as a medical institution, yet there are notable gaps in understanding the place of KWSFH in the larger health network. Investigating the founding of KWSFH would reveal the intricate interplay among health, medicine, and society within a colonial context.

This thesis will follow a structured approach to explore the themes discussed. Chapter 2 will review existing literature in the relevant themes that will be explored in the thesis, including studies that have been conducted on healthcare in early 20th century Singapore, studies on modernity and tradition in healthcare, as well as studies on modern hospitals in Chinese diasporas. Chapter 3 will then analyse Singapore's health landscape before 1911, examining the Chinese and Western medical delivery systems and their interactions amid colonial public health efforts. It will deal with the shifting health landscape in the 19th and early 20th century in the wake of the rise of infectious diseases and the public health measures that were put into place in response. The chapter will also deal with how the colonial government and the Chinese community dealt with the increasing blurring boundaries of Western medicine into the daily lives of the community. This chapter is important in providing the context required to understand the health landscape in which KWSFH emerged in. Chapter 4 will investigate the circumstances leading to the establishment of KWSFH, specifically focusing on the role of the colonial government and the Kwong Wai Shiu clan. Additionally, the chapter will delve into the concepts of “modernity” and “tradition” that were increasingly being played into the medical systems and the institutions associated with them. The chapter will also attempt to draw out the ways in which the “modern” Western medical system was reconciled with the

[22] Hong Mei Hu, “A Study on Singapore Kwong Wai Shiu Free Hospital (1908 - 1942)” (Doctoral Dissertation, 2016).
[23] Siang Sin Goh, “‘Chinese Medicine’ in Kwong Wai Shiu Hospital” (Honours Thesis, 1998).

"traditional" Chinese medical system. Finally, Chapter 5 will explore the reconciliation of "tradition" and "modernity" in KWSFH, in terms of reconciling the two medical systems – Chinese medicine and Western medicine against a colonial backdrop.

CHAPTER TWO: LITERATURE REVIEW

In the intricate tapestry of Singapore's healthcare evolution, the interplay between Western medicine and Chinese Medicine emerges as a central motif. This literature review navigates through a spectrum of scholarly studies, illuminating the multifaceted layers of early 20th-century healthcare landscapes. Discussions on the historical development of healthcare systems in Singapore underscore the influx of Chinese medicine with the arrival of Chinese immigrants, juxtaposed against the rising popularity of Western medicine during the colonial period. The colonial government's role in shaping healthcare emerges as a pivotal theme, as scholars emphasise its influence on health services and the assertion of authority over colonised populations. Negotiations between the government and the Chinese community, urban sanitation efforts, and the agency of clan associations all weave into this intricate narrative, shaping the contours of healthcare accessibility and practices. Examining the dynamics between modernity and tradition, scholars delve into encounters between Western medicine and Chinese medicine, tracing their coexistence and the community's evolving perceptions toward both systems. Amidst these dialogues, Kwong Wai Shiu Free Hospital (KWSFH) stands as an embodiment of the reconciliation of these distinct medical systems within a singular institution. This review threads through diverse methodologies, exploring archival materials, oral histories, and analyses of medical institutions to illuminate the genesis, evolution, and sociocultural implications of KWSFH within the broader canvas of Singapore's medical history.

2.1 Studies on Healthcare in early 20th Century Singapore

Research on healthcare in early 20th century Singapore discuss the developments of the usage of Chinese Medicine and Western medicine in Singapore by migrant communities. Singapore has a rich history of Chinese medicine, dating back to the arrival of Chinese immigrants in the 19th century. Studies have shown that these immigrants brought with them the practice of Chinese medicine, which became an integral part of Chinese culture in Singapore.[24] The growth and spread of Chinese medicine and traditional healing practices in the region has been argued to be caused by it being a source of identity and cultural continuity for Chinese migrants in the region. This growth was further compounded by the role of the state in legitimising these practices and the development of a Chinese medical industry in the region. Traditional healers in the modern era responded to challenges arising from these circumstances through adapting

[24] Patricia Palma, "Unexpected Healers: Chinese Medicine in the Age of Global Migration," *Manguinhos, Rio de Janeiro* 25, no. 1 (2018).

to meet the demands of a rapidly changing society.[25] Additionally, Yang Yan has also highlighted the central role that the Chinese community has played in the development of Chinese medicine in colonial Singapore, more specifically the religious community and the Chinese medical practitioners.[26] However, Western medicine also began to gain popularity in Singapore during the colonial period and was promoted by the colonial authorities as a more scientific and modern approach.

Numerous studies have highlighted the significant impact of both the colonial government and the Chinese community on the healthcare landscape of 20th-century Singapore. Scholars have underscored the crucial role played by the colonial government in shaping the health landscape of Singapore, particularly through the implementation of health services. In *Contesting Space*, Brenda Yeoh highlights the negotiations between the colonial government and the community in Singapore in ordering the urban built environment, which largely arose over the emerging idea of sanitation as a response to 'contemporary colonial perceptions of death and disease in Singapore'[27].

At the same time, the Chinese community often remained unsympathetic to the municipal sanitary measures since they saw them as an extension of Western concepts of disease propagation.[28] At the same time, this strategic provision of healthcare services not only asserted the colonial government's legitimacy and authority over the colonised populations but also reflected an understanding of the pivotal role that the health of the migrant population played in driving economic growth. For instance, in *Health services and the Legitimation of the Colonial State*, L Manderson delves into the intricate pattern of health and the evolution of health services within colonial Singapore. The premise underlying Manderson's work is the interconnectedness between the health of a population and the advancement of health services with the broader socioeconomic system.[29] Similarly, Sunil Amrith argues that colonial health services were strongly asserted over the migrant population through an increase in medical infrastructure modelled on military disease control measures. These colonial health policies

[25] Cochran, Sherman, *Chinese Medicine Men: Consumer Culture in China and Southeast Asia* (Harvard University Press, 2006).
[26] Yang Yan, "Chinese Medicine in Singapore (1867 - 2014): The Interactions between the Government and Non-Governmental Organizations" (Doctoral Dissertation, 2018).
[27] Yeoh, *Contesting Space in Colonial Singapore,* 82.
[28] Ibid, 118.
[29] Lenore Manderson, "HEALTH SERVICES and the LEGITIMATION of the COLONIAL STATE: BRITISH MALAYA 1786-1941," *International Journal of Health Services* 17, no. 1 (1987): 91–112.

were often influenced by perspectives that viewed traditional medical practices as primitive and superstitious.[30] Building on this theory, the edited volume, *Migration and Health in Asia*, discusses how migrant communities' perceived lower position in the established social system made them more susceptible to such colonial health measures.[31] Hence, these studies reveal a direct correlation between the governance of the colonial administration and its vested interests in public health, primarily aimed at fostering the economic growth of the colonial state.

Another important key player in shaping Singapore's health landscape was the Chinese community, that have been highlighted often in various research. In particular, these studies underscore the instrumental role of clan associations within the Chinese community, especially in the realm of public welfare. One of the key areas in which public welfare was provided was in healthcare and medical provisions to the destitute. In the *Rickshaw Coolie,* James Warren highlights the increased involvement of clan associations within Singapore's medical and health landscape in the 20th century.[32] Brenda S.A Yeoh's edited volume, "Migration and Health in Asia," also demonstrated the underlying causes behind these challenges by emphasising how health issues and ineffective medical policies encountered by migrants stemmed from institutional structures and arrangements shaped by the unequal relationship between migrants and the government.[33] In the edited volume, *Science, Public Health, and the State in Modern Asia,* the discussion centres on the evolution of modern hospital services and medical education in pre-war Singapore, underscoring their contributions to the gradual advancement of healthcare. It highlights how local factors played a pivotal role in shaping this development. Like other British colonial territories in Asia, the primary focus initially lay on curative hospital services as a pragmatic and cost-effective approach to healthcare delivery.[34] These studies provide insight into the nature of the early healthcare system in Singapore and the circumstances in which it developed under. This raises questions of how such concepts of "modernity" and "tradition" emerged in the healthcare landscape of Singapore.

2.2 Studies on Modernity and Tradition in early 20th Century Healthcare

[30] Sunil S Amrith and Timothy Norman Harper, *Histories of Health in Southeast Asia: Perspectives on the Long Twentieth Century* (Bloomington: Indiana University Press, 2014).
[31] Santosh Jatrana, Mika Toyota, and Brenda S.A. Yeoh, *Migration and Health in Asia* (Routledge, 2006).
[32] James Francis Warren, *Rickshaw Coolie* (NUS Press, 2003).
[33] Santosh Jatrana, Mika Toyota, and Brenda S.A. Yeoh, *Migration and Health in Asia* (Routledge, 2006), 277.
[34] Liping Bu, Darwin H Stapleton, and Ka-Che Yip, *Science, Public Health and the State in Modern Asia* (Routledge, 2012), 45.

The topic of modernity and tradition in 20th century healthcare have long been of interest to scholars. Several studies have approached the topic of modernity and tradition in 20th century healthcare through the perspective of examining encounters between Western medicine and Chinese medicine as they were vastly different medical systems. Scholars have been particularly intrigued by the interactions between Western and Chinese medicine, alongside their impacts on the Chinese community. For example, Angela Ki Che Leung, in *Health and Hygiene in Chinese East Asia: Policies and Publics in the Long Twentieth Century* highlights how the interactions between Western medicine and TCM were affected by pre-existing medical ideas and the dominant role of the state in the society. She argues that the difference of fundamental Chinese conceptualisations of hygiene, health and disease from Western concepts affected the Chinese community's reception of Western ideas. Leung argues that while the Chinese and the West had different concepts of hygienic modernity, both perspectives ultimately converged in its function where hygiene became tools of executing state power.[35] In *Neither Donkey nor Horse: Medicine in the Struggle over China's Modernity,* Sean Hsiang-lin Lei also mirrored these observations in the context of China. He argued that the introduction of Western medicine into China led to medicine becoming a site of negotiation and compromise between the traditionalists and the modernisers. As Lei notes, traditionalists believed that China's past traditions should be preserved, and that Western medicine was a threat to Chinese culture and identity. Modernisers, on the other hand, believed that China needed to adopt Western science and medicine in order to catch up with the rest of the world.[36] These studies shed light on the evolving encounters between Western and Chinese medicine, establishing Western medicine's association with modernity and Chinese medicine with tradition. This prompts a deeper inquiry into the underlying reasons that led to such associations that will be examined in this thesis in the context of KWSFH.

In fact, scholars have extensively explored the impacts of these associations. Referred to as the discourse between "modernisers" and "traditionalists" by Lei, this debate permeates various studies investigating the interplay between Western medicine and Chinese medicine within the Chinese community. Studies have shown that a pluralistic model emerged in Singapore as a result, where Western medicine and Chinese medicine were utilised based on the perceived

[35] Angela Ki Che Leung, and Charlotte Furth, eds, *Health and Hygiene in Chinese East Asia: Policies and Publics in the Long Twentieth Century* (Duke University Press, 2010).
[36] Sean Hsiang-Lin Lei, *Neither Donkey nor Horse: Medicine in the Struggle over China's Modernity* (Chicago; London: University of Chicago Press, 2016).

cause of the ailment. Norman G Owen argues that the conflict between the "modernisers" and "traditionalists" stem from the difference in the perception of diseases between both groups, and the supposed healing effects of Western medicine and TCM.[37] He highlights one of the fundamental differences between both modes of medicine which lay in the religious dimensions of Southeast Asian communities' perception of disease. Southeast Asian communities held 'personalistic interpretations of disease…with illness attributed to violation of natural laws or divine principles of harmony'[38]. As a result, indigenous medical practices were then 'a matter of restoring physical and moral balance through diet and right living'[39]. Owen argues that Southeast Asian communities formed their attitudes towards Western medicine through observation and performance. The syncretic nature of Southeast Asian communities has been cited to be a reason behind the sporadic inclusion of certain aspects of Western medicine where illness had material causes and the use of indigenous medicine for illness seen to have supernatural causes.[40] Eventually, as Western medicine began to be enforced more prominently in Singapore, Singapore's health and medical landscape gradually evolved into a system of the 'dual utilisation of health services offered by traditional and modern medical systems'[41]. Stella R Quah argues that such perspectives hinge upon studying medical systems through 'the provision of health services than the utilisation of such services'[42]. Instead, Quah focused on studying the 'phenomenon of dual utilisation of health services offered by traditional and modern medical systems'[43]. *Other-Worldly: TCM through transnational frames,* attributes this phenomenon to the fluid characteristic of TCM as a process of knowledge production made through trans-local encounters.[44] In the book, Mei Zhan argues that the knowledge production of TCM is rooted in the deep-seated mindset that TCM is inferior compared to Western biomedicine, aiming to become a Chinese science that will be integrated into modern science. Hence, it is seen that several studies have identified the development of TCM throughout the years in contact with Western biomedicine as growing to become more streamlined and standardised, adapting certain aspects of Western medicine into

[37] Norman G Owen, *Death and Disease in Southeast Asia: Explorations in Social, Medical, and Demographic History* (Singapore: Oxford University Press, 1987).
[38] Ibid, 17.
[39] Ibid.
[40] Ibid, 21.
[41] Ibid.
[42] Quah, *The Triumph of Practicality,* 5.
[43] Ibid.
[44] Mei Zhan, "Other-Worldly: Making Chinese Medicine through Transnational Frames," Social History of Medicine 24, no. 1 (2009).

the TCM framework. Despite the significance of these studies in elucidating how modernity and tradition were perceived and reconciled in the broader healthcare landscape, there remains a gap in understanding the intricacies of this process. This gap is particularly notable because the healthcare system encompassed various types of institutions, each potentially undergoing a different process of negotiation from the other.

2.3 Studies on Modern Hospitals in Chinese Diasporas

Studying the circumstances surrounding the founding of KWSFH benefits from insights drawn from research on modern hospitals within Chinese diasporas. This broader examination would help provide a comprehensive approach to understanding and analysing KWSFH's establishment. The insights derived from studies on hospitals like the Tung Wah Hospital, as highlighted by Elizabeth Sinn in *Power and Charity: A Chinese Merchant Elite in Colonial Hong Kong*, provide a significant framework for understanding the establishment and management of KWSFH.[45] Similarities between the Tung Wah Hospital and KWSFH, established by Cantonese businessmen within British colonies, underscore how political and social circumstances influenced hospital development. Sinn further emphasises the role of the Chinese merchant elite as a link between the Chinese population and the colonial government, shaping hospital management. Cultural disparities between the Chinese and Westerners also affected the hospital's evolution, a factor relevant to comprehending the incorporation of Western and Chinese medicine at KWSFH. Expanding the scope, Yip Ka Che's examination of migration, diseases, and epidemics in colonial and post-colonial Hong Kong highlights broader socio-economic factors impacting health strategies.[46] His insights into state power, social dynamics, cultural perceptions, and regional health developments offer a conceptual understanding of medical decisions within KWSFH.

Michelle Campbell Renshaw's study on the American Hospital in China delved into missionary hospitals in China, exploring their physical aspects, drawn influences, and the integration of Western and indigenous Chinese aspects.[47] In doing so, Renshaw examined both organised medicine in traditional China and the hospital's physical aspects and patient experiences to

[45] Elizabeth Sinn, Power and Charity a Chinese Merchant Elite in Colonial Hong Kong (Hong Kong Hong Kong Univ. Press, 2011).
[46] Ka-che Yip, Yuansheng Liang, and Wenjiang Huang, *Health Policy and Disease in Colonial and Post-Colonial Hong Kong, 1841-2003* (Milton Park, Abingdon, Oxon: Routledge, 2016).
[47] Michelle Campbell Renshaw, "Accommodating the Chinese: The American Hospital in China, 1880-1920" (Doctoral Dissertation, 2003).

delineate between "Western" and "Chinese" elements. While shedding light on crucial aspects, this approach lacked a comprehensive exploration of initial Chinese apprehensions toward Western medical methods. Furthermore, the study did not thoroughly investigate how missionaries reconciled these suspicions with hospital operations. Consequently, this raises intriguing questions about reconciling disparate medical systems within a modern hospital amid Chinese skepticism towards Western medicine. Thus, this thesis aims to address this question within the context of KWSFH, exploring the reconciliation of Chinese distrust towards Western medicine alongside European perspectives on Chinese medicine during the hospital's establishment.

2.4 Studies on Kwong Wai Shiu Free Hospital (KWSFH)

Despite there being a wide array of studies done on the healthcare scene in Singapore, studying the numerous hospitals, a limited number of studies have examined Kwong Wai Shiu Free Hospital in depth. The few scholars who have focused their study on the hospital include Hu Hong Mei and Goh Siang Sin. Hu Hong Mei's study of the hospital centers around the organisation and business operations of the hospital as a charity hospital, where she studies how the hospital, as a modern hospital operated by the Kwong Wai Shiu clan, functioned on a charitable model.[48] Goh Siang Sin, on the other hand, delves into a more specifically unique characteristic of the hospital – that is its unique offering of both Western medicine and Chinese medicine, which was the first for any hospital, much less one that was operated by the Chinese community, in 20th century Singapore.[49] Through KWSFH, it is shown that Chinese medicine administered within KWSFH was understood with regards to the larger socio-political context within Singapore.[50]

However, while Goh does a good job at analysing the socio-political circumstances that affected understandings of Chinese medicine in KWSFH, he focused primarily on external influences on the shifting dynamics of the administration of Chinese medicine in KWSFH in comparison with Western medicine. However, internal influences which are equally important have not been examined on a similar scope. Patients, Chinese medical practitioners, Western medical doctors, and the Board of Directors have had significant influence in contributing to

[48] Hong Mei Hu, "A Study on Singapore Kwong Wai Shiu Free Hospital (1908 - 1942)" (Doctoral Dissertation, 2016).
[49] Siang Sin Goh, "'Chinese Medicine' in Kwong Wai Shiu Hospital" (Honours Thesis, 1998).
[50] Ibid, 11.

the shifting dynamics of both Chinese medicine and Western medicine in KWSFH. In fact, as much as their interactions with Chinese medicine and Western medicine illuminates the impact of the socio-political notions on the understanding of both medical forms by the various groups, the social-cultural perspective has been less discussed.

Hence, while the above discussed works provide interesting research questions, approaches, and methodologies for the study of these processes of cross-cultural exchange and adaptation between Chinese medicine and western medicine in Singapore and other places of Chinese migration, there remains several questions to be answered. How did the colonial and multicultural environments in Singapore lead to the reconciliation of Chinese medicine and Western medicine? How did the Chinese community in colonial Singapore respond to the colonial system that privilege and promote Western medicine, and present them as "modern"? How did they adapt institutionally? How did "modern" Western institutions and medical practitioners view Chinese medicine and adapt them into their systems? Conversely, how did Western medical institutions and practitioners perceive Chinese medicine and adapt its practices into their systems?

These issues and questions will be important considerations in this thesis on the history of the founding of the KWSFH. In addressing these gaps, this thesis will examine this history on two levels, namely as a medical institution and as a social institution. Through understanding the establishment of the hospital in these two dimensions, the intricate dynamics of cross-cultural exchange and interaction in the fields of medicine and health in colonial Singapore will be highlighted. At the same time, it aims to demonstrate the ways in which the organisation of health and medicine were shaped by social, economic, cultural transformations within both colonial society and Chinese society in Singapore. This deeper exploration into the founding of KWSFH will enrich the historiography of Chinese society and communities in Singapore by offering a less discussed perspective of the discourse surrounding the health dimension. It offers an avenue to comprehend the historical narratives of health and medicine in Singapore from the vantage point of cultural and societal contexts, shedding light on the interconnectivity between health, medicine, society and culture.

2.5 Methodology

This thesis will investigate the founding of Kwong Wai Shiu Free Hospital's within the larger social context of Chinese medicine, healthcare institutions, and the health landscape in colonial Singapore. It scrutinises the hospital's approaches in reconciling Western medicine and Chinese medicine within the Chinese medical institution, exploring these changes in relation to the interactions between the colonial government and the Chinese community within the colonial framework.

The coexistence of these two different traditions in the hospital makes it a fascinating case study. To gain a deeper understanding, it's crucial to contextualise the history of KWSFH alongside institutions like the Thong Chai Medical Institution （同济医社）, and the evolution of earlier Chinese Medical establishments in colonial Singapore and within the Cantonese medical diaspora.

The establishment of the hospital also epitomised broader social structures, influences, and movements within the Cantonese medical diaspora during colonial Singapore. Founded by the Kwong Wai Shiu clan which comprised leading merchants of the Cantonese communities in Singapore, the hospital held close ties with other similar Cantonese medical institutions in the region, such as the Tung Shin Hospital （同善医院）and Tung Wah Hospital. The Cantonese communities stood out in how they integrated health and medicine into this social framework, as no other community association had organized its own hospital in a similar manner. Hence, this thesis will also examine the history of the hospital alongside other similar institutions in the Cantonese medical diaspora.

This thesis will contextualise the establishment of KWSFH within the shifting dynamics, circumstances, and perceptions regarding health, medicine, and society among the Chinese and colonial government in Singapore. It will analyse the early conditions that led to its establishment and its affiliations with other Cantonese and Chinese associations. The research aims to position the hospital within Singapore's medical landscape as encounters between “modern” and “traditional” medical systems began to increasingly overlap.

