CAH 3511 Discovering Hong Kong Culture and Heritage

2015-2016 Semester B

Local History Project

Hong Kong Plague, 1894

Group 11

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Part I: Research Paper

a. Introduction

When memories are always in bits and pieces, the depiction of history can only be an attempt to combine traces of the past into a full picture; history is never comprehensive. (Lowenthal 1998; Nora & Kritzman; 1996)

For most of the general public, official narratives are often one of their major sources of knowing the past, which they might never have experienced. The Hong Kong Museum of History, as a representative government-funded institution, is therefore of the utmost importance in providing a relatively inclusive historical depiction to the people of the city.

Although history could never be objective as Lowenthal (1998) has put forward, the authorized heritage discourses that the museum tries to convey in its permanent exhibition –Hong Kong Story, is based on a subjectively politically sanitized version of the past. Despite the fact that the city’s colonial history is often distinctly underrepresented, if not downplayed in the exhibition because of Hong Kong’s complicated socio-political context since the signing of the Sino-British Joint Declaration in 1894; its historical narration of significant issues such as the plague, is rather limited:

“As predicted by the Chadwick Report of 1882, a dreadful plague erupted in 1894 in the Chinese-populated Tai Ping Shan district because of the poor sanitary conditions in Hong Kong. In response, the Government introduced a series of preventive measures to halt the spread of the plague, closing and subsequently clearing much of the Tai Ping Shan district in what is now Sheung Wan. The plague took 2,500 lives and recurred in various degrees of gravity in the subsequent years until 1929. The plague forced the Government to reform its educational, public health and medical policies.”

– “The Plague and Sanitary Problem”

Extracted Text from the Hong Kong Story Exhibition
The plague in 1894 as a significant part of the local history that provokes remarkable reformations in Hong Kong public policies, yet it is elaborated just in a short paragraph on one single exhibition board. The museum’s intention is doubted, as it does not mention the concrete policy reformations so as to downplay the colonial government’s contributions. However, other important details about the incident are also neglected. For instance, the origin of the plague, the cultural clashes that the both Chinese and Westerners encountered, and the people who combatted the plague at the frontlines. It is particularly ironic when there is a Shropshire Regimental Museum in Britain that has allocated an entire section for the history of the Hong Kong Plague and mentioned about the toil of the people who confronted it, starkly contrasting to Hong Kong’s official narration.

With regards to the constructed discourses of the “Hong Kong Plague” in the Hong Kong Story exhibition that portray a relatively inadequate and possibly cliché interpretation of the event, we hope to reflect and reveal more upon the history of the plague in our research. Bearing the notion in mind that historical truth can never be completely restored, we, instead of trying to developing a new metanarrative or being nostalgic about the colonial past, would like to focus on what is often overlooked. Therefore, in this paper, we will first introduce the perceptions hidden behind the term “plague”, and provide an overview on the Hong Kong plague, 1894. Special attention will be given to frontline fighters who risked their lives and served the community during the plague. Rather than featuring the medical workers at the hospitals, we will be featuring workers who performed house-to-house visitation, helped disinfect the houses and clean the streets in the severely plague-stricken area –Taipingshan, as their contribution are often disregarded in history. Thus, we attempt to put forward another
piece of jigsaw puzzle to convey a more thorough understanding about the dreadful bubonic plague that happened more than a hundred years ago in Hong Kong.
b. What is Plague?

In today’s interpretation, plague generally refers to a disease of modern biomedicine that is caused by *Yersinia Pestis*. (Platt *et al.*, 1998) Referring to Benedict (1996), initially, plague is a disease of the rodents. It is transmitted to humans by fleas, usually rat fleas, which have previously bitten infected animals. Thus, it is a bacillus that detrimentally, if not fatally, harms the humans and took away millions of lives throughout the years.