These aspects will be explored through extensive research across publicly available Chinese and English serials and periodicals, including newspapers, magazines, and publications from

Kwong Wai Shiu Hospital (KWSH) and other healthcare institutions in Singapore. A valuable resource will be the hospital's collection of newspaper clippings, preserved in the Heritage Gallery. Additionally, governmental archives like the Legislative Council reports, Colonial Office records, and various records from government health departments will form another critical source of information. Oral history interviews, conducted by the Oral History Department of the National Archives, will also offer valuable insights into the histories of KWSH and other Chinese medical institutions in Singapore.

However, in acknowledging the limitations of the research methodology, it is important to note the absence of oral history interviews with former or current KWSH employees who may have had first-hand knowledge of the hospital's establishment in 1911. Due to the significant time gap, obtaining direct narratives from this period is challenging. As a result, the approach will prioritise leveraging on newspaper articles and other primary resources. This emphasis on newspaper archives aims to ensure that available primary materials containing pertinent information regarding the hospital's early stages are thoroughly incorporated into the research.

CHAPTER THREE: SINGAPORE'S HEALTH LANDSCAPE BEFORE KWSFH

From the beginnings of colonial governance in Singapore, the Chinese medical delivery system and colonial medical systems developed mostly independently. However, this dynamic shifted in the 1890s with colonial municipal health measures. With these measures, the colonial government began to interfere with the Chinese medical delivery system by using municipal laws and new health strategies, which were often received differently by the different echelons of the Chinese community in Singapore. This chapter explores how the Chinese medical delivery system and the Western medical system in colonial Singapore developed independently and explores the process to which they eventually overlapped.

3.1 The Chinese Medical Delivery System in Singapore

The Chinese medical delivery system in 19th century colonial Singapore was very much interconnected, as medical institutions, Chinese medicine dispensaries and freelance physicians worked in concert to provide accessible healthcare to the Chinese community. The transmission of Chinese medical knowledge varied significantly, leading different practitioners to possess diverse approaches and knowledge depending on how they acquired their expertise. Additionally, the success of the Chinese medical delivery system depended upon the mutual collaboration and partnerships within the different institutions in the network.

In that time, medical institutions were established by clan associations or wealthy merchants to provide free Chinese medical treatments for the community. For example, the Thong Chai Medical Institution was established in 1867 by a group of wealthy Chinese philanthropists including Gan Eng Seng （颜永成）.[51] These institutions were the largest providers of Chinese medical treatments for the Chinese, often receiving hundreds of patients each day. Li Bai Gai, a Chinese medical practitioner at Thong Chai Medical Institution, recalled treating 6125 patients over just three months.[52] Another prominent medical institution was the Sian Chay Medical Institution （善济医社）, which was established in 1901.[53] While it is not

[51] Kwa Chong Guan and Kua Bak Lim, *General History of the Chinese in Singapore* (World Scientific, 2019), 862.
[52] Yeoh, *Contesting Space in Colonial Singapore*, 113-114.
[53] "History," Sian Chay Medical Institution, December 17, 2020, https://sianchay.org.sg/en/history/.

known who was responsible in establishing the Sian Chay Medical Institution, it was said to be by a group of volunteers for the sake of the poor and destitute Chinese.[54]

Chinese medical dispensaries also formed a significant aspect of the Chinese medical delivery system. The dispensaries operated on a smaller scale than the medical institutions. Chinese medical dispensaries were essentially retail stores, dispensing 'Chinese herbs, drugs, and medicaments'[55], and often providing medical advice for a range of ailments. Chinese medical dispensaries often worked closely with the medical institutions. For example, patients of the Thong Chai Medical Institution would receive medical prescriptions, which could be obtained free of charge from affiliated Chinese medical dispensaries.[56] In return, these dispensaries were reimbursed each month by the Thong Chai Medical Institutions. By the 19th century, one of the most prominent TCM dispensaries was the *Wanshan Zhan* （万山栈）, which was co-founded by Liu Jinbang （刘金榜） and He Yuncai （何云萼）. The *Wanshan Zhan* sold medical materials from the northern and southern parts of China and employed Chinese medical experts from Fujian （福建）, Guangdong （广东）, and Beijing （北京）to concoct Chinese medicine powders and pills.[57] Therefore, Chinese medical dispensaries primarily oversaw the distribution of medicine, whereas medical institutions concentrated on delivering specialised medical consultations by expert practitioners.

Finally, freelance physicians formed another crucial component of the Chinese medical network. The presence of the freelance physicians was felt in almost every aspect of the Chinese medical network in colonial Singapore. They functioned as fluid entities, practicing at any location where their expertise was required, whether 'clan associations, temples, the market-place, or their own homes'[58]. These freelance physicians often acquired their medical knowledge through medical training at medical institutions, Chinese medical dispensaries, or

[54] Ibid.
[55] Yeoh, *Contesting Space in Colonial Singapore*, 114.
[56] Daniel Say Liang Foo, "A SHORT HISTORY of a LONG TRADITION: THE RESILIENCE of CHINESE MEDICINE in SINGAPORE" (Bachelor's Thesis, 2001).
[57] *Chen Hong Neng* 陈鸿能, *Huaren yu Xinjiapo zhongxiyixue: congkaizuo1819nian dao jianguo1965nian* *华人与新加坡中西医学: 从开埠 1819 年到建国 1965 年* (玲子传媒, 2007), 18
[58] Yeoh, *Contesting Space in Colonial Singapore*, 116.

apprenticeships.[59] They were often employed at the dispensaries to provide medical advice and prescriptions to patients.[60]

Within the Chinese medical delivery system, the Hakkas and the Cantonese visibly dominated the trade. In the 1920s, a majority of the largest Chinese medical dispensaries were Hakka-owned businesses, such as the Eng Aun Tong Medical Hall (旧永安堂) owned by Hakka brothers Aw Boon Haw (胡文虎）and Aw Boon Par (胡文豹).[61] Between 1870 and 1928, at least fifty-eight TCM dispensaries were established by the Hakkas.[62] As for the Cantonese, their presence was more clearly felt in larger medical institutions such as the Thong Chai Medical Institution and, beginning in 1911, the Kwong Wai Shiu Hospital.

The Chinese medical delivery system had two distinct characteristics. Firstly, medical institutions were often established and operated by clan associations. This strong presence of clan associations in the formation of medical institutions is unsurprising, as clan associations were social and cultural organisations established for and by Chinese migrants. They were also built upon traditional Confucian values such as 'filial piety, loyalty, virtue, harmony, reverence for the old, and exaltation of education achievement'[63]. One part of upholding these Confucian values meant taking care of the sick and the old. According to Brenda Yeoh, 'several clan associations ran recuperation centres or sick receiving houses which provided free food, shelter, and medical care for the diseased and chronically ill'[64]. For example, the Chung Shan Association (中山会馆； *zhongshanhuiguan*), which was established in 1821, operated recuperation centres for its clan members along Pekin Street. Likewise, the Kiung Chow Association (琼州会馆, now Singapore Hainan Hwee Kuan 新加坡海南会馆) established the Kheng Chiu Loke Tin Kee medical centre (琼州乐善居；later renamed Kheng Chiu Loke Tin Kee Home), a recuperation centre for invalids, the elderly, and the homeless, in 1902.[65] The

[59] Ibid.

[60] *Wang Feng* 王锋, *Xinjiapo zhongyiyaoye de lishibianqian yiwekejiazhongyishi de shenghuoshi* "新加坡中医药业的历史变迁 ——一位客家中医师的生活史," *赣南师范大学学报* 6 (2008), 39.

[61] National Heritage Board, "Advertisement Poster of Eng Aun Tong, the Tiger Medical Hall," www.roots.gov.sg, accessed December 28, 2023, https://www.roots.gov.sg/Collection-Landing/listing/1132534.

[62] Ching-Hwang Yen, "Class Structure and Social Mobility in the Chinese Community in Singapore and Malaya 1800–1911," *Modern Asian Studies* 21, no. 3 (July 1987): 417–45, https://doi.org/10.1017/s0026749x0000915x.

[63] Ching-Hwang Yen, "Early Chinese Clan Organizations in Singapore and Malaya, 1819–1911," *Journal of Southeast Asian Studies* 12, no. 1 (March 1981): 62–91, https://doi.org/10.1017/s0022463400004999.

[64] Yeoh, *Contesting Space in Colonial Singapore*, 113.

[65] Ibid, 116.

Thong Chai Medical Institution was also founded by members of the Kwong Wai Shiu clan in 1867 as a free clinic for the poor and destitute.[66] These examples demonstrate the role of clan associations as formidable organising forces within the Chinese community. Hence, these clans played a crucial role in the development of medical and social care for the Chinese in colonial Singapore.

The second distinct characteristic of the Chinese medical delivery system was the charitable nature of Chinese medical institutions. The Chinese community from the late 19th century to the early 20th century mainly comprised of unskilled and manual labourers, many of whom were extremely susceptible to diseases due to unsanitary environments and the tough nature of their daily work. For instance, James Warren in his study of rickshaw pullers in colonial Singapore highlight the case study of Chew Ah Kow. Chew, a rickshaw puller in the 1920s, eventually had to give up his job – and livelihood – due to pain in his legs and syphilis, which caused him to have difficulty breathing. Despite giving up working as a rickshaw puller, however, the pain persisted so much that he attempted to drink a cup of liquid caustic soda.[67] These work-related medical problems were accompanied by the rising onslaught of infectious diseases in Singapore in the mid-19th century, including smallpox, typhoid, enteric fevers, and venereal diseases, that resulted in an increasing and urgent need for healthcare for the Chinese community.[68] Moreover, the cholera pandemic came to Singapore in the 19th century in several waves, causing a significant number of deaths. For example, a sudden surge of deaths among the Chinese coolies was noted in April 1895 as a result of the cholera pandemic.[69] Given that the majority of the Chinese population in the 19th century were unskilled manual labourers, many were too poor to afford professional medical services.[70] In fact, early Chinese medical practitioners in Singapore often travelled long distances to treat a single patient, only charging modest consultation fees of 20 to 30 cents.[71] Hence, the Chinese medical delivery system was built on a foundation of providing welfare relief for the early Chinese migrants who relied on

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[66] *Shi Yi Kai* 施义开, *Bishanting lishi yu wenwu 碧山亭历史与文物* (Singapore: 新加坡广惠肇碧山亭, 2019), 115

[67] Warren, *Rickshaw Coolie*, 250.

[68] Singapore General Hospital, "The Early Years," www.sgh.com.sg, n.d., https://www.sgh.com.sg/SGH200/Pages/The-Early-Years.aspx#:~:text=At%20the%20time%2C%20diseases%20such.

[69] Bonny Tan, "Cholera in 19th-Century Singapore," *Biblioasia* 16, no. 2 (July 1, 2020), https://biblioasia.nlb.gov.sg/vol-16/issue-2/jul-sep-2020/cholera/.

[70] *Li Song* 李松, *Xinjiapo zhongyiyao de fazhan 新加坡中医药的发展 1349-1983* (新育书局, n.d.), 4.

[71] Yeoh, *Contesting Space in Colonial Singapore*, 113.

their clansmen in Singapore.[72] The charitable nature of the Chinese medical delivery system coupled by the strong involvement of clan associations meant that it was also very much reliant on the efforts of the Chinese community in ensuring the success and sustainability of the system. At the same time, securing alternative sources of funding also proved to be important in ensuring that the system could continue to operate on a charitable basis. Therefore, the Chinese medical delivery system was often very closely interconnected as each supported the other to ensure that that healthcare needs of the early Chinese community could be met.

3.2 Encounters between Western Medicine and the Chinese Community in Singapore

Western medicine was first introduced to Singapore in 1819 with the arrival of Sir Stamford Raffles. Unlike Chinese medicine, which served the Chinese community, Western medicine served the medical needs of the European community and soldiers.[73] Thomas Prendergast, who arrived in Singapore with Raffles on 28 January 1819, is widely credited as the first Western medical doctor in Singapore. Prendergast, a Sub-Assistant Surgeon, was later joined by William Montgomerie, an Assistant Surgeon, in May that same year.[74] In the 19th century, the Medical Service in the Straits Settlements relied on India for the staffing of its hospitals.[75] Due to the fact that Western medicine was aimed at the upper echelons of the society, it was inaccessible to the locals. Firstly, Western medical services were strategically situated in areas with concentrated colonial settlement, giving rise to the development of an urban-centric and hospital-based system for Western medicine.[76] This included the area along Bukit Timah road, which also explains the first location of the General Hospital near the area which near where British troops were situated in Bras Basah Road.[77]

Secondly, the colonial health expenditures, financed through local taxes, also primarily focused on establishing healthcare and medical services tailored for the colonial expatriates and the

[72] Ching-Hwang Yen, "Early Chinese Clan Organizations in Singapore and Malaya, 1819–1911," *Journal of Southeast Asian Studies* 12, no. 1 (March 1981): 81.
[73] Joshua Quan Chen Ooi and London Lucien Peng Jin Ooi, "200 Years of Surgery at the General Hospital, Singapore," Annals of the Academy of Medicine, Singapore 50, no. 11 (November 30, 2021): 848–51, https://doi.org/10.47102/annals-acadmedsg.2021217.
[74] Ibid.
[75] Stuart Anderson, "Eastern Colonies: A Melting Pot of Medical Traditions," in *Pharmacy and Professionalization in the British Empire, 1780–1970* (Palgrave Macmillan, 2021), 254-255.
[76] Lenore Manderson, "HEALTH SERVICES and the LEGITIMATION of the COLONIAL STATE: BRITISH MALAYA 1786-1941," *International Journal of Health Services* 17, no. 1 (1987): 92.
[77] SingHealth, "History of Our Acute Hospitals," SingHealth, n.d., https://www.singhealth.com.sg/about-singhealth/newsroom/medsg200/acute-hospital-history.

privileged classes. Predominantly allocated to curative rather than preventive services, these funds were directed mostly toward hospitals equipped with the latest Western medical services. While the urban working class had access to the same hospitals attended by the British and local middle classes, they received notably inferior treatment due to their lower social class. Wards in these hospitals were classified based on financial status, resulting in disparities in the quality of care received by patients. Exclusive "European Wards" and "European hospitals" were established to cater exclusively to Europeans, which further reduced the opportunities for the Chinese community to encounter Western medical services.[78] Furthermore, the General Hospital charged exorbitant fees and only offered Western medicine. Thus, only select natives who could afford these fees could enter. According to Goh Siang Sin, based on records from the third General Hospital established in 1827, admission rates for Europeans were half dollar per diem, and for natives, 8 annas. Hence, European patients paid lesser admission rates for more medical access when compared to the natives. These prices were exorbitant, and naturally, natives who could afford these rates or who were sponsored were from the upper echelons of society or closely acquainted with the Europeans. Given that these hospitals were built in the early 1800s, it is natural that by the 1900s, Western medicine would begin to be associated with the upper classes of the society in Singapore, including the upper classes of the Chinese community.[79] Although initially practiced within the European community, the influence of Western medicine gradually extended into non-European communities as the colonial government expanded its public health initiatives during the late 19th century. A pivotal milestone in this direction was marked by the formation of the Municipal Health Department.

The Municipal Health Department was established in 1887 to oversee the general health services of Singapore. It was formed by ten Municipal Commissioners, all of whom were Western medical doctors. The President of the Department in 1888 was Dr Thomas Irvine Rowell, who was also the Principal Civil Medical Officer of the Straits Settlements.[80] Even with the appointment of Chinese commissioners starting in 1870, the Municipal Commission, functioning as a symbol of representative governance and authority, remained unfamiliar to the larger Asian populace within the town.[81] With the establishment of the Department, Western

[78] Heng Leng Chee, "HEALTH STATUS and the DEVELOPMENT of HEALTH SERVICES in a COLONIAL STATE," *International Journal of Health Services* 12, no. 3 (1982): 413.
[79] Siang Sin Goh, "'Chinese Medicine' in Kwong Wai Shiu Hospital" (Honours Thesis, 1998), 19.
[80] Lee YK, "The Origins of the Municipal Health Department, Singapore.," *Singapore Medical Journal* 18, no. 3 (September 1, 1977): 189–91.
[81] Yeoh, *Contesting Space in Colonial Singapore*, 30.

medical doctors were ascribed with significant responsibilities in overseeing the public health of colonial Singapore. It was also after the establishment of the Municipal Health Department that more organised bodies of Western medical doctors began to form. For instance, the Straits Medical Association, primarily consisting of Western medical doctors, was established in 1890 by a group of medical officers who recognised the need for a professional body for local medical practitioners. Members of the Straits Medical Association discussed and conducted research on local diseases.[82] The formation of these associations signalled that Western medicine was becoming more organised in Singapore toward the end of the 19th century. At the same time, the presence of Western medicine in Singapore began to be felt more significantly by the Chinese community. Once the colonial government established the Municipal Health Department as the official governing body over public health, Western medical doctors were given legal authority to intervene in matters related to healthcare and medicine in colonial Singapore.

Nevertheless, this presented difficulties as the imposition of the Western medical system occurred within a predominantly Chinese society, where clan associations served as important organising bodies. There were fundamental differences between Western medicine and Chinese medicine. In Chinese medicine, a person's environment, body, and general way of living are all connected. Both the theory and practice of Chinese medicine were built on the concept of *qi* （气）, or the human body's life force. In Chinese medicine, the condition of a person's *qi* was historically assessed by closely observing pulses as well as the colouring of the skin, tongue, and eyes. Health is characterised by the balance of *qi*, which indicates that a person's being is in harmony with the cosmos. An imbalance of *qi* in the body would result in illness. The cause of an imbalance of *qi* is commonly attributed to changes in the complementary forces that it is made of – *yin* （阴）and *yang* （阳）. Yin and yang are broad concepts that represent the interconnected yet opposing aspects of objects or natural phenomena. Generally, yang encompasses qualities such as dynamism, externality, ascendance, warmth, heat, or brightness, while yin encompasses qualities such as stillness, internality, descendance, coldness, coolness, or dimness.[83] These changes in one's *qi* are usually a result of a lack of harmony between factors such the seasonal cycle, wind patterns, and an individual's

[82] Hairudin Harun, MEDICINE and IMPERIALISM: A HISTORY of COLONIAL MEDICINE, HEALTH POLICY and MEDICAL RESEARCH in BRITISH MALAYA (Hairudin Harun, 2017), 76.
[83] Bing Zhu, Hongcai Wang, *Basic Theories of Traditional Chinese Medicine* (Jessica Kingsley Publishers, 2011), 22.

way of life, which affects the flow of the *qi*.[84] In Chinese medicine, diseases are treated by rectifying these imbalances by making lifestyle and diet changes, and using remedies obtained from the environment, such as herbs. For example, in Chinese medical treatments beriberi include 'sleeping upstairs to avoid damp, taking more beans and potatoes instead of rice, using purgative rather than tonic drugs, and cultivating a healthy mindset as a mind disease [might] be prejudicial to the patient'.[85] Moreover, there was a spiritual dimension to Chinese medicine. Diseases and epidemics were often attributed to 'the malevolence of *gui [鬼]* or evil spirits which had to be appeased by sacrificial offerings or driven off and overcome using ritualistic powers.'[86] During the cholera outbreak in 1907, the rickshaw pullers engaged in a large ritualistic procession on boats on the Rochor River that symbolised the sending away of demons responsible for the outbreak. During this procession, paper effigies associated with the Taoist religion[87] were used to represent the evil spiritual forces at work while Chinese monks recited incantations to repel these spiritual forces.[88] Finally, the Chinese community in colonial Singapore would commonly seek medical treatment from Chinese medical practitioners in temples. For example, the Temple of Baosheng Emperor, Kiew Lee Tong Temple (九鯉洞), and Singapore Teochew Charity Hall were temples that offered medical treatments, largely owing to the presence of the Gods of Chinese medicine Hua Tuo (華佗), Wu Ben (吴本), or Ji Gong (濟公) within these temples.[89] In practice, Chinese medical practitioners who are skilled are expected to be versatile in diagnosing and treating illnesses, drawing from both their personal experiences and fundamental treatment methods. Their approach involves continuous engagement with different texts and integrating these resources with their unique experiences. Notably, the practice of Chinese medicine is highly personalised and unique; approaches vary across different practitioners as each interprets medical texts, experiences, and beliefs uniquely. Hence, the practice of Chinese medicine is dynamic and adaptable in nature, where it constantly engages in an ongoing dialogue with surrounding practices.[90]

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[84] Sonya Pritzker, *Living Translation: Language and the Search for Resonance in U.S. Chinese Medicine* (Berghahn Books, 2014), 26.
[85] R.M. Gibson, 'Beri-beri in Hong Kong', *The Journal of Tropical Medicine* 4 (1901): 98.
[86] Yeoh, *Contesting Space in Colonial Singapore*, 113.
[87] Xenia Chan and Hedy Bok, "Talking to the Dead: The Art of Making Taoist Paper Effigies," South China Morning Post, April 30, 2013, https://www.scmp.com/news/hong-kong/article/1200960/talking-dead-art-making-taoist-paper-effigies.
[88] "Untitled," *The Straits Times*, April 5, 1862.
[89] Yan Yang, "A Brief History of Chinese Medicine in Singapore," in *Routledge Handbook of Chinese Medicine* (Routledge, 2022), 534.
[90] Vivienne Lo and Sylvia Schroer, "Deviant Airs in 'Traditional' Chinese Medicine," in *Asian Medicine and Globalization* (Philadelphia: University of Pennsylvania Press, 2005), 45.

While Chinese medicine was grounded in spiritual ideologies and diverse in its methods of healing, Western medical concepts were primarily grounded in scientific theory, observations, and an anatomical and biological view of the body that breaks it into several structures that performs separate functions.[91] Hence, Western medical remedies for illnesses involve direct interventions into the functions of the body, such as surgery, and seeks a single cause behind every affliction.[92] In this regard, the practice of Western medicine was in theory, standardised and methodological.[93] The differences in concepts concerning health and disease between Chinese medicine and Western medicine, compounded by the emerging authority of the Municipal Health Department, sparked contentious debates over the practice of both Western medicine and Chinese Medicine in late 19th-century Singapore. The Chinese population remained unfamiliar with both Western medicine and the very notion of the government using a tool like the Municipal Commission. Consequently, many members of the Chinese community attempted to subvert Municipal health rules, largely owing to a lack of understanding. Resistance against the medical examination of Chinese women was evident as they resisted against these measures. Brothel keepers even took measures such as closing their establishments and declaring retirement to evade these examinations.[94] As for Western medical doctors, they were concerned with 'quackery' in the TCM community, 'quacks' referring to illegitimate medical practitioners. In response to this concern, the British formed the British Medical Association in 1832 to eliminate the problems associated with quackery. The debate surrounding the presence of 'quacks 'emerged as a significant argument wielded by Western medical practitioners against Chinese medicine in the 19th century. This also contributed to the stereotype of Chinese medical practitioners as 'quack doctors,' positioning them lower in the social hierarchy.[95]

This debate between the Chinese and Western medical domains highlighted their perceived differences, further prompted by efforts within the Western medical community to confine various forms of Chinese medical practices as "tradition". Simultaneously, these interactions marked the period where Western medicine became progressively linked with the label of

[91] Deborah Lupton, *Medicine as Culture: Illness, Disease and the Body* (SAGE Publications, 2012), 24.
[92] Angela Ki, Qizi Liang, and Charlotte Furth, *Health and Hygiene in Chinese East Asia* (Duke University Press, 2010), 45.
[93] Kevin Dew, *Complementary and Alternative Medicine: Containing and Expanding Therapeutic Possibilities* (United Kingdom: Taylor & Francis, 2021), 143.
[94] James Francis Warren, *Ah Ku and Karayuki-San* (Singapore: NUS Press, 2003), 105.
[95] "HEALTH in the TROPICS.," *The Straits Times*, February 1, 1929, http://eresources.nlb.gov.sg/newspapers/Digitised/Article/straitstimes19290201-1.2.88.

"modernity", while Chinese medicine became entrenched in the perception of "tradition". The adaptability of Chinese medical practice led to practitioners incorporating Western medicine into their methods. Yet, this integration faced strong opposition from Western doctors who aimed to set clear boundaries between Western and Chinese medicine. They sought to prevent the adoption of Western medical practices by Chinese medical practitioners as they were unqualified in the area. For example, Dr Mugliston, a British doctor, called for '"Doctahs China" to confine themselves to their own remedies' and to make it unlawful for them to use Western methods of medicine as they were unqualified in the field of Western medicine.[96] At the same time, the Singapore Municipal Health Officer at the time, Dr W.R.C. Middleton, brought forth a suggestion for the colonial government to 'pass an ordinance by which the public and the [Western medical] profession would be protected against a class of men who did untold harm by being allowed, without restraint, to practice and to employ European drugs, medicaments and methods'[97]. These sentiments were also reflected within the general community of Western medical doctors. In a newspaper article on the Straits Times on 27 March 1905, an anonymous Western medical doctor expressed:

> 'If any class of practitioners requires restrictions and examination, it is the native practitioners. A few minutes' conversation will show the ignorance of these people. It is true they have successfully cured many persons. Their method is to use certain medicines which have been used for centuries to cure specific diseases, and their prescriptions are secrets supposed to have been handed down to them by their forefathers, but their diagnosis of the cause of sickness is primitive and utterly stupid.'[98]

Hence, the distinguishing of the boundaries between Chinese medicine and Western medicine was built on the lack of recognised qualifications of Chinese medical practitioners whose practice hinged upon "traditional" methods of diagnosis. This perception often characterised Chinese medicine as "primitive" and "traditional", while associating Western medicine as "modern". In turn, this also indirectly attributed Western medicine with a higher epistemic status than Chinese medicine. These clear identities which were drawn for Chinese medicine

[96] T.C. Mugliston, "Unqualified Practice in Singapore," *Journal of the Straits Medical Association* 5 (1894), 72.
[97] W.R.C Middleton, "Hygiene and Sanitation in Singapore," *British Medical Journal* II (December 14, 1895), 1520.
[98] "Correspondence.," *The Straits Times*, March 27, 1905, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitstimes19050327-1.2.38.

and Western medicine prevented one from encroaching into the other. For instance, the Medical Registration Bill that was passed in 1905 stated inn Article 21:

> 'Nothing contained in this Ordinance shall be construed to prohibit or prevent the practice of native systems of therapeutics according to Indian, Chinese or other Asiatic method.'[99]

This clause officially categorised Chinese medicine alongside other traditional methods, effectively excluding it from the officially endorsed health systems of the colonial government. Additionally, it implicitly validated doctors trained in Western medicine as legitimate and qualified practitioners within the eyes of the colonial administration. The healthcare landscape in colonial Singapore was progressively dominated by Western medicine, advocated in the name of progress and science, while side-lining Chinese medicine. This process accentuated the differentiation between Western medicine and Chinese medicine, attributing the labels of modernity and tradition respectively to each.

Despite these developments in the discourse between Western medicine and Chinese medicine, Western medicine was not met by complete resistance by the Chinese community. In fact, the process was further accelerated by the increasing presence of Western medicine as practiced by qualified Chinese doctors. By the end of the 19th century, there was an increase in the number of Chinese in Singapore going to Western countries to study. Hence, encounters with Western ideals and systems by the Chinese began to increase and develop alongside their native Chinese cultural ideals and perspectives. The 19th century witnessed an increase in the number of Chinese in Singapore becoming Western medical doctors themselves. The first group of Western medical doctors in Singapore originated from Britain and India. But as the population of Singapore grew, so did the demand for an expanded medical workforce. Consequently, the colonial government began considering how to train local medical personnel, initially sending suitable candidates to the Western Medical School in Madras.[100] Over time, Western medicine's role in society expanded as the British introduced measures to educate locals in Western medicine. In 1902, the Committee on English Education proposed the initiation of a Medical School in Singapore. However, this proposal faced opposition from senior British

[99] "Medical Registration Bill" (1905).

[100] *Chen Hong Neng* 陈鸿能, *Huaren yu Xinjiapo Zhongxiyixu: Congcaizuo 1819nian dao jianguo 1965nian* *华人与新加坡中西医学: 从开埠 1819 年到建国 1965 年* (玲子传媒, 2007), 20.

doctors. On September 8, 1904, Mr Tan Jiak Kim （陈若锦）, along with other local community leaders, petitioned the Governor to establish a Medical School. They raised sufficient funds, leading to the founding of the Straits and Federated Malay States Government Medical School on July 3, 1905. This institution served as the precursor to the King Edward VII College of Medicine and later evolved into the Faculties of Medicine at the University of Singapore and University of Malaya.[101] The first graduates from the Medical School graduated in 1910, marking a pivotal moment that facilitated heightened interactions between the Chinese community and Western medical practices.[102]

Western medical training grew among the Chinese population, leading to an increase in the number of nurses and Chinese doctors. These Western medical doctors were culturally aligned with the Chinese community while at the same time being well-versed in Western medical practices and epistemology. This intermixture of Western and Chinese cultures and ideas facilitated the gradual integration of Western medicine into the Chinese community. Under Municipal public health measures, nurses began venturing into rural areas with minimal Western medical training, and more Chinese doctors trained in Western medicine began promoting its benefits.[103] Hence, there grew an increasingly complex dynamic between Western medicine and Chinese medicine as the ethnic boundaries in colonial Singapore began to change. Western medicine began to transition from being in an exclusively European space to one which was increasingly being enforced on the Chinese community.

3.3 Increasing Intervention: Colonial Public Health Measures in Singapore

The implementation of colonial public health measures played a pivotal role in blurring the boundaries between Western medicine and the Chinese community. This was notably evident through initiatives like the Contagious Diseases Ordinance and the sanitation efforts within public institutions, which fundamentally shaped Singapore's 20th-century health landscape.

3.3.1 The Public Health Crisis in Singapore in the 19th Century and 20th Century

[101] Y.K Lee, "The Founding of the Medical School in Singapore in 1905," *Ann Acad Med Singap*, July 2005, 4C-13C.
[102] J.S. Cheah, T.M. Ho, and B.Y. Ng, "The First Graduates in 1910," *PubMed* 34, no. 6 (July 1, 2005): 19C-24C.
[103] *Chen Hong Neng* 陈鸿能, *Huaren yu Xinjiapo Zhongxiyixue: Congkaizuo 1819nian dao jianguo 1965nian 华人与新加坡中西医学: 从开埠 1819 年到建国 1965 年* (玲子传媒, 2007), 23.

The encounters between Western medicine and the Chinese community reached its height in the wake of the public health crisis which spurred the creation of public health measures. Beginning from the 1830s, malaria began posing serious problems to the communities within Singapore, which placed increasing pressure on the colonial government to establish facilities capable of dealing with it. Though talks about using mosquito nets in hospitals had been conducted since the turn of the 19th century, the malaria problem had only continued to worsen. Between 1906 to 1909, there were close to 2,000 deaths caused by malaria alone.[104]

The major outbreaks of diseases in colonial Singapore were the culmination of environmental factors and unsanitary lifestyle habits. These issues were further worsened by inadequate efforts from the British colonial government to enhance hygiene and sanitation standards. Additionally, perceptions about health and medicine within the Chinese community played a role in exacerbating these challenges. Water-borne diseases were particularly prevalent, largely due to the pervasiveness of polluted water sources such as wells, and a severely underdeveloped sanitation system. The Chinese community drank from these polluted water sources and used them to wash their utensils, leading to the ingestion of harmful bacteria. Furthermore, squalid and overpacked housing, as well as a lack of knowledge about the spread of diseases, also contributed to these outbreaks. In response, the British government rolled out a series of public health measures targeted at the Chinese which would reduce the rate at which the disease was infecting the community.

3.3.2 The Contagious Diseases Ordinance

One of the most significant actions taken by the colonial government in response to the public health crisis was the Contagious Diseases Ordinance (CDO). This extended the authority of the colonial government, allowing it to intervene in how the Chinese community managed its health and medicine.

The CDO had its roots in the 'strong Victorian interest in sanitary reform'.[105] More specifically, it originated in a series of measures enacted between 1864 and 1869 to combat sexually transmitted diseases, particularly syphilis, among the armed forces stationed in British garrison

[104] "Blight of Malaria," *The Straits Budget*, August 17, 1911, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitsbudget19110817-1.2.23.
[105] James Francis Warren, *Ah Ku and Karayuki-San* (Singapore: NUS Press, 2003), 104.

and seaport towns. These acts established a comprehensive system of social control, involving the registration of prostitutes, mandatory medical examinations, hospitalisation for individuals with venereal diseases, and the assignment of surveillance powers to local police authorities.[106] For example, prostitutes working in the military and naval zones of English port and garrison towns were subjected to vaginal examinations, and those found to be infected with venereal diseases were required to undergo hospitalisation in government-certified lock hospitals for a specified duration. Given the substantial presence of British soldiers and sailors in Singapore and their proclivity to visit brothels, the British government had concerns about protecting this community from venereal diseases. Consequently, the Contagious Diseases Ordinance was officially implemented in 1870 to address these issues. Beginning in 1872, the CDO provided the Colonial Surgeon in Singapore with the authority to inspect brothels and ensure their cleanliness.[107]

The enforcement of the CDO faced challenges, however. Although prostitutes were required to attend medical examinations, specifically vaginal examinations, which required the women to be probed with surgical instruments, many colonial doctors avoided conducting these examinations for the fear of losing their dignity.[108] At the same time, the lack of proper identification among prostitutes also meant that there were impersonation issues. For example, one prostitute could be sent to take the place of another prostitute who was scheduled to undergo an examination. Hence, the importance of having a system of registration came to the consciousness of the colonial government.

After the establishment of the Chinese Protectorate in 1877 to oversee matters related to the Chinese community in colonial Singapore, and specifically after it took over the enforcement of the CDO in 1881, steps were taken to improve the system of registration.[109] Brothels were scrutinised more closely. Each prostitute in every brothel was now photographed and provided a ticket with her registration number and the registration number of the brothel. The ticket also provided the prostitute with the liberty to 'apply to the Registrar or Colonial Surgeon in case of grievance or ill-treatment, or if she wished to leave the brothel'.[110] Despite the general unhappiness of the local population towards the CDO, the effects of the Ordinance were

[106] Ibid.
[107] Warren, *Ah Ku and Karayuki-San*, 105.
[108] Ibid, 107.
[109] Ibid, 109.
[110] Ibid.

favourable for the British colonial government. According to the Straits Settlements Association, "the enforcement of the Ordinance led to a great improvement in the position of the unhappy class chiefly affected by it, not merely in the matter of health, but in the general condition of their lives."[111] It was clear that, despite the difficulties that had been faced by those trying to enforce the CDO, civil medical officers and the colonial government now had the authority to intervene in the affairs of Chinese brothels and prostitutes. Moreover, the success of the CDO demonstrated the importance of registration for public health measures to be effective.

However, these efforts were later derailed by a campaign led by Josephine Butler against state regulation of prostitution in England, and which called for pragmatic politics. This campaign soon led to the cessation of the CDO in both England and its colonies, against much protest. Max Simon, the Visiting Surgeon to Singapore, rejected the repeal of the CDO, arguing that "these women do not care in the least if they are sick themselves, do not understand the gravity of the danger incurred by others to whom they may communicate disease, and are, in my opinion, quite unfit to act as free agents in the matter"[112]. Despite this protest and others like it, the CDO in Singapore was repealed in 1886.[113]

With the withdrawal of the CDO, women with venereal diseases were no longer obligated under the law to undergo compulsory examinations, remain in the hospital while infected, or be supervised by Western medical practitioners.[114] This was purportedly a disaster for public health in Singapore as syphilis cases rose and venereal diseases evolved to become more deadly than before. Western medical practitioners posted to civil hospitals recorded an exponential increase in the number of admissions into hospitals from venereal diseases, and that 'the cases admitted were of a more virulent type than formerly.'[115] Several Chinese leaders, such as Tan Jiak Kim (陳若錦), and members of the Civil Medical community in Singapore slammed the repeal of the CDO, citing the disregard 'for the widely different conditions of life in England

[111] "THE C. D. O. IN the STRAITS SETTLEMENTS.," *The Singapore Free Press and Mercantile Advertiser (Weekly)*, December 21, 1897, https://eresources.nlb.gov.sg/newspapers/digitised/article/singfreepresswk18971221-1.2.117.
[112] "THE REPEAL of the CONTAGIOUS DISEASES ORDINANCE and ITS RESULT.," *Pinang Gazette and Straits Chronicle*, April 12, 1889, https://eresources.nlb.gov.sg/newspapers/digitised/article/pinangazette18890412-1.2.13.
[113] Warren, *Ah Ku and Karayuki-San*, 113.
[114] "THE REPEAL of the CONTAGIOUS DISEASES ORDINANCE and ITS RESULT.," *Pinang Gazette and Straits Chronicle*, April 1, 1889, eresources.nlb.gov.sg/newspapers/digitised/article/pinangazette18890412-1.2.13.
[115] Ibid.

and the Far East.' The 'results' of its repeal, they added, were 'even more alarming than the opponents of that repeal contemplated.'[116]

The conditions that followed the revocation of the CDO made it clear to the colonial government that its intervention, including heightened supervision and surveillance of the Chinese community, was important. In an article written in 1889, Western medical practitioners engaged in civil practice in Singapore stressed how 'the absence of any proper supervision over, or check upon, the conditions that are producing this constant increase in venereal disease is a source of the greatest harm to the community.'[117] The article also highlighted the importance of contemplating public health measures from a native Chinese standpoint rather than one based strictly on Western ideas and principles.[118] Lastly, the repeal of the CDO led Chinese leaders to have less confidence in the colonial government in managing public health measures and in dealing with the onslaught of contagious diseases. This decrease in confidence led to Chinese leaders who were previously divided to unite around the common purpose of improving public health in the Chinese community and fighting the spread of contagions.[119]

Though short lived, the Contagious Diseases Ordinance demonstrated an important shift in the ideas of the colonial government about public health and the methods used to manage public health. It emphasised the importance of surveillance and regulation of the community in order to manage public health, confirming the importance of Western ideas of sanitation in combating infectious diseases. At the same time, this renewed the resolve by the Chinese community leaders in providing public health solutions for its people. In fact, beginning from 1891, the number of newly established Chinese medical halls in Singapore exponentially increased every year, with 15 new Chinese medical halls established by 1910.[120]

3.3.3 Hospitals and Sanitation in Public Health

[116] "THE C. D. O. IN the STRAITS SETTLEMENTS.," *The Singapore Free Press and Mercantile Advertiser (Weekly)*, December 21, 1897, https://eresources.nlb.gov.sg/newspapers/digitised/article/singfreepresswk18971221-1.2.117.
[117] "CONTAGIOUS DISEASE in SINGAPORE.," *Pinang Gazette and Straits Chronicle*, September 5, 1889, https://eresources.nlb.gov.sg/newspapers/digitised/article/pinangazette18890917-1.2.6.
[118] "THE C. D. O. IN the STRAITS SETTLEMENTS.," *The Singapore Free Press and Mercantile Advertiser (Weekly)*, December 21, 1897, https://eresources.nlb.gov.sg/newspapers/digitised/article/singfreepresswk18971221-1.2.117.
[119] Warren, *Ah Ku and Karayuki-San*, 121.
[120] Yeoh, *Contesting Space in Colonial Singapore*, 115.

In the late 19th century, there emerged a heightened focus on enforcing sanitation practices within the environment. This entailed initiatives by the colonial government to ensure environmental cleanliness, including actions like draining stagnant water sources that served as breeding grounds for mosquitoes causing malaria.[121] Sanitation was a concept which was founded upon Western germ theory which was only introduced in the early to mid-19th century.[122] It was only brought into colonial Singapore in the late 19th century through municipal regulations on the removal of "night soil" in Singapore. "Night soil" referred to human waste which was collected in open wooden buckets and later used as fertiliser. However, this posed significant health issues as it meant that germs which were present in these "night soil" could easily contaminate the environment and the night soil coolies collecting them due to exposure. The use of such wooden buckets was eventually banned in 1891 following the colonial government's concerns about the sanitary conditions.[123] This was the start of increasing public health measures that would be instituted to manage sanitary conditions in the living environment of the Chinese community.

At the same time, the introduction of various municipal by-laws dealing with sanitary conditions were aimed at regulating the daily activities and behaviours of the Chinese population. By the early 20th century, these sanitation efforts were further extended to include interventions in Chinese housing, as well as the management of the Chinese water supply and sewage disposal systems.[124] One of the earliest methods used for sanitation in Singapore was segregation, reflecting the belief that the sick and healthy should not reside in the same place. For example, in response to rising cases of cholera, the Municipality rolled out new measures in 1907 to prevent the spread of the disease by conducting house to house visitation to identify the infected, to segregate the infected from the healthy, and to disinfect the relevant houses. This method of segregation was seen to be an important reason behind the Municipality's success at preventing cholera from becoming a pandemic.[125] In 1907, segregation was also identified as an important sanitation measure against malaria and yellow fever 'in addition to the fundamental measure, but as regards to tropical towns, must be looked upon only as

[121] "MALARIA and MOSQUITOES.," *The Straits Budget*, June 13, 1901, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitsbudget19010613-1.2.9.
[122] National Research Council (US) Committee to Update Science, Medicine, and Animals., *Science, Medicine, and Animals* (Washington: National Academies Press (US), 2004).
[123] "The Removal of Night Soil.," *Straits Times Weekly Issue*, August 31, 1890, https://eresources.nlb.gov.sg/newspapers/Digitised/Article/stweekly18900827-1.2.71.
[124] Yeoh, *Contesting Space in Colonial Singapore*, 82.
[125] "The Singapore Free Press.," *The Singapore Free Press and Mercantile Advertiser (1884-1942)*, December 31, 1895, https://eresources.nlb.gov.sg/newspapers/digitised/article/singfreepressb18951231-1.2.4.

adjuncts to it'[126]. Increasingly, the spaces where the sick were cared for were moved away from the 'private' space of the home to the 'public' space of the hospital. For the Chinese community, this began with the Tan Tock Seng Hospital (陳篤生医院) which was then referred to as the Pauper Hospital. Established in 1844, the purpose of the Tan Tock Seng Hospital was as:

> 'some place of refuge for the number of my unfortunate country men who, at present, while suffering under loathsome diseases crowd the streets of the Town and daily obtrude themselves on the public charity having no other means of obtaining relief.'[127]

Hence, the poor and destitute Chinese now found themselves in the Tan Tock Seng Hospital once they were afflicted by diseases such as tuberculosis among others.[128]

The hospitals, as products of public health measures overseen by the colonial government, underwent significant sanitation efforts during this period. During the 19th century, the hospitals under the purview of the colonial government were the General Hospital, the Lunatic Asylum, Tan Tock Seng Hospital, and the Convict Jail hospital. Work to improve the sanitation of the hospitals began as early as the 1860s, starting from the drainage of bodies of water. This corresponded with the increasing attention placed on the relationship between polluted water supplies and infections, driven in part by the British experience at the North London Hospital, where polluted water supplies led to a number of infections.[129] During the mid-1860s, the colonial government began improving the drainage systems of the buildings and grounds of the General Hospital. 'Water from the roots of the former,' it was reported in 1865, '[are] now conducted by gutters of sheet zinc into masonry drains, by which it is carried off into the neighbouring canal'[130].