The bacteria would transfer from the sore from the insect bite, through the lymph nodes and to the victims’ armpits, groins, and necks. The lymph nodes would then balloon, hence form “buboes” on the infected areas. However, if the patients were left untreated, they would suffer from seizures, cramps, cough, fever, etc.. Their skin would also turn black, from their fingers, toes, lips, and nose; which cause agonizing pain. As Benedict (1996) has described, 60 to 90% of the infected victims may die in five days if their symptoms were ignored.

However, the definition of plague differs among countries. No matter in the Chinese or Western understanding, plague remained an unknown before the 20th century, people had no idea how it started nor how it was transmitted. People seem to have got the disease through the houses of the victims. (Benedict, 1996) It was not until when medical technology was advanced enough to find out that plague is identified not through symptoms but through agents.

Such identification method from the past explains why the people termed the disease as the Hong Kong “bubonic” plague in 1894, as “bubonic” refers to the “buboes” that were seen on the plague victims’ skins. (Chao, 1981)

This also spells out why there are no classical medical terms to refer to the modern word rat epidemic “shu yi” (鼠疫), and that plague is categorized as great
epidemic “da yi” (大疫) or simply epidemic “yi” (疫), along with other infectious
diseases, as before microbiology helped discover how plague is transmitted, people in
China do not have the medical concept of plague, let alone knowing that the disease
was spread through rat fleas. (Benedict, 1996) All they know about the plague was that
it was an epidemic that has attacked millions of people. References and imaginations
were made to the disease, including a Taoist God, Lu-tsu from the 8th century as stated
in local newspapers. (C.O. 129/265, pp.215)

With the backdrop mentioned in the above sections, two key points are crucial
to note when mentioning about Hong Kong’s plague in 1894 in our essay.

Firstly, if we view plague as in nowadays, that the disease has a known agency
of transmission, we would be, in Benedict (1996)’s words, “extending a modern
concept into the Chinese past”, as the Chinese people in the late 19th century have not
yet known the cause of the mortal illness.

However, we should not fall into the prejudice of thinking that Chinese people
were superstitious such as looking for folk prescriptions in Canton to cure their disease-
under the situation in that era, plague itself, to both Chinese and Westerners, was an
unknown being like a ghost.

Secondly, it comes as no surprise that conflict would arise between British and
Chinese cultural values. In an era that medical technologies weren’t as advanced
enough, it is inevitable that east-west-differences in the understanding about the
epidemic would exist. Benedict (1996) has concluded that the event in 1894 has sparked
disputes in terms of medical thoughts.

In 19th Century Hong Kong, the colonial authorities believed that it was the filth
on the wooden floors that bred the disease – people in the plague-stricken area usually
did not clean their houses. In addition with the clustered drains, rain couldn’t get into
the house nor wash away the “accumulated filth” on the “poisoned earthen floor”. (C.O. 129/265 p.230) The Britains, therefore, despised the Chinese for their dirty living environment. Yet on the other hand, the Chinese would also see the British people as inconsiderate and strange, which we would talk about in the later chapters.

In short, the medical knowledge in 1894 wasn’t holistic enough to explain and combat the epidemic. Therefore we have to comprehend that the plague was identified in a superficial sense—through symptoms instead of agents. Besides, the misunderstandings on both sides due to the lack of knowledge underpinned the cultural clash between the Chinese and the British, as we would identify today.

c. An Overview of the Hong Kong Plague, 1894
In most history books today, the Hong Kong plague in 1894 is depicted to have originated from the Yunnan Province in 1855, continuing in the years after. The plague then reached the city of Canton in 1894 and hit Hong Kong in May 1894; leading it to be declared as an infected port on 10 May, 1894. (Chao, 1981; Starling, 2006) According to Starling (2006), the first case of plague in Hong Kong was reported in 8 May 1894 by the acting superintendent of the Government Civil Hospital, Dr. James Lowson. The duration of the epidemic continued to reoccur in the following years and lasted for about 25 years. (Starling, 2006)