This was also seen when the colonial government began to refer to hospitals as 'sanitary buildings.' The land on which a hospital was built on and the type of water bodies surrounding

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[126] "Monday, 2nd Dec., 1907.," *Pinang Gazette and Straits Chronicle*, December 2, 1907, https://eresources.nlb.gov.sg/newspapers/digitised/article/pinangazette19071202-1.2.11.
[127] Kah Seng Loh and Li Yang Hsu, *Tuberculosis - the Singapore Experience, 1867-2018* (Routledge, 2019).
[128] Ibid.
[129] "Public Health.," *The Singapore Free Press and Mercantile Advertiser (Weekly)*, October 26, 1897, https://eresources.nlb.gov.sg/newspapers/digitised/article/singfreepresswk18971026-1.2.10.
[130] "ANNUAL REPORT on the ADMINISTRATION of the STRAITS SETTLEMENT for the YEAR 1864-65.," *The Singapore Free Press and Mercantile Advertiser (1835-1869)*, December 14, 1865, https://eresources.nlb.gov.sg/newspapers/digitised/article/singfreepressa18651214-1.2.5.

it were of particular concern in the context of the hospital's 'cleanliness' and sanitation.[131] During the expansion of the Pauper's Hospital (the Tan Tock Seng Hospital today), sanitation was one of the key considerations. It was stated that 'the site of the present Pauper Hospital is not good in a sanitary point of view…the site on the Ballastier Plain appears very good in the sanitary point of view.'[132] Moreover, in the 1870s, the Sub-Committee of the Legislative Council appointed to enquire into the Pauper Hospitals prepared a report, one of which was in consideration of the extension of the Pauper's Hospital at Serangoon Road. In the report, the sanitation of the site was one of two significant factors which affected the decision to which site would be chosen.[133] The other factor was distance to town. In 1895, a move towards improving sanitation in hospitals highlighted the importance of ventilating the spaces in the hospitals which served to 'purify the air.'[134] Importantly, the concept of sanitation was largely a Western concept and, therefore, this shift toward sanitation reflected a larger shift in the medical establishments of public health toward Western medicine.

By the end of the century, a debate had emerged between the government and the Municipality about the success of these sanitation efforts. The government criticised what they saw as the failure of the efforts undertaken by the Municipality as the municipal sanitation efforts failed to achieve favourable results. However, local responses to the government's efforts were no more favourable. One local mentioned that a patient admitted to the Tan Tock Seng Hospital, which was operated by the Government, 'is practically certain to contract beri-beri.'[135]. Lepers who were held in the hospital also frequently escaped from the hospital.[136] Another local wrote to the Straits Times, complaining that the 'Government have abjectly failed to ameliorate the insanitary conditions in [its] institutions.'[137]. Hence, these evolving ideas of sanitation and its imposition on the public and private space resulted in a series of Municipal by-laws, one of which would premeditate the formation of Kwong Wai Shiu Free Hospital. Modern public health ideas that were expressed in sanitation were also beginning to penetrate the society.

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[131] "OUR SANITARY BUILDINGS.," *The Straits Times*, July 30, 1864, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitstimes18640730-1.2.3.
[132] "From the Daily Times, September 5th STRAITS SETTLEMENTS.," *Straits Times Overland Journal*, September 9, 1871, https://eresources.nlb.gov.sg/newspapers/digitised/article/stoverland18710909-1.2.16.
[133] Ibid.
[134] "PDEALS of SANITARY REFORM.," *Pinang Gazette and Straits Chronicle*, August 16, 1895, https://eresources.nlb.gov.sg/newspapers/digitised/article/pinangazette18950816-1.2.28.
[135] "SANITARY CONDITION of SINGAPORE CITY.," *The Straits Times*, December 20, 1900, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitstimes19001220-1.2.15.1.
[136] "ASSAULT by a LEPER.," *the Singapore Free Press and Mercantile Advertiser (Weekly)*, August 1, 1907, https://eresources.nlb.gov.sg/newspapers/digitised/article/singfreepresswk19070801-1.2.51.
[137] "SANITARY CONDITION of SINGAPORE CITY.," *The Straits Times*, December 20, 1900, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitstimes19001220-1.2.15.1.

Alongside these developments, a heightened awareness of sanitation as a preventive measure against disease was also taking shape in China during the late 19th century. Initiatives were undertaken to address sanitary issues, encompassing reforms in traditional night soil treatment methods, urban cleanliness campaigns, and the regulation of food hygiene. These initiatives included the establishment of the Bureau of Street Cleaning in 1897 and the introduction of wooden garbage cans on roads. The momentum towards organising and formalising sanitation efforts further gained traction in 1905 with the establishment of a Division of Public Health.[138] Sanitary measures were hence, perceived as facets of modern healthcare, emphasising cleanliness not only in the collective environment but also in the regulation of individual bodily practices.[139] Apart from China, sanitary measures in Hong Kong were also being instituted. In the wake of heightened public health measures by the colonial government, sanitary measures were implemented on hospitals which were perceived as important colonial tools in segregating the sick from the healthy. For example, the Tung Wah Hospital became the subject of sanitary reform in the 19th century after the bubonic plague began inflicting Hong Kong in 1894. Dr James Lowson, Assistant Superintendent at the Government Civil Hospital, made a startling discovery that advanced undiagnosed cases were mixed with other patients at Tung Wah, exposing grave sanitary issues and a lack of medical expertise. Lowson's report further critically condemned the hospital, highlighting sanitary and hygiene problems that, under different circumstances, might have led to its closure, especially if it had followed Western medical standards. Consequently, Dr J. C. Thomson was appointed to oversee the hospital's sanitation. Thomson promptly initiated a series of crucial improvements: segregating patients with infectious diseases, improving ventilation and lighting in surgical wards, implementing new flooring, and ensuring better accommodations for doctors and staff.[140] Hence, in the 19th century, sanitation measures were rapidly developing across various societies as encounters with Western hygiene ideals increased. These sanitation measures were seen as a path to achieve modern hygienic standards in line with Western hygiene ideals. In establishing sanitation measures, strict regulation of bodies, the environment and institutions were required to change behaviours so that modern hygienic standards could be achieved.

[138] Angela Ki Che Leung, Qizi Liang, and Charlotte Furth, *Health and Hygiene in Chinese East Asia* (Duke University Press, 2010), 65.
[139] Ibid, 68.
[140] Moira Chan-Yeung, *A Medical History of Hong Kong: 1842-1941*. (Columbia University Press, 2018), 72-75.

CHAPTER FOUR: THE FORMATION OF KWONG WAI SHIU FREE HOSPITAL

The Kwong Wai Shiu Free Hospital (KWSFH)[141] was officially established in 1911 by Cantonese and Hakka merchants, specifically those who belonged to the Kwong Wai Shiu clan, in collaboration with the colonial government.[142] Built on 705 Serangoon Road, the hospital took over the old premises of Tan Tock Seng Hospital (TTSH) after TTSH relocated to Pearl's Hill. In support of the establishment of the hospital, then-Governor Sir John Anderson leased six acres of land, along with the old Tan Tock Seng hospital wards, to KWSH for a period of 99 years at a nominal annual rental of $1.[143] The hospital was eventually named after the Kwong Wai Shiu clan, which was largely responsible for the establishment of the hospital.[144]

KWSFH stood out in its time as the first modern hospital in Singapore to offer both Western medicine and Chinese medicine. While Chinese medicine was the default mode of medicine offered to patients, Western medical methods were also available by choice. At the same time, both Chinese and Western medical dispensaries were available at the hospital. Unlike KWSFH, other modern hospitals, such as the General Hospital and Tan Tock Seng Hospital, only offered Western medicine, which much of the Chinese community was resistant to. While the hospital provided both in-patient and out-patient medical services, in-patient services were exclusively open to clansmen from the Canton Provinces of Guangzhou, Huizhou, and Zhaoqing. Out-patient medical services, however, were open to the public.[145] KWSFH was also significant for being the first modern hospital in Singapore established specifically for the destitute Chinese population. Not only did all the doctors and attendants in the hospital speak Mandarin; patients were also given the 'choice of Chinese medical treatment by skilled Chinese doctors from Canton, or of Western medicine administered by a graduate of [Singapore's] local Medical College'[146].

[141] Kwong Wai Shiu Free Hospital (KWSFH) was officially renamed to its present name, Kwong Wai Shiu Hospital (KWSH) in 1974.
[142] "Untitled," *The Straits Times*, May 3, 1911, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitstimes19110503-1.2.28.
[143] KWSFH, "KWSH Featured in '50 Cultural Landscapes of Singapore,'" Kwong Wai Shiu Hospital, December 22, 2015, https://www.kwsh.org.sg/en/heritage50/.
[144] Ibid.
[145] Ibid.
[146] "CANTONESE FREE HOSPITAL.," *The Singapore Free Press and Mercantile Advertiser (1884-1942)*, August 31, 1911, https://eresources.nlb.gov.sg/newspapers/digitised/article/singfreepressb19110831-1.2.63.

This chapter examines the founding of KWSFH by analysing the factors that led to the hospital's establishment in 1911, particularly the leadership of merchants from the Kwong Wai Shiu clan. It also delves into the reasons why the KWSFH offered both Chinese medicine and Western medicine, which was unprecedented at this time. Moreover, an examination of the establishment of the hospital will be used as a lens to explore the dynamic interplay between modern healthcare practices and traditional healing methods within the evolving healthcare landscape of twentieth-century Singapore. Finally, this chapter stresses that the establishment of the KWSFH was a collaborative effort between the colonial government and the Chinese community, reflecting their joint commitment to enhancing public health for the Chinese community through the reconciliation of Western and Chinese medical systems.

Before examining the circumstances that led to the establishment of KWSFH, it is important to understand what the concept of modernity meant for a hospital in the early 20th century and why KWSFH was regarded as a modern medical institution by the colonial government and the Chinese community alike. To do so will provide critical insights into how these institutions were perceived by both the colonial government and the Chinese community during the period of KWSFH's founding.

4.1 Modernity and Medical Institutions in 20th Century Singapore

The very idea of 'modernity' in the context of medical institutions implied a conscious separation of 'modern' medical practices, which were typically associated with Western biomedicine, from traditional practices, which were often associated with 'folk' medicine.[147] More fundamentally, traditional practices were those that were recognised as legitimate in the past.[148] In historical contexts, Chinese medicine was not considered a "traditional" practice; its legitimacy as a medical practice was enshrined as it adapted to continuous reinterpretation of classical doctrines to address evolving clinical challenges. The ancient truisms within Chinese medicine, inherently rational, offered a structure that adapted to changing times while maintaining the core principles.[149] Over time, consistent acknowledgment and validation of Chinese medicine across centuries conferred upon it the status of a credible medical system within the Chinese community. However, Chinese medicine became a "traditional" system as

[147] Quah, *The Triumph of Practicality*, 3.
[148] Olivier Galland and Yannick Lemel, "Tradition vs. Modernity: The Continuing Dichotomy of Values in European Society," *Revue Française de Sociologie* 49, no. 5 (2008): 31, https://doi.org/10.3917/rfs.495.0153.
[149] Charles Buck, *Acupuncture and Chinese Medicine: Roots of Modern Practice* (London: Spring Dragon, 2015), 20.

Western medicine continued to advance more rapidly. According to Pertti J. Anttonen, the meaning of 'modernity' evolved during the nineteenth and twentieth centuries, as it came to connote an improvement on the old rather than simply belonging to the present.[150] Not that modernity was necessarily the antithesis of tradition. As Joseph Gusfield has suggested, 'traditional symbols and leadership forms can be vital parts of the value bases supporting modernising frameworks'[151] More generally, tradition and modernity could co-exist and even support one another.

The hospital, was in fact, considered to be a modern concept in healthcare. According to Foucault, the concept of medical institutions did not exist until the last years of the 18th century, when the clinical experience began to be organised. Until then, medicine had generally been administered in the patient's home, at the patient's bedside.[152] This changed by the 19th century, as more patients began seeing doctors in designated institutions rather than in their own homes. According to Foucault, 'the observation of patients in their bed, was to become the essential part of the new medicine.'[153] Hence, modernity in medical institutions was to encapsulate the new 'scientific coherence, social utility and political purity of the new medical organisation.'[154] This modern medical institution was referred to as the hospital, where patients could be constantly observed by doctors constantly through in-patient services.[155] In fact, the 19th to the early 20th century proved to be an era when the colonial government explored and experimented with various types of hospitals in Singapore, such as the Lock Hospital, the Maternity Hospital, the Tan Tock Seng Hospital, the European hospital, and the Seamen's hospital, among others.

This was largely a Western concept of modernity, but did it apply to the Chinese living in Singapore during the early 20th century? Chinese medicine then was known to the Chinese simply as 中医[156], which directly translates to "Chinese Medicine". However, the very concept of "Chinese Medicine" as a separate type of medicine only came into existence around the 19th

[150] Pertti J. Anttonen, *Tradition through Modernity: Postmodernism and the Nation State in Folklore Scholarship* (Studia Fennica Folkloristica, 2005), 33.
[151] Joseph R. Gusfield, "Tradition and Modernity: Misplaced Polarities in the Study of Social Change," *American Journal of Sociology* 72, no. 4 (January 1967): 352, https://doi.org/10.1086/224334.
[152] Michel Foucault, *Birth of the Clinic,* 54.
[153] Ibid, 69.
[154] Ibid, 70.
[155] Ibid.
[156] "竹仔園女院醫已遷址孕婦欲往該醫院分娩者須知," *Nanyang Siang Pau*, March 26, 1925, https://eresources.nlb.gov.sg/newspapers/digitised/article/nysp19250326-1.2.9.

century to distinguish it from the Western medicine, which was being increasingly encountered.[157] In Singapore, Chinese medicine was referred to as "traditional" by the mid-1930s.[158] The earliest mention of "Traditional Chinese Medicine" in Singapore was in an article for The Straits Times on 9 November 1935 about the fining of TCM proprietors for selling Chinese powder containing arsenic without a license.[159] The Straits Times in 1935 was written by local journalists,[160] which points to the growing belief in Singapore that there was a difference between "modern" and "traditional" medicine: Chinese medicine was becoming associated with tradition, and Western medicine was associated with modernity. The first direct association of Western medicine with modernity made in an article in the Straits Budget on 10 February 1938, which read 'Modern Western medicine for a time had contemptuously disregarded the traditional cult of herbs.'[161] Hence, Chinese medicine only became "tradition" when encounters with Western medicine increased and its efficacy was compared alongside Western medicine. This echoed similar developments in China. There was a transition towards the legitimisation of Western medicine as the state medicine over Chinese medicine. This transition was largely motivated by the state's push for modernisation. As infectious diseases emerged, the effectiveness of both medical systems in combating these diseases was compared. Patients treated with Chinese medicine showed lower survival rates, while those treated with Western medicine had higher chances of recovery. Consequently, this redefined the conceptualisation of health and disease in China by the 1930s, granting Western medicine more influence in defining health parameters, while the theories and experiences of Chinese medical practitioners began to be marginalised.[162]

4.2 Contestation and Collaboration: The Colonial State and the Chinese Community in Singapore

The establishment of KWSFH was prompted by colonial sanitation initiatives that targeted the Chinese sick receiving houses. These houses catered to the ill or destitute Chinese, raising concerns about their welfare amid impending interventions by the colonial government. Hence,

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[157] Bridie Andrews and David L Schwarzkopf, *The Making of Modern Chinese Medicine, 1850-1960* (Honolulu: University of Hawai'i Press, 2015), 10-11.
[158] "POWDER with ARSENIC.," *The Straits Times*, November 9, 1935, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitstimes19351109-1.2.105.
[159] Ibid.
[160] Ross Allan Eaman, *Historical Dictionary of Journalism* (Lanham: Rowman & Littlefield, 2021), 359.
[161] "Malay Cures.," *The Straits Budget*, February 10, 1938, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitsbudget19380210-1.2.5.14.
[162] Nicole Elizabeth Barnes, "Contested Medicines in Twentieth-Century China," in *Routledge Handbook of Chinese Medicine* (Routledge, 2022), 652.

both the colonial government and the Chinese community sought to combine their efforts in areas of healthcare to ensure that the interests of both parties were fulfilled. The colonial government and the Chinese community naturally assumed different roles in the conception of KWSFH and eventually, its founding. This section examines the roles that both parties played in the formation of KWSFH, as well as how the dynamic between the colonial government and Chinese community in public health shaped the formation of KWSH.

4.2.1 The Role of the Colonial Government

4.2.1.1 Colonial measures premeditating the formation of KWSH: By Laws for Sick Receiving Houses

Efforts to improve the sanitation of Singapore increased during the late 19th century, which included the 're-ordering of the built form in congested parts of the city inhabited by the labouring classes through area reconstruction, back-lane schemes, and the introduction of open spaces'[163]. One particular built form with a dire need for reconstruction, due to the prevalence of tubercular diseases, was the Chinese built shophouse. These typically were overcrowded, with each tenant being assigned only a small cubicle, and had little to no ventilation.[164]

Chinese sick receiving houses (养病所), sometimes referred to as private hospitals, or 'death houses,' were often established in two or three-story shophouses. These served as both funeral parlours and hospices: the funeral parlours on the first floor accommodated funeral arrangements while the upper floors housed sick and dying individuals.[165] If a patient died upstairs, their body would be carried to the first floor, where their afterlife affairs would then be handled.[166] As a more cost-effective alternative to hospitals, sick receiving houses were important for the Chinese community. They became one of the primary healthcare institutions for Chinese patients seeking recovery or facing their final days.

Chinese sick receiving houses came to serve as an alternative to hospitals largely because they could accommodate the religious and cultural attitudes of the Chinese toward illness and death.

[163] Yeoh, *Contesting Space in Colonial Singapore*, 102.
[164] Ibid, 94-99.
[165] Marjorie Topley and Jean Elizabeth Debernardi, *Cantonese Society in Hong Kong and Singapore: Gender, Religion, Medicine and Money* (Hong Kong: Hong Kong University Press, 2011), 101.
[166] "The Street of the Houses of the Dead," *The Singapore Free Press*, September 25, 1948.

It was Chinese custom that a house became 'unclean' after a person died in it.[167] This was problematic in the 19th century when much of the Chinese community lived in communal homes, sharing a single shophouse with several other tenants. Consequently, they had to find another place where they could nurse potentially lethal illnesses. Government hospitals such as the General Hospital and the Tan Tock Seng Hospital, which operated on Western medical principles, were not options for the sick Chinese as it did not allow the Chinese to undergo the necessary religious rites in the case of death. Sick receiving houses, which were usually operated by clan associations, allowed the Chinese to perform these rites.[168]

The Municipal Commissioners, however, became concerned with the sick receiving houses, partly owing to their unsanitary conditions. At the same time, the colonial government found it appalling that the living and the dead resided in the same location, with little to no effort being made to separate the two. One Municipal doctor who had inspected the sick receiving houses at Sago Street (硕莪巷) reported seeing 'the caretaker's children having their meals from off the top of a coffin in which a body was awaiting burial.'[169] In 1908, a series of by-laws were discussed by the Municipal Commissioners to regulate Chinese sick receiving houses in Singapore and subject them to similar rules as hospitals, including putting them under the control of medical practitioners and subjecting them to the Municipal Ordinance. These sick receiving houses were typically established by clan associations and operated by private individuals. Moreover, these houses were generally of a charitable nature, where sick persons with no relatives could be admitted 'to die', with the fees for his admission being paid by the clan association.[170] Unfortunately, the general use by the Chinese community of these houses as simply a place to die from their illnesses posed a problem, as 'several cases which, if treated properly, would have recovered.'[171]

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[167] Chee Kiong Tong, "The Inheritance of the Dead: Mortuary Rituals among the Chinese in Singapore," *Asian Journal of Social Science* 21, no. 2 (January 1, 1993): 135, https://doi.org/10.1163/030382493x00152.
[168] "S'PORE'S 'HOUSES of GREAT SUFFERING,'" *Sunday Tribune*, January 19, 1947, https://eresources.nlb.gov.sg/newspapers/digitised/article/sundaytribune19470119-1.2.70.
[169] "NOTES of the DAY.," *The Straits Times*, December 12, 1929, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitstimes19291212-1.2.31.
[170] "THE SICK in SINGAPORE.," *The Straits Times*, June 20, 1908, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitstimes19080620-1.2.71.
[171] "NOTES of the DAY.," *The Straits Times*, December 12, 1929, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitstimes19291212-1.2.31.