In fact, viewing the epidemic with a present-minded point of view, the transportation network that led to all parts of the city is most likely attributed to the spread of the epidemic from Canton to Hong Kong. (Benedict, 1996) As Sinn (2003) mentioned, Hong Kong, as one of the most prominent British colony in Southern China, had more than 11,000 arriving from Canton and neighboring cities weekly. For instance, during the Chinese New Year in 1894, more than 40,000 Chinese entered Hong Kong to celebrate the festival and to look at the parade. (Sinn, 2003) This explains how the mobility was sped up due to the frequent traffic between the regions. However, systems that inquires and inspects sickness of the visitors from steamers and junks had not existed yet; while approximately 4,000 river streamers and 8,000 junks entered the port of Hong Kong from Mainland China annually. (Simpson, 1903) Therefore it is not impossible to have numbers of Chinese with contagious disease arriving Hong Kong in the early 1894.

However, Hong Kong was not informed and alerted about the serious plague situation in Canton until 26th April. (C.O. 129/265) The large number of people coming to Hong Kong from Canton brought a frequent traffic and geographical mobility. Thus it was too late when Hong Kong realized the need to take actions regarding the visitors,
as the bubonic plague had already immersed into the colonial city. Moreover, even the colonial government knew that the plague had already been raging in Canton for weeks prior to its outburst in Hong Kong at that time, they could not confirm “whether (the plague) was carried from Canton to Hong Kong, or (was) ‘originated’ in Hong Kong. (C.O. 129/263, pp.463)

Apart from the importation of the bubonic plague from Canton, the havoc wreaked by the plague was further aggravated by the initial nonintervention policy of the British Government since the acquisition of Hong Kong and the unsanitary environment part of the colony where Chinese people resided.

As Benedict (1996) stated, the colonial authorities followed the enclavist colonial administration in India and other British colonies. Nonetheless, the British sanitationists started to pay heed to the diseases in England and other colonies since 1830s. With regards to the legislation rolled out in England in 1870s, the sanitarians in Hong Kong also asked the authorities to tackle health and environmental issues in the Chinese districts, as if to impose a Western manner of health measures to the Chinese residing in Hong Kong. (Benedict, 1996) They inspected different aspects of urban environment like stagnant water, filthy drains, and poor ventilation- bringing a reform to the public health.

The last colonial surgeon Dr. PBC Ayres, who arrived Hong Kong in 1873, reported in 1800’s Governmental Administrative Report and a letter to the Acting Colonial Secretary about the unsanitary conditions of Hong Kong, yet the proclamation was disregarded by the colonial government. (Starling, 2006) And Osbert Chadwick was another noteworthy sanitationist who visited Hong Kong in 1882. He then
published a report revealing how dreadfully unsanitary the situation in Chinese residential areas were. (Benedict, 1996) In the Chadwick Report in 1882, Chadwick described that “the sanitary condition of Hong Kong is defective”, and that it needed prompt actions and fundamental reformation as remedy for the sake of public health. He even warned that “a severe epidemic” would occur if the situation prolonged. (Sinn, 2003; Starling, 2006)

The next year, a permanent Sanitary Board was established due to the non-yielding pressure. The board aimed to “inspect private residents, disinfect premises deemed unsanitary, and remove contagious persons to isolated hospitals”, as presented by Benedict (1996) They were permitted the rights to get involved in Chinese health matters, which was unprecedented at that time. However, the public health policies still remained “laissez-faire”, as the power of the board was restricted due to the strong opposition from the landlords who feared that the reform would result in a huge financial lost due to the fee for cleaning up and the loss by the minimizing of tenants. (Benedict, 1996) Hence, management and control of the Chinese were relied upon the elite leadership corporation, the Tung Wah Hospital Directorate.

Apart from the establishment of the Sanitary Board, new drains were also needed to be constructed in the Chinese quarters in the 1890s. Yet Starling (2006) added that the hidden agenda of the noninterference policy still continued to maintain the “peaceful co-existence” of the two groups of ethnicities in Hong Kong.