The intended 1908 by-laws sought to ensure that the sick receiving houses would be 'run on the lines of nursing cottages in Great Britain'[172]. First conceptualised in Great Britain during the mid-19th century, these nursing cottages, or cottage hospitals, were small-scale hospitals in rural areas that provided inpatient and outpatient care.[173] Besides doctors, these hospitals were staffed with nurses and 'another woman for the necessary work of the house'[174]. As for patients, these hospitals generally catered to paupers. In fact, the rise of cottage hospitals during the 19th century has been attributed to the fact that the homes of paupers, which were the only places they could afford to be nursed, were not suitable for the nursing of serious health conditions.[175] As such, patients who went to cottage hospitals were not charged for their medical treatments, only for their use of inpatient services.[176] However, patients with infectious diseases were not allowed to be nursed at cottage hospitals. Instead, they would go to isolation hospitals, which were established in the county for the specific purposes of managing the infectious diseases.[177] Therefore, cottage hospitals provided a convenient and affordable option for paupers to nurse their illnesses near to their homes and receive medical care by qualified doctors and nurses. However, cottage hospitals operated on a much smaller scale than the larger general hospitals in the district, which limited the functions of the cottage hospitals and precluded them from handling infectious diseases. The colonial government's intent to run Chinese sick receiving houses in colonial Singapore like cottage hospitals, demonstrated the colonial government's desire to ensure that these sick receiving houses were regulated by qualified doctors and nurses in an environment that was focused on nursing patients instead of simply leaving them to die.

However, considerations about passing the by-laws were hindered by a series of conflicting factors. Though the colonial government was concerned that sick receiving houses were not regulated and licensed like hospitals, it also recognised that the sick receiving houses served an important role in isolating those infected by diseases. Moreover, this isolation of patients enabled the government to learn more about the infectious diseases through supervision. At the same time, the government was also concerned that regulating the sick receiving houses would hamper their charitable functions. These places where those without kin could pass away, with

[172] "NOTES of the DAY.," *The Straits Times*, December 12, 1929, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitstimes19291212-1.2.31.
[173] R. M. S. McConaghey, "The Evolution of the Cottage Hospital" (Cambridge University Press, 1967), 132.
[174] Ibid.
[175] Ibid, 131.
[176] Ibid, 132.
[177] Ibid, 136.

the expenses being covered by donations from proprietors. Regulating them might therefore lead to worse public health in the long run.[178] Hence, a series of preliminary by-laws were provided by the Principal Civil Medical Officer (P.C.M.O) on 8 August 1908, to make a mosquito curtain for every bed mandatory and that each death house should be managed by a substantial person.[179] Amongst considerations to deal with the sick receiving houses was also the idea of abolishing them altogether.[180]

There were concerns over how the Chinese community would receive these new by-laws. Specifically, the Governor of the Straits Settlements, Sir John Anderson, worried that these regulations could be seen as being too harsh. To address these concerns, the Municipal government consulted the Chinese Advisory Board, asking it to provide recommendations on the proposed by-laws.[181] The Chinese Advisory Board, established in 1890, served as a crucial link between the Government and the Chinese populace. Comprised of prominent leaders representing the major South Chinese races settled in Singapore, the board functioned as arbitrators and advisors to the government on all matters concerning the Chinese community. The Protector or Assistant Protector from each Settlement held an ex-officio position as the Chairman of the Board. The Board initially composed of five Hokkiens, four Teochews, two Cantonese, and one Hailam in order to represent the Chinese community.[182] In response to the by-laws, however, the Board broadly opposed the suggested regulations, believing that there were no existing institutions that could replace the functions of the sick receiving houses within Chinese society.[183]

Both the Chinese Advisory Board and the colonial government agreed that it was necessary to identify an alternative institution capable of fulfilling those functions. Considering a solution, the colonial government '[threw] out a hint that a 'Tai Wa' Hospital similar to the one now existing in Kuala Lumpor should be established in Singapore for the reception of patients who

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[178] "THE SICK in SINGAPORE.," *The Straits Times*, June 20, 1908, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitstimes19080620-1.2.71.
[179] "MUNICIPAL COMMISSION.," *The Straits Times*, August 8, 1908, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitstimes19080808-1.2.20.
[180] "CANTONESE FREE HOSPITAL.," *The Singapore Free Press and Mercantile Advertiser (1884-1942)*, June 15, 1909, https://eresources.nlb.gov.sg/newspapers/digitised/article/singfreepressb19090615-1.2.57.
[181] "LEGISLATIVE COUNCIL.," *The Straits Times*, April 23, 1910, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitstimes19100423-1.2.61.
[182] Siew Yoong Ng, "The Chinese Protectorate in Singapore, 1877-1900," *Journal of Southeast Asian History* 2, no. 1 (March 1961): 95, https://doi.org/10.1017/s0217781100100407.
[183] "LEGISLATIVE COUNCIL.," *The Straits Times*, April 23, 1910, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitstimes19100423-1.2.61.

have any objection to be treated by doctors practicing Western Methods'[184]. The 'Tai Wa Hospital' referred to the Tai Wah Institution at the Pauper Hospital (today the Kuala Lumpur Hospital) in Kuala Lumpur, which was one of three wards within the Hospital. The Tai Wah Institution was founded by Yap Kwan Seng (叶观盛) of the Canton Province in China, who also founded the Pooi Shin Thong (培善堂), later renamed the Tung Shin Hospital (同善医院).[185] The Tai Wah Ward, established at a cost of $4,060 in November 1895, served as a facility for patients deemed incurable or in the final stages of their illnesses, often relating to old age. As such, the ward primarily served as a place for individuals nearing the end of life.[186] A Tai Wah Fund was also started to subsidise the bullock 'ambulance-carts' used to transport sick and dying persons from the roadside to the hospital.[187] While the Ward was subject to supervision by the Resident Surgeon and the Chinese Secretary, the hospital's management was overseen by a Chinese Committee.[188]

The Tai Wah Ward was a collaborative effort between the colonial government and the Chinese community in Kuala Lumpur, the colonial government having approached Chinese community leaders to establish the institution for the purposes of holding the sick until arrangements could be made to repatriate them. However, due to the difficulties and complexities in the repatriation process, the number of Chinese who were actually repatriated was small. Gradually, the Ward evolved into a permanent residence for the sick and dying.[189] Personnel were appointed by the colonial government to oversee different aspects of the institution, including employee affairs, admissions of patients, and patients' welfare.[190] In a way, the Tai Wah Institution mirrored the roles of the sick receiving houses in Singapore, though with a greater degree of supervision and regulation by the colonial authorities. Like the sick receiving houses, the Tai Wah Institution was also primarily funded by donations from the Chinese population, including

[184] "CANTONESE FREE HOSPITAL.," *The Singapore Free Press and Mercantile Advertiser (1884-1942)*, June 15, 1909, https://eresources.nlb.gov.sg/newspapers/digitised/article/singfreepressb19090615-1.2.57.
[185] Federated Malay States Medical Department, *Annual Report of the Medical Dept* (U.S. Government Printing Office, 1931), 72; Similarly, the origins of the Tung Shin Hospital laid with an observation of the colonial government that the Chinese were averse to going to government hospitals. Kapitan Yap Kuan Seng took up this cause by establishing the Pooi Shin Tong to provide free medical services and burial services for the Chinese destitute. This temporary establishment was later expanded to become the Tung Shin Hospital following an increase in demand.
[186] *Parliamentary Papers, 1850-1908* (H.M. Stationery Office, 1909), 42.
[187] Rayna M Rusenko, "Imperatives of Care and Control in the Regulation of Homelessness in Kuala Lumpur, Malaysia: 1880s to Present," *Urban Studies* 55, no. 10 (June 7, 2017): 6.
[188] *Parliamentary Papers, 1850-1908* (H.M. Stationery Office, 1909), 42.
[189] *SEJARAH: Journal of the Department of History* 28, no. 2 (2019): 45.
[190] Ibid, 46.

wealthy merchants.[191] This highlighted the colonial government's vision of replacing sick receiving houses with private Chinese hospitals regulated by colonial health measures.

The idea to build a charitable hospital that catered specifically to the Chinese migrant community was first raised in 1910 in response to a growing problem that had been identified by the colonial government. On 8 July 1911, a newspaper article in the Weekly Sun stated:

> 'It is a sad sight in this great and wealthy city to meet scores of diseased Chinese vagrants in all the thoroughfares. These unfortunate people are too ill to work, and they lie about the five-foot ways and under the shade of trees and die by inches of starvation and exposure. Nearly all of them are covered with loath-some sores and are suffering from some wasting disease or other. They can be seen daily grubbing among the refuse in dustbins and spreading disease. Surely it is someone's duty to do something for the poor creatures? Would it not be possible for the Chinese Consul to arrange for some relief for them?'[192]

The colonial government often turned to affluent members of the Chinese community, appealing to them to provide the funds to build and sustain medical institutions. For example, the Tan Tock Seng Hospital was the first hospital in Singapore to be established using a collaborative framework that included both the colonial government and the charitable associations of the Chinese community. Municipal Health Officers were in charge of the overall operations of the hospital, while the Colonial Surgeon and Assistant Surgeon oversaw the hospital and provided suggestions about important matters. At the same time, the charitable associations, whose members constituted the majority of the Committee, were responsible for ensuring that the hospital could operate smoothly by collecting subscriptions from the public. Government grants were also provided to build up the hospital's funds.[193]

There are two fundamental reasons regarding why the colonial government tended to encourage the local Chinese community provide for its own welfare. Firstly, the Chinese community in Singapore was historically inclined toward charity and often funnelled

[191] Ibid, 45.
[192] "CALLOUS SINGAPORE.," *Weekly Sun*, July 8, 1911, http://eresources.nlb.gov.sg/newspapers/Digitised/Article/weeklysun19110708-1.2.15.1.
[193] "From the Daily Times, September 5th STRAITS SETTLEMENTS.," *Straits Times Overland Journal*, September 1, 1871, https://eresources.nlb.gov.sg/newspapers/digitised/article/stoverland18710909-1.2.16.

contributions to establish public institutions to serve the general good of the Chinese community, particularly the poorer population. During the 19th century, the Chinese community in Singapore took the initiative to develop, in the absence of adequate colonial measures for medical care and poor relief, its own medical delivery system. While the colonial government did not fully agree with the manner in which parts of this system operated, it generally adopted a laissez-faire attitude towards the development of Chinese medicine and health services in Singapore.[194] For the KWSFH specially, while the Cantonese merchants spearheaded the establishment of the hospital, much of the broader Chinese community contributed to its funding.[195] This tradition of benevolence and philanthropy within Chinese medical institutions found its roots in the perception of an extended kinship system, deeply embedded within Chinese culture. Such philanthropic inclinations were a facet of imperial China's societal fabric, where an extended kinship system fostered benevolence as a communal virtue. This tradition, spanning from Ming and Qing dynasties, saw local gentry and merchants engaging in philanthropic efforts, establishing relief initiatives, and supporting social welfare programs. The China Relief Benevolent Society's founding in 1900 by Jiangsu (江苏）and Zhejiang (浙江）province merchants, responding to the Boxer Uprising's aftermath, illustrates this dedication to humanitarian causes.[196] The Chinese community's extended kinship system and philanthropic traditions ensured that initiatives for the welfare of their kinsmen were consistently undertaken. As a result, these inherent customs were also practiced in Singapore with the migration of the Chinese community.

The second reason was the failure of existing medical institutions established by the colonial government to effectively reach out to the Chinese community. The colonial government first attempted to address the needs of the plebeian class through the establishment of the Native Ward in the General Hospital by 1821.[197] However, much of the Chinese community continued to shun these sorts of health facilities provided by the colonial government, largely because they were unfamiliar with the Western methods of healthcare offered in these institutions.[198] Typically, members of the Chinese community only went to hospitals when their diseases were

[194] Yeoh, *Contesting Space in Colonial Singapore*, 117.
[195] "CANTONESE FREE HOSPITAL.," *The Singapore Free Press and Mercantile Advertiser (1884-1942)*, June 15, 1909, https://eresources.nlb.gov.sg/newspapers/digitised/article/singfreepressb19090615-1.2.57.
[196] Yannan Li, "Red Cross Society in Imperial China, 1904–1912: A Historical Analysis," *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations* 27, no. 5 (October 5, 2015): 18-19, https://doi.org/10.1007/s11266-015-9660-5.
[197] Y.K. Lee, "The 1926 General Hospital, Singapore," *Annals Academy of Medicine*, n.d., 52C.
[198] Yeoh, *Contesting Space in Colonial* Singapore, 122.

in the advanced stages which makes it tougher for them to be nursed back to health.[199] Even in Canton, the Chinese were reluctant to visit a Chinese hospital 'unless they are on the point of death, and the medicine…is of about as much avail as the supplications which are being raised to the gods'[200]. This problem was further exacerbated by the spreading of myths regarding Western medical methods where 'European doctors were cutting out the livers and eyeballs of Chinese in order to make medicine…cutting up people to make pills'[201]. European doctors were being referred to as 'foreign devils'[202] which further deterred the Chinese from visiting hospitals. Therefore, the colonial government recognised the need to collaborate with the Chinese community to establish a medical institution that the Chinese community would be receptive to.

4.2.1.2 British Experimentation of TCM Hospitals in Collaboration with Chinese Communities

Between the late 1890s and early 1900s, modern health services were beginning to develop in the British colonies. The British had already experimented with running hospitals in collaboration with Chinese charitable bodies in the Straits Settlements, such as in Malacca and Penang. In some cases, the colonial government played a direct role in the establishment of the hospital, while in others the government simply allowed privately-run TCM hospitals to thrive. Many of these efforts were pioneered in Malaysia during the 1880s. The success of these experiments might have contributed to the belief that a similar model would be effective in Singapore. Consequently, the colonial government approached the Kwong Wai Shiu clan about collaborating to establish a Chinese hospital.

One of the earliest Chinese hospitals established through a collaboration between the colonial government and the Chinese community was the Tai Ping Hospital (太平医院; formerly known as the Yong Wah Hospital), which was established in Perak in 1880. The Yong Wah Hospital, commonly referred to as the Free Hospital for the Chinese,[203] was a public institution established through a 'joint effort by the leading mining towkays and the government, and with

[199] "MALACCA in 1900.," *Pinang Gazette and Straits Chronicle*, August 14, 1901, https://eresources.nlb.gov.sg/newspapers/digitised/article/pinangazette19010814-1.2.13.
[200] "THE PLAGUE in CANTON.," *The Singapore Free Press and Mercantile Advertiser (Weekly)*, July 3, 1894, https://eresources.nlb.gov.sg/newspapers/digitised/article/singfreepresswk18940703-1.2.16.
[201] Ibid.
[202] Ibid.
[203] *The Perak Handbook and Civil Service List, 1893* (U.S. Government Printing Office, 1893), 194.

voluntary subscriptions raised from the coolies by the mining supervisors.'[204] In fact, most of these voluntary subscriptions amounted to one dollar per annum.[205] The Tai Ping Hospital was touted as a hospital for 'sick miners who previously had been turned into the jungle or filthy out-houses to die without any care, shelter or attendance; it was hoped that hospitalisation might have a civilising effect on coolies through contact with Europeans'[206].

In Hong Kong, another notable Chinese hospital was the Tung Wah Hospital that was established through collaborative efforts between the colonial government and the Chinese community. The Tung Wah Hospital was the first Chinese hospital in colonial Hong Kong following the enactment of the Tung Wah Hospital Ordinance in 1870. Similar to KWSFH, the establishment of Tung Wah Hospital stemmed from an antecedent institution akin to death houses known as the I-Tsz. Following a discovery of coffins with bodies in the I-Tsz in June 1866, an investigation revealed its use as a place for people to pass away. This discovery led Governor R. G. MacDonnell to acknowledge the Chinese community's mistrust of Western medicine and the need for a dedicated hospital, initiating the groundwork for Tung Wah Hospital. In the establishment of the hospital, the colonial government supported the venture by offering a grant of HK$30,000 and approving a site for the hospital.[207] Similar to numerous other Chinese medical institutions during that period, the Tung Wah Hospital functioned on a charitable basis, catering to the needs of the community. Its success was evident as the hospital quickly became inundated with patients from the Chinese community in Hong Kong.[208] Such an approach offered a mutually beneficial solution: it provided the Chinese community with accessible healthcare aligned with their cultural beliefs while meeting the sanitary standards set by the colonial government.

At the same time, there were other Chinese hospitals, including the Lam Wah Ee Hospital （南华医院） and the Tung Shin Hospital, which were established by the Chinese community without any collaboration with the colonial government. Proposed by several Chinese community leaders, the Lam Wah Ee Hospital was founded in 1876. Six years later, after a successful fundraising campaign, a traditional-style building was completed on a 10,600 square

[204] Salma Nasution Khoo and Abdur-Razzaq Lubis, *Kinta Valley: Pioneering Malaysia's Modern Development* (Areca Books, 2005), 29.
[205] Lenore Manderson, *Sickness and the State: Health and Illness in Colonial Malaya, 1870-1940* (Cambridge: Cambridge University Press, 2002), 66.
[206] Ibid, 66.
[207] Chan-Yeung, *A Medical History of Hong Kong: 1842-1941,* 59.
[208] Ibid, 63.

feet plot of land on Muntri Street in Penang. The first Board of Directors, comprised of twelve community leaders, was elected to oversee its operations. Lam Wah Ee Hospital pioneered the provision of free consultation and traditional Chinese medicine to the public, making it immensely popular within a few years. Beyond serving the Chinese community, it quickly became a prominent source of medical services for all communities in Penang.[209] On the other hand, founded by Kapitan Yap Kwan Seng in 1881, the Tung Shin Hospital (originally the Pooi Shin Tong Hospital) was established in Kuala Lumpur to provide free medical treatment to the poor.[210] While the hospital was subject to supervision by the Resident Surgeon and the Chinese Secretary, the hospital's management was overseen by a Chinese Committee.[211] For a time, the Tung Shin Hospital stood as the sole healthcare facility in the city, offering comprehensive traditional Chinese outpatient and inpatient care services, with Chinese medical practitioners acting as the main medical providers. Like the Lam Wah Ee Hospital, the Tung Shin Hospital also depended on the voluntary subscriptions of the Chinese community.[212]

The success of hospitals like the Tung Shin Hospital and Lam Wah Ee Hospital played a pivotal role in bolstering the British government's confidence in the viability of such institutions. Despite being funded by the Chinese community and adhering to Chinese medical practices, these hospitals proved to be effective and feasible. In an article published in the Pinang Gazette and Straits Chronicle in 1897, it was stated that 'the Tung Shin Hospital, Kuala Lumpur, is reported by the Chinese Secretary of Selangor to have done excellent work throughout 1896'[213]. Likewise, the Tan Tock Seng Hospital in Singapore, which was also collaboratively managed by the colonial government and Chinese community, was found by the government to be satisfactory. In a *Straits Times Overland Journal* article, it was reported that '[the Committee] have not found any inconvenience whatever has arisen from the present system, and they see no reason to recommend any alteration in it.'[214] This positive evaluation likely contributed to

[209] Hospital Lam Wah Ee, "History," www.hlwe.com.my, n.d., https://www.hlwe.com.my/history.php.
[210] "OPENING of NEW TUNG SHIN HOSPITAL.," *The Straits Times*, February 3, 1936, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitstimes19360203-1.2.105.
[211] *Parliamentary Papers, 1850-1908* (H.M. Stationery Office, 1909)
[212] Arthur Kleinman, *Medicine in Chinese Cultures: Comparative Studies of Health Care in Chinese and Other Societies* (University of Washington, 1974), 307.
[213] "A CHINESE HOSPITAL.," *Pinang Gazette and Straits Chronicle*, July 30, 1897, https://eresources.nlb.gov.sg/newspapers/digitised/article/pinangazette18970730-1.2.29.
[214] "From the Daily Times, September 5th STRAITS SETTLEMENTS.," *Straits Times Overland Journal*, September 1, 1871, https://eresources.nlb.gov.sg/newspapers/digitised/article/stoverland18710909-1.2.16.

a favourable attitude by the British government towards the establishment of similar Chinese hospitals focused on Chinese medical systems in Singapore.[215]

It was with these successes in mind that the colonial government, responding to the dilemma over sick-receiving houses, turned to Ho Siak Kuan （何思观）, Assistant Secretary for Chinese Affairs, for help with establishing a Chinese hospital that would be based on Chinese medical systems. In response to this request, Ho Siak Kuan proposed to the colonial government that he would discuss the matter with leaders of the Cantonese community. As a result, Wong Ah Fook （黄亞福）and Leong Man Sau (梁敏修), prominent members of the Cantonese community from the Kwong Wai Shiu clan, were invited to discuss this issue.[216] This marked a pivotal move by the colonial government in Singapore towards the integration of Western and Chinese medical principles within public health institutions. Acknowledging the differing levels of acceptance of Western medicine within the Chinese community, the colonial government allowed space for compromise, permitting traditional health services alongside new initiatives. This was exemplified in the establishment of KWSFH. This conciliatory approach was instrumental in successfully introducing public health measures that aligned with Western medical principles in a society predominantly comprising of Chinese migrants.

4.2.2 The Role of the Kwong Wai Shiu Clan

Responding to growing concerns about the abolition or regulation of the sick receiving houses, the Kwong Wai Shiu clan began raising funds to establish a hospital (the Kwong Wai Shiu Hospital) that would serve as an alternative.[217] This raises questions about the nature and significance of the Kwong Wai Shiu clan and the motivation for spearheading the creation of the new hospital. This section explores the factors that led to the Kwong Wai Shiu clan's involvement in pioneering the KWSFH.

4.2.2.1 The Kwong Wai Shiu Clan in Singapore

[215] "Taiping Hospital," *Straits Echo*, December 4, 1903, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitsecho19031204-1.2.23.
[216] Chong Guan Kwa and Bak Lim Kua, *A General History of the Chinese in Singapore* (World Scientific, 2019), 900.
[217] "LEGISLATIVE COUNCIL.," *The Straits Times*, April 23, 1910, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitstimes19100423-1.2.61.

The Kwong Wai Shiu clan was a large clan organisation comprising sixteen smaller clans, although there were only nine at the time of KWSFH's establishment. These organisations were: Ningyang Huiguan (宁阳会馆;established in 1822), Huizhou Huiguan (惠州会馆;1822), Zhongshan Huiguan (中山会馆;1837), Nanshun Huiguan (南顺会馆;1839), Guangzhou Huiguan (冈州会馆;1840), Dongan Huiguan (东安会馆;1870), Zhaoqing Huiguan (肇庆会馆;1878), Panyu Huiguan (番禺会馆;1879), and Sanshui Huiguan (三水会馆;1886).[218] Unlike several other contemporary clan associations that were organised by dialects, The Kwong Wai Shiu clan in Singapore was organised according to geographical boundaries.[219] Hence, while most members of the Kwong Wai Shiu clan were Cantonese – the clan saw itself as representative of the Cantonese population from China[220] – there were also Khehs (客家) from Huizhou prefecture, largely because migrants from Huizhou maintained strong connections with the Cantonese communities of closer proximity, namely Guangzhou and Zhaoqing.[221]

The earliest records of the Kwong Wai Shiu clan suggest that the first nine clan organisations came together in 1824 to build the Fuk Tak Chi Temple (海唇福德祠). The nine clans were from the Kwong Wai Shiu prefectures of Jiaying, Fengshun (丰顺), Yongding (永定), and Dapu (大埔).[222] At this stage, however, the clans had not officially merged; they had simply collaborated to build a temple for their clansmen. Fourteen years later, the clans collaborated again to establish the Loke Yah Teng (绿野亭) cemetery in Tiong Bahru. This time they also worked with the Kar Yeng Five Districts Association (嘉应五属公会） and Fong Yun Thai Association (三邑祠), forming the united front of the Loke Yah Teng (绿野亭) Association.[223] Then, in 1871, in response to news that the Loke Yah Teng (绿野亭) cemetery was full, the Kwong Wai Shiu clan again worked to establish a new cemetery – the Kwong Wai Shiu Peck

[218] *Shi Yi Kai* 施义开, *Bi Shan Ting Li Shi Yu Wen Wu* 碧山亭历史与文物 (Singapore: 新加坡广惠肇碧山亭, 2019), 9.
[219] Ching-Hwang Yen, "Early Chinese Clan Organizations in Singapore and Malaya, 1819–1911," *Journal of Southeast Asian Studies* 12, no. 1 (March 1981): 62–91, https://doi.org/10.1017/s0022463400004999.
[220] 施义开, *碧山亭历史与文物*, 8.
[221] Guan Thye Hue et al., "The Development and Changes of Singapore Chinese Society in 19–20th Century—an Analysis from the Perspective of Dialect Group Cemetery Hills," *Histories* 2, no. 3 (2022): 288–314.
[222] 曾玲, "庙宇、坟山的社群化与新加坡华人移民帮群组织之建构," *华人研究国际学报* 7, no. 1 (2015): 41.
[223] Keak Cheng Lim, *Social Change and the Chinese in Singapore: A Socio-Economic Geography with Special Reference to Bang Structure* (Singapore University Press, 1985), 34.

San Theng cemetery (广惠肇碧山亭)– for the Cantonese and Hakka community.[224] The acquisition of the land needed for the community cemetery was orchestrated by clansmen under the leadership of Mui Nam Yui.[225]

Hence, by the beginning of the twentieth century, clansmen from the Kwong Wai Shiu prefectures had established several temples, schools, and burial grounds despite not being officially recognised as a clan association. Despite the lack of official records, a strong clan identity had already formed. The many institutions which clansmen from the Kwong Wai Shiu prefectures had jointly established also led to the need of an organised body to oversee their operations and religious functions. In response to this need, Secretary for Chinese Affairs W.D. Barnes suggested that the Kwong Wai Shiu clan be officially formed, which it was in 1906.[226] The following year, the clan established the Yeung Ching School （养正学校）.[227]

Clearly, the Kwong Wai Shiu clan had roots in Singapore dating back to the early 19th century, although its formal identity as a clan was solidified in the 20th century. The clan's activities further demonstrated a significant commitment to initiatives promoting the social welfare of the Cantonese community in colonial Singapore.

4.2.2.2. The Kwong Wai Shiu Clan and KWSFH

This section examines the role played by the Kwong Wai Shiu clan in the establishment of KWSFH. It delves into the conceptualisation of the hospital and explores the intricate dynamics between the clan, the larger Chinese community, and the Cantonese medical diaspora, which all played a crucial part in the establishment of the hospital.

The Kwong Wai Shiu clan was one of the least affluent clans in the Chinese community. According to Hu Hong Mei, the Kwong Wai Shiu clan donated considerably less than other clans to the rebuilding of the Fuk Tak Chi temple （海唇福德祠）.[228] That it stepped up to

[224] Lim, *Social Change and the Chinese in Singapore*, 34.
[225] CHINESE HERITAGE EDITORIAL COMMITTEE, *Chinese Heritage* (EPB Publishers, 1990), 14.
[226] "Untitled," *The Straits Echo (Mail Edition)*, October 4, 1916, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitsechomail19161004-1.2.139.
[227] 施义开, *碧山亭历史与文物*, 10; 李勇, "语言、 历史、 边界: 东南亚 华人族群关系的变迁," in *华侨华人蓝皮书*, n.d., 141.
[228] Hong Mei Hu, "A Study on Singapore Kwong Wai Shiu Free Hospital (1908 - 1942)" (Doctoral Dissertation, 2016), 16.

build a hospital in response to the dilemma over the regulation of sick-reiving houses suggests how important these were for the Chinese community, and how devastating their removal would be. They were abodes for the Cantonese community: not only were these houses commonly rented out by the Cantonese for the performance of funeral rites, but many Cantonese migrants who were without family, such as the *majies* （妈姐）, relied on the sick receiving houses for support during their final years.[229] One of the most prominent features of death houses was that it provided a place for sick Chinese patients to reside away from their homes, where they might otherwise spread diseases to other tenants or die, which was inauspicious in the Chinese tradition. Hence, beyond ensuring the availability of TCM treatments for members of the Chinese community who shunned Western medicine, specific in-patient facilities were also needed to ensure that, in the event of the abolition of death houses, Chinese patients would still have a place to stay until they recovered or died.[230]

The colonial government recognised this issue and reached out to Ho Siak Kuan, Assistant Secretary for Chinese Affairs, for help. In response, Ho Siak Kuan proposed that the colonial government discuss the matter with leaders of the Cantonese community, including Wong Ah Fook and Leong Man Sau.[231] Many of these leaders, as part of the Kwong Wai Shiu clan, had already collaborated on previous projects, such as the Peck San Theng. Although Ho Siak Kuan was not officially a member of the Kwong Wai Shiu clan, he had close relations with its members, and his mother tongue was in fact the Cantonese dialect.[232] He was even one of ten official board members for the Cantonese group responsible for the establishment of the Yeung Ching School, which provided formal education to the Cantonese community.[233] In fact, several of the leaders who were involved in the co-founding of KWSFH had also been involved in the establishment of the Yeung Ching School, including Wong Ah Fook, Loh Kee Seng (卢捷鹏), and Yow Ngan Pan (邱雁宾).[234] Not only was Yow a member of the Chinese Advisory Board, he had also been a committee member of the Tan Tock Seng Hospital in 1905.[235]

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[229] Kok Leong Lee, *Breaking the Waves*, 2020, 113.
[230] "Independent Chinese Institutions.," *The Straits Times*, April 25, 1910, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitstimes19100425-1.2.79.2.
[231] Chong Guan Kwa and Bak Lim Kua, *A General History of the Chinese in Singapore*, 900.
[232] 何乃强, *前养正纪事 1905-1987* (玲子传媒, 2017), 105.
[233] Kwa, *A General History of the Chinese in Singapore*, 848.
[234] Victor R. Savage and Yeoh, *Singapore Street Names* (Marshall Cavendish International (Asia) Pte Ltd, 2013).
[235] "TAN TOCK SENG'S HOSPITAL.," *The Straits Times*, April 13, 1908, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitstimes19080413-1.2.88.

Yow was not the only member of the Kwong Wai Shiu clan who was on the Chinese Advisory Board. There was also, most notably, Leong Man Sau and Ho Siak Kuan, all of whom played key roles in the establishment of the KWSFH.[236] As active members of the Chinese Advisory Board, they were directly involved in the ongoing discussions over the possible abolition of the sick receiving houses. Therefore, the involvement of the leaders of the Kwong Wai Shiu clan in the establishment of KWSFH was natural considering their connections with the Chinese Advisory Board and participation in the debates about the Chinese sick receiving houses.

The success of the Kwong Wai Shiu clan in establishing the KWSFH owed much to the multifaceted support it received from not only the Kwong Wai Shiu community, but all members of the Chinese community, which was clearly reflected in the early fundraisers for the hospital. The Kwong Wai Shiu clan began with a fundraiser to solicit funds from the Kwong Wai Shiu community in Singapore. The Cantonese leaders originally intended to build a hospital on a scale much smaller than what the KWSFH ultimately became, seeking $5,000 to construct a modest facility with just seven beds. The fundraiser, however, exceeded all expectations, bringing in $500,000. Given that establishing a full-scale hospital at this time required approximately $100,000, $500,000 allowed the clan leaders to explore establishing a larger facility.[237] Initial fundraisers targeted at the Kwong Wai Shiu community began in 1908 and were immensely successful, with not only Kwong Wai Shiu clansmen but the broader Chinese community rallying behind the initiative.[238] Although in-patient services were only going to be open to clansmen from the Kwong Wai Shiu community, out-patient services were proposed to be open to everyone, regardless of dialect, which fuelled broader support.[239]

The large and unexpected amount of money raised allowed the Kwong Wai Shiu clan to pivot constructing a full-fledged hospital that would better serve the needs of the Chinese community. Not only would this hospital allow the old and sick to receive better medical attention, but it would also offer burial services for those without kin. It would also be the first Chinese medical

[236] Song Ong Siang, *One Hundred Years' History of the Chinese in Singapore*, 1923, 433; Kwa, *A General History of the Chinese in Singapore*, 871.
[237] Tuck Cheong Ng, Medical Services in Singapore, Accession Number 003435, interview by Jesley Chee Huan Chua, January 7, 2010.
[238] "诚告本坡华侨," *叻报*, June 16, 1909.
[239] Hu, "A Study on Singapore Kwong Wai Shiu Free Hospital (1908 - 1942)", 18.

institution to offer professional maternity services.[240] The hospital was envisioned to cover all stages of life, from childbirth to sickness to death.[241] Moreover, in addition to raising the funds needed to establish the hospital, the Kwong Wai Shiu clan also managed to 'secure promises of monthly subscriptions from members of the society'[242]. This ensured that the hospital would be sustainable in the long term, which in turn secured the approval from the colonial government for its establishment. In its support for the initiative, the colonial government offered KWSFH the existing location of Tan Tock Seng Hospital for a nominal rental sum of just $1 each year for the next 99 years.[243] Hence, while the Kwong Wai Shiu clan spearheaded the establishment of the hospital, owing to the ties between the leaders and the colonial government, it was the support from the general Chinese community that ultimately enabled the establishment of KWSFH. This support also reflected the Chinese community's acceptance of the concept of a Chinese hospital that, although established on a Western model, was based on and offered Chinese medical methods and employed Chinese staff that were familiar to the Chinese community. At the same time, it reveals that the Chinese community recognised the benefits of combining proper healthcare services with in-patient services that deviated from traditional Chinese sick receiving houses.

According to former KWSFH Chinese medical practitioner Chan Meng (陈明), it was not typical for Chinese medical institutions to provide in-patient services nor bedspaces for the sick; such services were more present in Western medical practice.[244] Before being introduced by Western doctors in China during the 19th century, the very concept of a hospital was less explored by the Chinese community.[245] For most of the century, the hospital, which was associated with Western medicine, was faced with contempt from the Chinese community in Singapore. In fact, it was a commonly repeated among the Chinese that 'if you entered any of the 4 governmental hospitals, you will not come out alive'[246]. Nor were these fears unfounded.

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[240] "Legislative Council," The Straits Times, April 23, 1910.
[241] Tuck Cheong Ng, Medical Services in Singapore, Accession Number 003435, interview by Jesley Chee Huan Chua, January 7, 2010.
[242] "LEGISLATIVE COUNCIL.," *The Straits Times*, April 23, 1910, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitstimes19100423-1.2.61.
[243] KWSH Indenture
[244] Meng Chan, Traditional Chinese Medicine in Singapore, Accession Number 002430, interview by Kok Keong Moey, *National Archives of Singapore*, December 11, 2000, https://www.nas.gov.sg/archivesonline/oral_history_interviews/record-details/8c0d7c6d-115e-11e3-83d5-0050568939ad.
[245] Sinn, *Power and Charity*, 20.
[246] Chiok Kai Fong, Chinese Dialect Groups, Accession Number 000185, interview by Beng Luan Tan and Kuan Wah Pitt, 1982.

Most members of the Chinese community who were admitted into the hospitals were carrying serious infectious diseases, including beri-beri, cholera, and even the bubonic plague. Nearly all reported cases of cholera in the 1890s were Chinese men, and they were either found dead or sent to Tan Tock Seng Hospital.[247] Hence, the recorded death rates at the hospital were often higher after they were admitted since they were admitted in a condition that was impossible to salvage.[248] The *Straits Settlements Gazette 1894* stated that 8,417 out of 240,223 Chinese in the Straits Settlements died, with one of the main causes being that of beri-beri.[249] Given these statistics, it was not surprising for the Chinese community to associate hospitals with death.

There were also several other reasons that caused the Chinese to initially reject Western hospitals. On 30 November 1892, the *Straits Times Weekly Issue* reported the opinions of members of the Chinese community about the admission of ill Chinese patients into hospitals:

> "The Chinese stated in the first place that they did not believe in infection; secondly, that it was bad to mix up the patients, as in the hospital for instance; because when a patient suffering from a mild attack of the disease was placed near another case of a bad type, the disease in the former case would develop into one as bad as the latter; thirdly, they said they believed in 'hantu' (ghosts or spirits) so that nothing would make them take a small-pox patient to a place where a death from the same disease had already occurred."[250]

This understanding of health and medicine contributed to the Chinese community's general aversion towards Western medical institutions during the late 19th and early 20th centuries. As elucidated, the concept of a hospital as an institution designed specifically for housing and treating the ill was met with scepticism and disdain. This sentiment stemmed from the fundamental difference between Chinese and Western medicine, where the latter was built around germ theory. For example, the Chinese believed that the injections administered by Western medical doctors would prove to be fatal.[251] The hospital, constructed around the idea

[247] "THE CHOLERA.," *The Straits Budget*, July 23, 1895, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitsbudget18950723-1.2.41.
[248] "THE HEALTH of SINGAPORE.," *The Straits Budget*, June 1, 1896, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitsbudget18960602-1.2.81.
[249] Tak Ming Ho, *Ipoh: When Tin Was King* (PERAK ACADEMY, 2009), 80.
[250] "The Chinese and Small-Pox Ghosts.," *Straits Times Weekly Issue*, November 30, 1892, https://eresources.nlb.gov.sg/newspapers/digitised/article/stweekly18921130-1.2.54.
[251] Ibid.

of infection and recovery, reflected a paradigm that clashed with traditional Chinese views on healthcare, resulting in a reluctance to embrace such institutions.

Despite the early rejection of government operated hospitals, it is interesting to note that the Thong Chai Medical Institution, which was referred to as 同济医院, or "Thong Chai Hospital," by the Chinese community was well received.[252] However, prior to its official renaming as Thong Chai Medical Institution, the establishment first emerged as Thong Chai Yee Say or Thong Chai Medical Association in 1867, initially located within a rented shop house. This association was formed by Cantonese clansmen affiliated with the Kwong Wai Shiu clan. Its endeavours in supporting the community's welfare earned recognition from Sir Cecil Clementi Smith, the Governor of the Straits Settlement. In 1886, empowered by the Crown Lands Ordinance, Smith granted a significant piece of land measuring 8380 square feet to Thong Chai, enabling the construction of premises intended to offer free Chinese medical treatment to the residents.[253] This was followed by a request to the colonial government seeking approval to establish a "medical association" called Thong Chai in 1894. Notably, the document referenced the Aiyu Charity Hall in Guangzhou and Hong Kong's Tung Wah Hospital as models to emulate. The new institution, established in 1892, received active encouragement from the colonial government, who rallied support from the Hokkien mercantile community, and secured a land grant for the construction of the Institution.[254] At the same time, after the completion of the new building which would house the Association, Thong Chai officially renamed itself to the Thong Chai Medical Institution.[255] This suggests that a 'modern hospital' meant to the Chinese, the presence of a dedicated structure for the specific purposes of providing medical consultations and medical treatment. The success of the Thong Chai Medical Institution can be attributed to how it was Chinese in character, despite being modelled after a Western concept of a hospital. Not only was the Medical Institution directed by a fully Chinese board of directors, it operated on a Chinese medical system and sought its Chinese medical

[252] 同济医院, *同济医院 149 周年纪念特刊* (新加坡同济医院, 2016).
[253] "Our History," Singapore Thong Chai Medical Institution, n.d., http://www.stcmi.org.sg/about-us/history/.
[254] John Fitzgerald and Hon-ming Yip, *Chinese Diaspora Charity and the Cantonese Pacific, 1850–1949* (Hong Kong University Press, 2020), 46.
[255] "Our History," Singapore Thong Chai Medical Institution, n.d., http://www.stcmi.org.sg/about-us/history/.

practitioners from China.[256] At the same time, it also operated on a charitable basis providing 'free Chinese medical treatment and free Chinese herbs to help the needy sick'[257].

The acceptance of Thong Chai Medical Institution by the Chinese community, coupled with their reluctance towards government-operated hospitals, underlines a deliberate distinction made between Western and Chinese medical systems. This differentiation was not based on the institution itself but rather on its perceived character and the medical traditions it represented. The community's preference for Thong Chai over government hospitals suggests a conscious choice in favour of Chinese medical principles and systems, emphasising the importance of cultural alignment and familiarity in Chinese medical institutions. This precedent set by Thong Chai Medical Institution was instrumental for KWSFH. Despite being a modern hospital, KWSFH would retain its distinctly Chinese character. The hospital was overseen by a Chinese board of directors, emphasising its alignment with Chinese cultural values. Notably, the architectural design echoed Chinese aesthetics, and the hospital adhered to the framework of imperial examination degrees, all while complying with colonial legislation. This blend of modern healthcare infrastructure within a Chinese cultural framework allowed KWSFH to bridge Western medical practices with the community's traditional beliefs and preferences.

4.2.2.3 The Cantonese Diaspora's Medical Networks and its Impact on KWSFH

The modernisation of medical institutions within the Cantonese diaspora played a crucial role in shaping the management and organisational structure of KWSFH. The interconnectedness of Cantonese medical networks across the diaspora facilitated a robust working relationship between KWSFH and other Cantonese medical institutions. This collaborative network provided substantial support to KWSFH during its establishment, allowing expertise and resources to be shared within the Cantonese medical community. The influence and cooperation with other institutions was integral to KWSFH's organisational framework and operational strategies.

The Cantonese diaspora had a history of founding hospitals like the KWSFH. These were Chinese hospitals that provided both in-patient and out-patient services. Operated by the

[256] Yeoh, *Contesting Space in Colonial Singapore*, 113.
[257] Yan Yang, "A Brief History of Chinese Medicine in Singapore," in *Routledge Handbook of Chinese Medicine* (Routledge, 2022), 528.

Cantonese community, these hospitals were specifically geared towards providing free or affordable healthcare to poor and destitute Chinese population. Notably, the funding for these medical facilities was predominantly sourced from voluntary subscriptions within the Chinese community. Many similar institutions were established in neighbouring Malaysia during the 1880s such as the Tung Shin Hospital, Lam Wah Ee Hospital, and Tai Ping Hospital, which were founded by the Cantonese community. For example, the Tung Shin Hospital was founded by Kapitan Yap Kwan Seng, who was originally from the Canton Province of Huizhou, one of the three prefectures included in the Kwong Wai Shiu Hospital.[258] Hospitals were also established in other areas where the Cantonese diaspora reached, including San Francisco (the Donghwa Hospital) and Hong Kong (Tung Wah Hospital). In Canton itself, institutions with ties to the KWSFH included the Canton Free Hospital and the Hong Ping Hospital.[259] However, it is worth noting that none of these hospitals except for the Canton Free Hospital and the Tung Wah Hospital in Hong Kong offered both Chinese and Western medical services.