Under this backdrop, the plague was first outburst in 1894 in the Chinese people accommodated-area –the Taipingshan district. The Chinese people who lived in Taipingshan area, at the beginning, were resided in a squatter area near Peel Street

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1 The report, “Report on the Sanitary Condition of Hong Kong: with Appendices and Plans”, was one of the most significant information that provided the colony’s housing and social situations in 1882. (Sinn, 2003)
nowadays. Yet they were relocated to Taipingshan as the government wanted to develop the sites in Central and mid-levels for Westerners to reside. (Hong Kong Museum of History, 2013; The Taipingshan Medical Heritage Trail, 2011) The Taipingshan area, thus, became a hub for these poor coolies. With the problems such as over-crowded and poor sanitary conditions, the district became vulnerable to the attack of the plague.

After the first case of bubonic plague has occurred in Hong Kong, the colonial government feared that the epidemic would affect the European residential area as well. (Benedict, 1996) Changes on the sanitary situations were then speedily made; the domination of the Sanitary Board was also strengthened through the pass of laws. According to C.O.129/263, pp.51, to deal with the aggravating situation of plague in Hong Kong, the Sanitary Board issued the first notice regarding the remediate measures:

“We have to recommend

(1) That all house drains and main drains in the affected district to be flushed at once and regularly flushed afterwards. They might also be disinfected.
(2) Houses in which, cases have occurred must be disinfected in the usual way for other infections or contagious disease.
(3) The clothing of all infected persons and their attendants should be taken charge of and thoroughly disinfected.
(4) On no account must an accommodation of patients be allowed in the Tung Wah Hospital, as there would inevitably causes a spread of disease.
(5) The Hygeia must be removed and brought over into the middle of the harbour, as near the shore, as possible and at once. We feel sure that if a deputation of the leading Chinese be taken to the Hygeia and the situation is explained to them, and also the fact that the patients will be in the charge of their own countrymen, no difficulty will be found in getting the affected people to go to the ship. These cases as a rule are too ill to object themselves and if any difficulty us caused then it must be met by the government.

P. B. C. Areas,
Colonial Surgeon.
J. A. Lowson,
Acting Superintendent of Government Civil Hospital
The Secretary, Sanitary Board”

It was also posted on the Hong Kong Government Gazette, on 12th May, 1894, as shown below:
Despite the fact that the colonial government employed different measures to improve the appalling environment, the policies and actions were despised and often ignored by the local people due to their opposite views, “ignorance”, and “superstition”, as perceived by the British officers’ point of view—as the Chinese residents rather live in a filthy living condition than to be subject to changes. (C.O.129/263, pp.178)
Further stated in C.O. 129/263, pp.195, the British point of view was portrayed in the *Hong Kong Weekly Press*’ article, “The Plague and Chinese Opposition to Sanitary Measures”. It is expressed that the modern concepts of sterilization could not be comprehended or appreciated by the Chinese. When the cleansing team had to carry out official house-to-house inspection in order to remove the deceased, rebellions occur among the locals, which led to more amount of work. And when the patients had to be brought to treatment in the hospital ship, Hygeia, horror and hatred from friends and families were strongly demonstrated. (C.O. 129/263, pp. 194) In C.O. 129/265, pp.219, it was reported that “the Chinese has a poor opinion of foreign medicine”, as one of the rumors was that Western surgeons are “ruthless demons armed with steel”, and that their pleasure comes from cutting apart human bodies. This conflicted with the traditional Chinese Confucian concept, that “we got out bodies perfect from our parents and should so preserve them to the last”.