These existing hospitals supported the establishment of KWSH in the 1910s in two ways: firstly, by providing KWSH with a model that could be replicated, and secondly, by supporting the operations of the hospital.

The pre-existing Chinese hospitals among the Cantonese diaspora provided the Kwong Wai Shiu clan leaders in Singapore with a model to emulate. Specifically, the Cantonese businessmen looked to the Canton Free Hospital (廣州博濟醫院) in China. The origins of the Canton Free Hospital can be traced back to 1899 when a group of merchants in Guangzhou established it in response to a lethal outbreak of the plague. The hospital's primary objective was to cater to the medical needs of the impoverished who lacked access to healthcare and to address post-death matters for the Chinese community. Like KWSFH, the Canton Free Hospital operated on donations and community-driven fundraisers. Notably, the hospital also embraced a two-pronged approach to healthcare by offering both Western and Chinese medical services. Separate consultation rooms were designated for each medical tradition, funded by contributions from other medical institutions.[260]

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[258] 王琛发, *惠州人与森美蘭* (Negeri Sembilan Fui Chiu Association, 2002), 8.

[259] "Canton Hong Ping Hospital.," *The Straits Times*, September 17, 1926, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitstimes19260917-1.2.69.

[260] 唐富满, "广州方便医院与近代广州社会," *中山大学学报论丛* 27, no. 10 (2007), 4-5.

The Kwong Wai Shiu clan leaders in Singapore also established a close partnership with the Tung Wah Hospital and the Canton Free Hospital, both of which supported the operations of the KWSFH. The Tung Wah Hospital supported the repatriation of both the sick Chinese and the deceased at the Kwong Wai Shiu Free Hospital back to Canton.[261] At the same time, the Tung Wah Hospital in Hong Kong provided a model for the formulation of rules and regulations for the KWSFH.[262] Additionally, after the hospital's establishment in 1911, it was also revealed that the appointment of a supervisor in the board of directors was also modelled after Tung Wah Hospital's method, where 'one person who is proficient in medicine is elected to be a supervisor within the Board of Directors. If there is no option within the Directors, an outsider will be invited for the position'[263]. However, these rules were later slowly adapted within KWSFH over the years to better meet the evolving needs of the hospital.[264]

On the other hand, the Canton Free Hospital recommended several Chinese medical practitioners to the KWSFH.[265] Some of the earliest Chinese medical practitioners employed at the KWSFH were recommended by the Canton Free Hospital. This was significant because at the time of KWSFH's establishment, existing Chinese medical practitioners were considered to be considerably weaker in skills than their counterparts in the Canton province. While there were highly skilled Chinese medical practitioners in Singapore, they earned a higher salary than what the KWSFH could offer.[266] Hence, the recommendations of Chinese medical practitioners by the Canton Free Hospital were important in ensuring that KWSFH could offer highly skilled Chinese medical services that adhered to the standards in the Canton province.

Therefore, the interconnectedness and collaboration within the Cantonese medical network were pivotal for KWSFH's establishment, as it influenced the hospital's structure and strategies. Leveraging these successful medical networks proved vital for KWSFH's establishment in 1911, by allowing the hospital to draw upon their proven strategies in its establishment as a Chinese hospital.

[261] Hu, "A Study on Singapore Kwong Wai Shiu Free Hospital (1908 - 1942)", 72.
[262] "三州府大医生参观医院," *叻报*, 1921.
[263] "留医院第七届年会报告," *叻报*, April 29, 1918.
[264] Hu, "A Study on Singapore Kwong Wai Shiu Free Hospital (1908 - 1942)", 72.
[265] Ibid, 74.
[266] Ibid, 75.

4.2.3 KWSFH: A Result of Collaboration between the Colonial Government and Chinese Community

KWSFH was a product of the collaboration between the colonial government and the Chinese community, both working towards the common goal of improving public health for the Chinese community. This resulted in the hybrid identity of KWSH, an institution managed by the Chinese community, yet which incorporated elements of Western medicine and municipal sanitary controls. As such, the hospital not only delivered health services in accordance with TCM but also embraced aspects of the modernising healthcare landscape in colonial Singapore. As such, the KWSFH embodied both tradition and modernity.

The Indenture, a legal document that officially marked the establishment of KWSFH as a medical institution, outlined how KWSFH was to be operated. It was signed by the British governor of Singapore, Sir John Anderson, and Wong Ah Fook, a Cantonese businessman and one of the founders of KWSFH, on 23 February 1911. According to the Indenture:

> "patients are to be treated by Chinese methods, unless or until the Governor and the majority of the committee, on which are several officials as well as a large number of Chinese, decide that a Chinese practitioner of Western methods be appointed. Then the patients are to have the option of treatment by either Chinese or western methods. But no person requiring surgical aid, or suffering from an infectious disease shall be permitted to remain in the hospital, which shall be daily open to the inspection of the Principal Civil Medical Officer, or any duly qualified medical officer in the employ of Government, or to any medico of the Municipality authorized by the P.C.M.O to enquire as to the cases requiring surgical treatment, or patients needing to be sent to isolation hospitals, and generally to report upon the sanitary conditions prevailing, and specially to see to the matter of food, and the treatment and comfort of the patients."[267]

The Indenture, therefore, codified the KWSFH's ability to use both TCM and Western medicine with the ultimate goal of providing effective public healthcare for the Chinese community. This was seen in several ways. Firstly, a Western medical doctor had to be

[267] "The Cantonese Hospital.," *The Straits Times*, July 31, 1911, https://eresources.nlb.gov.sg/newspapers/Digitised/Article/straitstimes19110731-1.2.60.

appointed in the hospital because it was mandated by the colonial government that only a Western medical doctor could certify births and deaths.[268] This was part of a new system which came into effect on 7 April 1896. Under the new system for the registration of births and deaths,

> "the town [is] divided into two parts, and each Doctor will supervise one of those parts. The Police will inform them of every death that takes place, and it will be their duty to examine every dead body with a view to ascertain accurately the cause of death."[269]

The presence of Western medical doctors proved important for the colonial government, especially in the wake of several cholera outbreaks during the late nineteenth century.[270] According to Goh Siang Sin, the presence of a Western medical doctor in KWSFH 'could serve to disseminate the understanding of proper sanitation and habits gradually.'[271] To the colonial government, Western medicine was seen as the only medical system that could appropriately deal with infectious diseases. This was why the Indenture explicitly stated that the KWSFH:

> "shall be daily open to the inspection of the Principal Civil Medical Officer, or any duly qualified medical officer in the employ of Government, or to any medico of the Municipality authorized by the P.C.M.O to enquire as to the cases requiring surgical treatment, or patients needing to be sent to isolation hospitals, and generally to report upon the sanitary conditions prevailing, and specially to see to the matter of food, and the treatment and comfort of the patients."[272]

The Principal Civil Medical Officer at the time of KWSFH's establishment was Dr Max F. Simon.[273] According to *The Indian Medical Gazette*, "The Principal Civil Medical Officer of the Straits Settlements is the head of both medical and public health services with his

[268] Kok Leong Lee, *Breaking the Waves*, 2020, 193.
[269] "THE REGISTRATION of DEATHS.," *The Straits Budget*, April 7, 1896, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitsbudget18960407-1.2.84.
[270] Bonny Tan, "Cholera in 19th-Century Singapore," *Biblioasia* 16, no. 2 (July 1, 2020), https://biblioasia.nlb.gov.sg/vol-16/issue-2/jul-sep-2020/cholera/.
[271] Goh Siang Sin, "'Chinese Medicine' in Kwong Wai Shiu Hospital" (Honours Thesis, 1998), 40.
[272] Ibid, 40.
[273] Cuthbert Teo, "Medicine in Singapore (Part 3) 1889 to 1905: Founding and the First Batch," *SMA News*, 2015.

headquarters in Singapore. He is the technical adviser of the Governor on medical and public health matters, affecting the Straits Settlements."[274] He was also a practitioner of Western medicine. Therefore, it is apparent that the primary concern of the colonial government was the control of infectious diseases through the regulation of sanitation within the hospital by Western medical standards.

At the same time, there was an awareness of and consideration for the interests of the Chinese community that would be utilising the hospital. Rather than a European practitioner, the colonial government allowed for a 'Chinese practitioner of Western methods' to be appointed in the hospital. In fact, one of the earliest Visiting Physicians to KWSFH was Dr Teo Chin Teong, a Chinese who was trained in Western medicine in the Medical School.[275] The colonial government was sensitive to the racial prejudices that prevented many Chinese migrants from seeking medical advice from European practitioners. This was expressed by Tan Jiak Kim (陈若锦）, who in a petition for the establishment of a Medical School stressed the importance of the 'provision of a proper supply of trained medical men who are in racial sympathy with those whom they attend.'[276] This prejudice was also demonstrated by the fact that many members of the Chinese community shunned Tan Tock Seng Hospital, another hospital founded for charitable reasons, because it only provided Western medical services.[277] Therefore, it was favourable for the government to appoint a Western medical doctor of Chinese descent to uphold municipal sanitary standards in the hospital. At the same time, the ability of patients to choose between Western medicine or TCM ensured that the hospital still remained a viable option for Chinese patients could now choose to shun Western medicine rather than shun the hospital itself.

This measure proved to be successful. According to *The Singapore Free Press and Mercantile Advisor*, the Western medical doctors hired were "[graduates] of our local Medical College."[278] Additionally, it is interesting to note the Indenture's emphasis on the Chinese race of the Western medical doctors, which suggests that racial familiarity was important for

[274] A.D. Stewart, "NOTES on a VISIT to the MALAY PENINSULA" (The Indian Medical Gazette, 1931), 157.
[275] J.S. Cheah , T.M. Ho, and B.Y. Ng, "The First Graduates in 1910," *PubMed* 34, no. 6 (July 1, 2005): 19C24C.
[276] Siang Sin Goh, "'Chinese Medicine' in Kwong Wai Shiu Hospital" (Honours Thesis, 1998), 40.
[277] "S'PORE'S 'HOUSES of GREAT SUFFERING,'" *Sunday Tribune*, January 19, 1947, https://eresources.nlb.gov.sg/newspapers/digitised/article/sundaytribune19470119-1.2.70.
[278] "CANTONESE FREE HOSPITAL.," *The Singapore Free Press and Mercantile Advertiser (1884-1942)*, August 29, 1911, http://eresources.nlb.gov.sg/newspapers/Digitised/Article/singfreepressb19110829-1.2.53.

the Chinese community. Familiarity of language was another important factor, according to an early analysis of the operations of the hospital which stated that 'these poor people are more happy with Chinese speaking attendants and doctors than they could be with any others.' [279] This raises an important question: was the Chinese community against the principles of Western medicine, or was the community resistant to Western medicine simply due to the language and racial barrier?

The favourable reception of the KWSFH by the Chinese community suggests that Chinese attitudes toward Western healthcare practices were changing. This shift began among the more educated Chinese population. In 1894, the *Lat Pau*（叻报）criticised Western medicine as being superficial. However, by 1918, after the devasting effects of the plague were felt in Singapore, the Chinese Chamber of Commerce published a statement 'which urged the Chinese to support government measures such as cleansing houses and not storing food inside to avoid attracting mice.'[280]

However, the acceptance of Western healthcare practices within the Chinese community did not equate to a compromise on their preferred traditional healthcare methods. Instead, it reflected an evolving mindset that integrated both Western and Chinese methods of managing medical institutions. KWSFH was considered to be "modern" at the time because it offered healthcare services that were in line with the shifting health landscape in Singapore, combining Western ideals that supported Municipal public health measures with Chinese healthcare ideals that were preferred by the Chinese community. At the same time, Western medicine was also offered as an option to patients, which was unprecedented in a Chinese medical institution. Additionally, maternity wards were also established in KWSFH, following a new system rolled out by the British government during the early 20th century that deviated from traditional forms of midwifery. This system included the 'surveillance of midwives and the provision of antenatal and postnatal services, home visiting and health education.'[281]

But KWSH still retained traditional elements. For example, it typically still recruited its Chinese medical practitioners by using traditional Chinese medical examinations to assess their

[279] "CANTONESE FREE HOSPITAL.," *The Singapore Free Press and Mercantile Advertiser (1884-1942)*, August 29, 1911, http://eresources.nlb.gov.sg/newspapers/Digitised/Article/singfreepressb19110829-1.2.53.
[280] Kah Seng Loh and Li Yang Hsu, *Tuberculosis - the Singapore Experience, 1867-2018* (Routledge, 2019).
[281] Kalpana Ram and Margaret Jolly, *Maternities and Modernities: Colonial and Postcolonial Experiences in Asia and the Pacific* (Cambridge: Cambridge University Press, 1998), 30.

capability and suitability, and its management was inspired by the Guangzhou Free Hospital.[282] Moreover, while a Western medical doctor was appointed to the KWSFH, that doctor's role was limited certifying deaths and births. Chinese medicine remained the main healthcare method provided by KWSFH and the hospital specifically appointed 'skilled Chinese doctors from Canton.' [283] At first, KWSFH tired Chinese medical practitioners based on recommendations by the Chairman of KWSFH. However, in 1917, KWSFH established a partnership with the Chengxi Free Hospital (城西方便所；now known as Guangzhou First Municipal People's Hospital) to hire Chinese medical practitioners; in return, the KWSFH would support the charitable activities of Chengxi Free Hospital. The first Chinese medical practitioner to be recommended by Chengxi Free Hospital was Deng Qingfu (邓清甫), who made the journey to Singapore by boat in 1918.[284] The collaboration between KWSFH and Chengxi Free Hospital suggests the close relations between the KWSFH and its regional networks. This practice of hiring Chinese medical practitioners from overseas was a common pattern among several Chinese medical institutions. For instance, the Thong Chai Medical Institution also began hiring their Chinese medical practitioners from China after the turn of the century.[285] At the same time, Chinese medical practitioners from Canton were also subject to examinations which they had to pass before they could be officially hired as a resident Chinese medical practitioners at both KWSFH and Thong Chai Medical Institution.[286] Ye Jiyun（叶季允）, a Chinese medical practitioners, was responsible for administering the first two examinations for both KWSFH and Thong Chai Medical Institution. While the KWSFH was conceptualised as a modern, Western facility, Chinese leaders attempted to reconcile its modernity with the Chinese medical system which they were already familiar with.

4.2.3.1 Chinese Community's Reception of KWSFH in Singapore

Within the first few days of the establishment of KWSFH, poor and destitute members of the Chinese community arrived at the hospital to receive treatment, where there were at first three

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[282] *Tang Fu Man* 唐富满, *Guangzhoufangbianyiyuan yu jindai Guangzhoushehui* "广州方便医院与近代广州社会," *中山大学学报论丛* 27, no. 10 (2007), 4-5.

[283] "CANTONESE FREE HOSPITAL.," *The Singapore Free Press and Mercantile Advertiser (1884-1942)*, August 29, 1911, http://eresources.nlb.gov.sg/newspapers/Digitised/Article/singfreepressb19110829-1.2.53.

[284] *Kok Min Yit Poh*, 1918, https://digitalgems.nus.edu.sg/shared/colls/gmrb/files/gm19180715.pdf.

[285] Yeoh, *Contesting Space in Colonial Singapore*, 113.

[286] "Thong Chai Exam to Pick Four Sinsehs," *The Straits Times*, May 2, 1977, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitstimes19770502-1.2.45.

TCM practitioners and one 'trained in the Medical School, using western methods.'[287] Slightly more than one year later, it was reported in *The Singapore Free Press and Mercantile Advertiser* that 'of the 180 patients or thereabouts, one-third elect Western medical treatment, and the proportion steadily grows.' Western medicine, it seemed, was growing more accepted in the Chinese community.

This shift may be attributed to various factors, including the effectiveness of Western treatments for certain conditions, changing perceptions of Western medicine, and increased exposure to Western medical practices. This shift also suggests that the Chinese community was becoming open to relying on different medical approaches, choosing the treatment method which they believed was most effective for their medical conditions.

The 20th century marked a significant increase in the presence of Western medicine in the Chinese community. The growing number of Chinese Western medical doctors in Singapore played a significant role in educating the Chinese community about the advantages of Western medicine, dispelling previous misconceptions. Some of these Chinese Western medical doctors also challenged aspects of TCM that lacked a foundation in rational thought and were not subject to regulation. One prominent figure in this effort was Dr Lim Boon Keng, who in 1887 became the first ethnic Chinese person in Singapore to win the Queen's scholarship, which he used to complete his medical education at the University of Edinburgh from 1888 to 1892.[288] Dr Lim was a vocal advocate for Western medical sciences in both China and Southeast Asia. In 1897, he shared insights into the origins and transmission of diseases with readers in an article titled "Infectious Diseases and the Public," which he published in the *Straits Chinese Magazine,* a publication that was widely read by the English-speaking members of the Chinese diaspora throughout China and Southeast Asia. Dr Lim argued that modern medical science, which was built on physics, chemistry, and biology, contradicted the traditional Chinese belief that diseases were primarily spread by 'miasma' or 'bad air,' maintaining instead that they were spread by bacteria and viruses. [289] Lim advocated for the invalidation of traditional Chinese medical notions related to concepts like 'wind' and 'water' and their supposed effects on the human body. He believed that for Western medical ideas to become embedded in the Chinese

[287] "The Cantonese Hospital.," *The Straits Times*, July 31, 1911, https://eresources.nlb.gov.sg/newspapers/Digitised/Article/straitstimes19110731-1.2.60.
[288] Wayne Soon, "Singapore Men of Science and Medicine in China (1911–1949)," *Biblioasia*, January 1, 2014.
[289] B.K. Lim, "Infectious Diseases and the Public," *The Straits Chinese Magazine*, 1897.

thinking, it was essential to dispel these superstitions. He proposed that this could be achieved by recognizing Confucianism as the national religion of the Chinese—a faith founded on rationality and an acknowledgment of God.[290] Dr Lim's efforts to educate the Chinese community about Western medicine were crucial in dispelling traditional Chinese medical notions rooted in superstition. By providing rational explanations for disease transmission, he aimed to replace these misconceptions with evidence-based Western medical ideas. At the same time, Dr Lim attempted to integrate Western and Chinese thought by establishing a common ground between Western medicine and the Chinese community by aligning the former with Confucian principles.

Many Chinese Western medical doctors advocated for a harmonious collaboration between Western medical principles and TCM, including Dr Wu Lien Teh. In fact, the KWSFH was established during a period by a global movement to integrate elements of Western medicine into TCM practices. The China Medical Society, founded in 1909 by a group of TCM practitioners in China, played a pivotal role in this movement. It emphasized the necessity for TCM and Western medicine to find common ground and bridge their fundamental differences by leveraging knowledge from both medical theories. This approach aimed to create a more comprehensive and effective healthcare system that drew upon the strengths of both Western and traditional Chinese medical practices.

The Chinese community in Singapore also became more exposed to Western medicine due to the colonial government's increasing effort to combat common illnesses and infectious diseases in the community. These public health initiatives involved introducing Western medical practices to the Chinese population. For instance, in 1923, a vaccination centre was established on Prinsep Street, and smallpox vaccinations became mandatory for all newborns.[291] The fact that smallpox vaccination was made compulsory meant that the Chinese community had to interact with Western medicine as a matter of law, exposing the Chinese community to Western medical concepts and procedures, and likely contributing to increased acceptance and familiarity with Western medical practices.

[290] B.K. Lim, "The Renovation of China," *The Straits Chinese Magazine*, 1898.
[291] Kandiah Satkunanantham and Chien Earn Lee, *Singapore's Health Care System: What 50 Years Have Achieved* (Singapore: World Scientific Publishing Company, 2015), 27

Western medicine also began to penetrate the rural kampongs (villages), primarily through maternity and child services. In these rural areas, there were no permanent clinics, and many villages and roads were unnamed. In 1927, Ida M.M. Simmons became Singapore's first public health nurse, and was tasked with providing maternal and infant health services to rural communities. To facilitate her work, the health department launched a mobile dispensary. This vehicle travelled along rural byways, parking nearby while Simmons and her team conducted house calls. They would either refer those needing medical attention to the dispensary or summon the accompanying doctor to the patient's home. Simmons and her team earned the trust of their patients through these home visits.[292] In this manner, the Chinese community gradually grew more comfortable with Western medical practitioners, increasingly developing trust in Western medicine along the way. The extension of Western medical services into rural areas where the Chinese community resided was a significant development as this bridged the gap between urban and rural healthcare access. It also eliminated the negative conception of the 'Western hospital' held by the Chinese community, with the result that Western medicine became 'palatable'.

These developments also helped to break down the exclusivity that had previously surrounded Western medicine, which was often perceived as accessible only to the wealthy. Prior to the colonial public health initiatives, it was typically only available in urban hospitals equipped with advanced Western medical technology, catering to the healthcare needs of the British expatriates and the relatively well-off urban population. Although the urban working class had access to the same hospitals that served the British and local middle classes, they received notably inferior treatment, as these facilities in categorised their patients based on financial status, perpetuating a class-based distinction in the quality of care provided.[293] The extension of Western medicine to rural communities therefore signalled that it was no longer limited to the privileged classes.

The evolution of the medical landscape, which was largely influenced by the prevalence of infectious diseases and the implementation of municipal health strategies, facilitated the increasing integration of Western medicine into diverse healthcare systems. But the colonial government also displayed a willingness to compromise, acknowledging the Chinese

[292] Pattarin Kusolpalin, "Angels in White: Early Nursing in Singapore," *Biblioasia*, January 4, 2016.
[293] Heng Leng Chee, "HEALTH STATUS and the DEVELOPMENT of HEALTH SERVICES in a COLONIAL STATE," *International Journal of Health Services* 12, no. 3 (1982): 413.

community's preference for traditional medicine and permitting the practice of Chinese medicine as long as it adhered to municipal sanitation standards and aligned with public health strategies. Likewise, the founders of the KWSFH ensured that the practitioners employed and the services offered were both familiar to and welcomed by its mostly Chinese patients. Concurrently, the Chinese community responded by supporting these measures while safeguarding its interests. This demonstrates the mutual openness of both the colonial government and the Chinese community in adapting the roles of Chinese and Western medicine within KWSFH to serve their respective needs and objectives.

CHAPTER FIVE: RECONCILING MODERNITY AND TRADITION IN KWSFH

This thesis was concerned with examining the founding of Kwong Wai Shiu Free Hospital (KWSFH), especially in understanding how the interplay of health, medicine, and society in a colonial environment led to the founding of the hospital. The study on the founding of KWSFH grew to be of interest because unlike several studies that emphasise contesting forces between the colonial government and the Chinese community in the advent of the development of public health systems, KWSFH stood out as a hospital that demonstrated collaborative efforts both parties instead. This was demonstrated in how the hospital offered both Western medicine and Chinese medicine which was unprecedented in the time of its establishing. The hospital also reconciled Chinese systems of managing hospitals against a colonial background. At the same time, this mirrored ongoing developments in ideas of modernity and tradition in healthcare in other colonial port cities. Hence, examining the circumstances leading to the establishment of the hospital highlight how ideas of modernity and tradition in colonial Singapore was reconciled.

Some research questions which this thesis was interested in investigating the reason for the establishment of a "Chinese hospital" in 1911. Also, I was interested in understanding how Western medicine and Chinese medicine came to be offered in the "Chinese hospital" at a time when there was still apprehension towards Western medicine by the majority of the Chinese in Singapore at the time. Lastly, I was also concerned with exploring the roles of the colonial government and the Chinese community in the establishment of the hospital, and how they came to reconcile their differences. These questions were essential in understanding how KWSFH came to be established in 1911 as the first "modern" Chinese hospital in Singapore to provide both Western medicine and Chinese medical services.

In investigating these aspects, this thesis focused on understanding the evolving health landscape of colonial Singapore between the 19th to early 20th century, examining the interplay between the colonial government, the Chinese community, and the Cantonese medical network. It sought to illuminate the shifting dynamics within this context, particularly amidst the global transition toward public health paradigms and changing definitions of Western and Chinese medicine due to the emergence of infectious diseases. The focus was on deciphering how these

entities navigated and responded to these changes in the establishment of KWSFH, thereby unravelling the complex interactions shaping healthcare in colonial Singapore.

5.1 Reasons for the Establishment of KWSFH in 1911

KWSFH, by and large, since the conception of the idea of the hospital till after its establishment was often referred to as a "Chinese hospital"[294] or a "Cantonese hospital"[295] by English newspaper sources. The terms "Chinese hospital" and "Cantonese hospital" however, was an irony in the early 20th century as hospitals were Western concepts and the idea of a hospital had scarcely appeared in the medical delivery systems of the Chinese or the Cantonese community until the late 19th to early 20th century. This was so because the concept of in-patient care was minimally explored within Chinese medical systems until its encounters with Western medical systems in the 19th century.[296] However, it was found that "Chinese hospitals" which combined the institution of the hospital, that was based on Western concepts, with Chinese medical delivery systems started to become more prevalent as encounters with Western modes of thinking and healthcare increased. KWSFH was one such hospital in Singapore. This thesis was concerned with exploring the reasons behind the establishment of KWSFH in 1911.

The reasons for the establishment of the hospital in 1911 proved to be manifold. On a broader level, it was a by-product of the introduction of colonial public health measures in Singapore in the 19th century which introduced "modern" Western medical concepts to the Chinese community. One of the most significant of these "modern" Western medical concepts which were introduced was the concept of sanitation. Sanitation was a concept which was founded upon Western germ theory which was only introduced in the early to mid-19th century.[297] Due to the fact that the concept of sanitation required regulation on the built environment, the colonial government began regulating the built environment with a series of municipal by-laws in upholding sanitary standards. Eventually, such regulations fell into the built environment of the Chinese, as well as increasing interventions in the manner that the Chinese dealt with health and disease as these ways did not support "modern" Western medical concepts which were

[294] "Proposed New Chinese Hospital.," *The Straits Budget*, June 24, 1909, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitsbudget19090624-1.2.38.
[295] "Untitled," *The Straits Times*, August 13, 1909, https://eresources.nlb.gov.sg/newspapers/digitised/article/straitstimes19090813-1.2.43.
[296] Yeoh, *Contesting Space in Colonial Singapore*, 113-114.
[297] National Research Council (US) Committee to Update Science, Medicine, and Animals., *Science, Medicine, and Animals* (Washington: National Academies Press (US), 2004).

supported by scientific observations and theories. Not only did these regulations restructure the daily way of life of the Chinese, but they also enforced adaptations into the Chinese culture. One example was the increased surveillance of the living quarters of the Chinese, where municipal sanitary officers were given powers to conduct house-to-house inspection of the living quarters and to remove infected patients and disinfect the area.[298] The Chinese community was also often charged by sanitary officers for offences that violated sanitary standards, such as by having "filthy premises"[299] or the "non-removal of night-soil from latrine"[300]. One of the ways in which municipal by-laws enforced adaptations into the Chinese culture was in the dilemma over the abolition of Chinese sick receiving houses.

Chinese sick receiving houses, also referred to as death houses, were two storey or three storey shophouses operated by clan associations or private proprietors. Chinese sick receiving houses provided a space for the Chinese to live in and await their death as they were dealing with incurable diseases. Hence, the houses supported this function by designating the first storey as a funeral parlour, while the second and third storeys functioned as living spaces for the terminally ill to await their death. Chinese sick receiving houses were culturally significant spaces for the Chinese as it supported the Chinese cultural belief where one is not allowed to die in a house as it would make the house "unclean". Hence, it was customary for the Chinese to build a shed outside the home in the event that a family member was on the verge of death. The dying family member would then stay in the shed to avoid death in the house.[301] In the context of colonial Singapore where a majority of the Chinese migrants in the 19th century were labourers without family, this function was taken up by clan associations or private proprietors who operated these death-houses that would support such Chinese customs. At the same time, it was seen as a "private hospital" for the Chinese community as it was a space where they could live in when they were facing incurable illnesses. Despite the significance of the sick receiving houses to the Chinese, they could not abide to colonial standards of sanitation as the spaces of the living and the dead, as well as the healthy and the infected were not separated. This led to a series of discussions within the Municipal Government in establishing by-laws that would allow the houses to live up to sanitation standards, yet continue its functions in

[298] Yeoh, *Contesting Space in Colonial Singapore*, 104.
[299] Ibid, 105.
[300] Ibid.
[301] Chee Kiong Tong, "The Inheritance of the Dead: Mortuary Rituals among the Chinese in Singapore," *Asian Journal of Social Science* 21, no. 2 (January 1, 1993): 130–58, https://doi.org/10.1163/030382493x00152.

serving the Chinese community. These discussions soon led to considerations over whether to abolish the houses.

Despite the preoccupations of the government in ensuring that sanitary standards were upheld, it was also demonstrated that the government was empathetic towards the cultural nuances that the sick receiving houses had for the Chinese. Hence, the opinions of the Chinese Advisory Board were also weighed in the discussions over whether to abolish the sick receiving houses. Inadvertently, this was the trigger where an alternative to the houses would be sought. During the discussions, it was shown that the colonial government understood that the Chinese way of life and methods of dealing with health and sickness were different from Western methods as the government brought up the possibility of establishing a new institution similar to the "Tai Wa Ward". The Tai Wa Ward was a hospital in Kuala Lumpur that was established by Cantonese leaders which provided Chinese methods of medicine for patients at no cost. The separation of the sick from the healthy in a designated space where medical treatment by legitimate medical practitioners would be meted proved to be the priority for the colonial government. Despite pre-existing debates over the legitimacy of Chinese medicine due to the ways in which it is practiced and in the ways in which the medical knowledge is transferred, these concerns proved to be overshadowed by larger concerns over sanitation. At the same time, previous attempts at encouraging the Chinese to visit hospitals that provided Western methods of medicine proved futile, instead triggering myths among the Chinese that entering one of these hospitals was as good as a death sentence. The colonial government understood that if they wanted to encourage the Chinese to visit hospitals, the hospital had to offer a medical system that the Chinese were comfortable and familiar with – Chinese medicine. At the same time, the colonial government also understood that it was essential for the Chinese hospital to be established by the Chinese leaders to garner rapport from the wider Chinese community.

On the other hand, Chinese leaders who were part of the Chinese Advisory Board also demonstrated an understanding of colonial concerns for sanitation, yet strongly defended challenges to the Chinese culture. My thesis highlighted how Chinese leaders responded by proposing the establishment of a separate institution which would serve the same cultural functions of death houses, and which could uphold Western standards of sanitation. Notably, Cantonese leaders from the Kwong Wai Shiu clan accepted the colonial government's propositions of building a "Chinese hospital". As I have demonstrated in the thesis, this was a result of several driving forces. On one hand, several Cantonese leaders from the Kwong Wai

Shiu clan were a part of the Chinese Advisory Board and would have been privy to discussions over the abolition of the sick receiving houses. This dilemma over the abolition was shown to have been especially significant for the Cantonese as a majority of the houses were located in Sago Street, a part of the Cantonese enclave, which meant that the houses served a large part of the Cantonese population. Abolishing the houses would be detrimental for their clansmen. On another level, Ho Siak Kuan, who was informed by the colonial government of the proposition of building a Chinese hospital, already had pre-existing ties and working relations with the Kwong Wai Shiu clan. This included his participation in the clan's establishment of the Yeung Ching School among others. Hence, after receiving the proposition from the colonial government, he approached the Cantonese leaders of the clan to establish the hospital.

Yet, the participation of the Kwong Wai Shiu clan and support from the government was not enough to ensure that the hospital could be established. It was important for the hospital to be organised well in its internal and external functions, such as the way in which the hospital would be run and how it would be managed, for the establishment of the hospital to be viable. The organisation of KWSFH proved to be bolstered by the success of similar models of Chinese hospitals across the Cantonese diaspora and in their homeland. Apart from the Tai Wa Ward, there was also the success of the Tung Wah Hospital in Hong Kong, as well as the Canton Free Hospital located in the Guangzhou Province.[302] The Tung Wah Hospital and the Canton Free Hospital both offered Western medicine and Chinese medicine in the hospital, and both were immensely successful amongst the Chinese community. Hence, both hospital systems provided the Kwong Wai Shiu clan leaders with a successful system for which they could model the hospital after. Eventually, the Tung Wah Hospital was a model for the formulation of rules and regulations during the establishment of the hospital. Close partnerships with the Tung Wah Hospital and the Canton Free Hospital also ensured that the hospital could fulfil the purpose in which it set out to do, which was to replace the functions of the sick receiving houses. While the Tung Wah Hospital supported the repatriation services of the sick Chinese and the deceased to their homeland in Canton, the Canton Free Hospital ensured that the hospital could provide prolific Chinese medical services to patients by recommending highly qualified TCM practitioners to the hospital. Hence, this thesis showed that the success of similar models of hospitals across the Cantonese medical diaspora was important in ensuring that there was a

[302] Tianyun Bi, "Genealogy of the Traditional Chinese Clan Welfare Ideology," *Journal of Chuxiong* 37, no. 2 (2022): 1–8.

model that the clan leaders could adopt for the new hospital. Subsequently, the strong collaboration between the Cantonese medical diaspora in supporting the functions of KWSFH was essential in ensuring that the establishment of the hospital was viable and could continue in the long run.

Another important aspect that supported the establishment of the hospital was the fundings available that would allow the hospital to operate on a charitable basis in the long term. Given that a majority of the Chinese community in the late 19th century to the early 20th century were labourers, they were typically unable to afford medical services. This was one reason among others that led to the problem of many dying of their illnesses in public spaces such as 'five-foot ways' as they simply could not afford to pay for medical services. Hence, the early Chinese medical delivery system in colonial Singapore was mostly build upon a charitable system, with several charitable medical institutions being established for the sake of the Chinese community. This included the Thong Chai Medical Institution. In fact, such provisions of welfare were not new within the Chinese community as this originated from the traditional Chinese society in China. Provisions of welfare were often provided by clan associations or wealthy Chinese merchants for the sake of the more needy Chinese clansmen. The concept of clan welfare is not only fundamental but also a unique aspect of traditional Chinese social welfare ideologies, where it stands as a pivotal element within the folk welfare structure.[303] Clan associations often sustained these welfare provisions through activities such as subscriptions, donations, or governmental support.[304]

In the preparation for the establishment of the hospital, all three elements were met as not only did the fundraiser for the hospital manage to amass a total of $500,000 in funds ($45,000 more than expected), but it also managed to secure public subscriptions from the Chinese community which ensured that the hospital would receive a steady stream of funds. At the same time, the colonial government supported the establishment of the hospital financially by offering the hospital a land lease of six acres for a nominal annual sum of $1 for 99 years.[305] These aspects

[303] Tianyun Bi, "Genealogy of the Traditional Chinese Clan Welfare Ideology," *Journal of Chuxiong* 37, no. 2 (2022): 1–8.
[304] Michelle Campbell Renshaw, "Accommodating the Chinese: The American Hospital in China, 1880-1920", 253.
[305] KWSFH, "KWSH Featured in '50 Cultural Landscapes of Singapore,'" Kwong Wai Shiu Hospital, December 22, 2015, https://www.kwsh.org.sg/en/heritage50/.

helped to significantly ease the financial burden of establishing and sustaining the charitable hospital for the long term.

Therefore, this thesis demonstrated how the convergence of these factors facilitated the hospital's establishment in 1911. While the debates about eliminating sick receiving houses acted as a catalyst, it was the collaborative efforts of the colonial government and the Chinese community that showcased an awareness of both parties' needs. Additionally, substantial support from not only the Chinese community in Singapore, but also the broader Cantonese medical diaspora played a crucial role in ensuring the feasibility of establishing a "Chinese hospital" in 1911.

Hence, the roles played by the colonial government and the Chinese community in the establishment of the hospital were complimentary. The colonial government set the public health boundaries within which the hospital could operate and set a foundation for the establishment of the hospital by allocating land and offering low rent. Meanwhile, the Chinese community operated within these boundaries. While the Cantonese leaders acted as the bridge between the broader Chinese community and the colonial government, they were responsible for rallying support and building the hospital's framework to ensure long term success in catering to their needs. On the next level, the Chinese community were significant in offering their support through donations and subscriptions that ensured that the hospital could be established and sustained.

5.2 Reconciling Western Medicine and Chinese Medicine in a Modern Chinese Hospital

The next question that this thesis sought to answer was how the hospital managed to reconcile Western medicine and Chinese medicine in a modern Chinese hospital against a colonial backdrop. Many studies examining the dynamics between Western medicine and Chinese medicine in the 19th to early 20th century have noted that they often were in opposition to the other due to the difference in medical concepts and systems. An analysis of the manner in which Western medicine and Chinese medicine was reconciled in KWSFH demonstrated that while this is true, another significant reason was the inaccessibility of Western medicine to the Chinese community. Prior to the 19th century, practices and epistemologies that would be classified as Western medicine and Chinese medicine occupied their own domain in Singapore. Western medicine was a form of medical system which was brought into Singapore to serve

the Europeans. Hence, it was practiced by European doctors and offered to the European community, who initially occupied the highest echelons of the society as the early European community migrated to Singapore as colonial service administrators.[306] Wealthy Chinese merchants or those who were part of the colonial administration were also able to access Western medical services. It was only in the advent of infectious diseases and public health measures that were meted out in response to these infectious diseases, did the general Chinese community in Singapore have extensive and direct interactions with Western medical systems in their daily lives. While it was true that the Chinese community tended to avoid public health measures which were based on Western medical systems, it was largely due to the unfamiliarity of the Chinese to the Western medical procedures. Furthermore, this was compounded by the lack of racial connection between the Chinese and the Western medical doctors. The Chinese community was unable to communicate and connect with the Western medical doctors who were Europeans or from India before the establishment of the Medical School in Singapore in 1905. It was important for the Chinese patients to have some form of racial sympathy with the medical practitioner and to be able to communicate with them to explain the procedures in a manner that could be understood by them. This demonstrated that the Chinese community were adaptable to more "modern" medical systems as long as it could be understood as long as they had proved to provide clear social or medical advantages and when the institutions and medical practitioners involved were Chinese.[307] This was promulgated by increased engagements with "modern" medical systems, facilitated by an increasing number of Chinese individuals studying Western medicine in Western societies. Upon returning to Singapore, these individuals, like Dr Lim Boon Keng and Dr Wu Lien Teh, advocated for the benefits of Western medicine within the Chinese community, conveying its advantages in terms familiar and accessible to them. Efforts to promote the adoption of useful Western medical concepts in Chinese medicine also began to pick up during this time. Hence, my thesis demonstrated that Western medicine and Chinese medicine came to be successfully reconciled in the hospital as although Western medicine was not the primary mode of healthcare offered in the hospital, it was still practiced by Chinese doctors trained in Western medicine, gaining acceptance from the Chinese community over time. In the early stages, Western medical doctors played a limited role in patient care, focusing on their clearly defined roles of certifying deaths and births and

[306] Heng Leng Chee, "HEALTH STATUS and the DEVELOPMENT of HEALTH SERVICES in a COLONIAL STATE," *International Journal of Health Services* 12, no. 3 (1982): 397–417.
[307] Craig R Janes, "The Health Transition, Global Modernity and the Crisis of Traditional Medicine: The Tibetan Case," *Social Science & Medicine* 48, no. 12 (June 1999): 1803–20, https://doi.org/10.1016/s0277-9536(99)00082-9.

upholding sanitation standards. Hence, this non-intervention approach allowed both medical systems to operate within their defined domains, contributing to the success of the reconciliation between Western medicine and Chinese medicine in the hospital.

How did KWSFH embody the evolving concept of a modern hospital within Singapore's colonial context, reconciling modernity and tradition in the 20th century health landscape? The hospital markedly stands out as a product of the reconciliations between modernity and tradition in health in 20th century Singapore. These contestations between modernity and tradition were seen through different facets, which manifested itself into KWSH. The first was seen in the shift towards modern health standards, leading to debates over the place of traditional institutions that could not keep up with these evolving health standards. This was also alongside increasing encounters between Chinese medicine and Western medicine. By the late 19th to early 20th century, Chinese medicine was increasingly being viewed as a part of tradition while Western medicine symbolised modernity. The majority Chinese community and the colonial government attempted to grapple with these shifting traditions through a balancing act between ensuring that Chinese medicine and Western medicine could coexist in 20th century Singapore.

My thesis has shown that the Chinese tradition of healthcare and medicine was important in promoting the viability of the modern hospital as an institution to the Chinese to improve public health among the Chinese community. Tradition supported the modern institution, and gradually melded into something acceptable for the evolving Chinese community. Although Western medicine and the concept of a hospital was unfamiliar to the Chinese community, the organisation and character of the hospital was inherently Chinese as Western medical systems mainly played an auxiliary role. At the same time, the hospital's establishment featured the active participation of the Chinese Civil Administration Department from its inception. In contrast, other Chinese medicine institutions were often established independently by Chinese businessmen without the involvement of the colonial government. This administrative involvement further positioned KWSFH within the purview of Chinese affairs, consolidating its status under the governance of the Chinese Civil Affairs Secretary. The decision to manage KWSFH under the Huamin Administration Department was rooted in a consideration for the well-being of the Chinese community. Under this form of management, KWSFH was managed in accordance with the management principles of Chinese associations, rather than a medical

institution. In essence, KWSFH embodied the characteristics of a hospital while being managed according to the framework of Chinese associations.

These aspects of the hospital provided the familiarity needed for the Chinese patients to be willing to support the hospital. The healthcare needed to be something that could serve the needs of the population, apart from effectiveness, the Chinese had to be willing to utilise the healthcare method. Hence, this medical plurality that eventually the hospital embodied constantly shifted according to the healthcare preferences of the Chinese community. It was a choice born out of pragmatism because the objective of healthcare was to treat the body, hence, effectiveness at curing diseases were the most important. KWSFH was a solution that supported “modern” standards of healthcare, while prioritising Chinese preferences for its “traditional” systems of healthcare and methods of dealing with sickness through constant adaptation of its functions.

Hence, this prompts future research that could potentially explore alternative approaches to understanding the evolution of Singapore's health landscape, emphasising societal factors and prioritising the history of private medical institutions. This shift in focus could offer a more comprehensive view of Singapore's health development, moving beyond governmental hospitals to explore a broader spectrum of healthcare provision.

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