In addition, out of their fear, made-up tales about Hygeia and the medical workers were spread and circulated among the Chinese coolies. Cultural clash between the Western minds and the Chinese beliefs triggered as a result, which then led to riots and rebellions. Such manifestations of the demonization of the Western treatments could also be seen in the placards distributed among the Chinese, such as the following: “Lately the Foreigners in Hong Kong have gone mad- particularly they are cutting up men’s bodies, removing the liver, testicles and pupils of the eyes. On no account (should anyone) go to Hong Kong. (Those) who don’t believe this (would) make a great mistake.” (C.O. 129/265, pp.221)

These rumours, as just mentioned, were prompted by the cultural clash. And they led to more distress among the Chinese. Platt *et. al.* (1998) have put forward an example that women and children ran for fear that they would be chopped into pieces by foreign medical officers, who were believed to “make medicine out of bones and eyes”. More extreme cases would be that people even fled out of Hong Kong.
Local people tried to make their way back to their native places in Mainland China, even if they were going there to wait for death or to be buried due to the fear of being buried in a “foreign place” and in a “foreign way”. Sinn (2003) explained that plague stricken patients in Hong Kong were dumped into “dead boxes” with quicklime and were buried into graves without traditional ceremonies, and such was the “worst fate imaginable” by the local coolies with traditional Chinese mindsets.

Situations eventually grew tense, as committee members of the Tung Wah Hospital led by Chinese man Lau Wai-chuen called for Governor Sir William Robinson to put a halt to the house-to-house visitations as well as to permit Chinese patients to be transported back to Canton to be cured.

At the beginning, Robinson insisted strongly and said that Hong Kong belonged to the British colonial rule, and that the locals had to submit to the British sanitary laws as long as they resided in the colonial space. (Starling, 2006) However, with the constant urge from the Tung Wah Group and the pleading by the people, revised sanitary regulations were suggested. As shown in the *Hong Kong Daily Press* in late May, the request included that house-to-house visitations to be immediately discontinued, sick people to be sent back to their native place, patients in Hygeia to be brought to the new Tung Wah hospital, and that later admitted patients to be treated by the Tung Wah Hospital. However, none of these were allowed by the colonial government, which inflicted more vexation among the Chinese people and the anger soon turned into revengeful actions.

Governor Robinson responded that such rigid regulation is to limit the harm caused by the plague. He expressed that 30 to 40 Chinese were killed per day and that the infection rate was extremely high, thus it is compulsory to impose these measures for the sake of the people. House-to-house visits, therefore, had to be continued, and all
patients should be immediately brought to treatment, either to two hospitals controlled by Europeans or the Tung Wah hospital controlled by the Tung Wah Committee. (C.O.129/263 pp.182-183) The house-to-house visitations were so emphasized in the British authorities’ perception that, if protests continued, military officers would have to be hired to assist the cleansing duties of the Sanitary Board. Moreover, whatever levels of actions needed has to be taken to continue the disinfecting work. (Platt et. al., 1998)

However, as various compradors from the major hongs appealed for Robinson to act on the Chinese’ favor, threatening that they might “leave at once, thus placing the Banks and Houses of Business in even worse position than they were at the time”; the governor hence eventually compromised so that Chinese patients could return to Guangzhou for treatment, and the corpses to be transferred back to their native town for burial. (Liu, 2002) Yet referring to “Sessional Paper, 1895, Medical Report of the Epidemic of Bubonic Plague in 1894” these promises could only be in action given the prerequisite that the cases of sickness should be reported to the police, the patients had been to the hospital, and had expressed their willingness to go to Canton, doctors ensure that the patients are physically well enough to travel, and that the junks that transported the plague victims were properly equipped. Consequently, as reported in *Hong Kong Telegraph*, myriads of Chinese fled away from Hong Kong and from the Western medical practitioners; though many of whom were actually just escaping from the chance of infecting the deadly disease. (Platt et. al., 1998) According to a survey, among the 210,000 people in Hong Kong, 80,000 to 90,000 of them left Hong Kong within two months, many of whom were infected patients. (C.O.129/265 pp. 219; C.O. 129/263, pp. 199)
Later in June, in response to the rumors, the Hong Kong Colonial Governor and the Governor General of Guangdong and Guangxi issued a disclaimer to clarify that the rumors were fake and that people shouldn’t blindly believe in those stories. (*Hong Kong Government Gazette*, 1894) The Tung Wah Hospital also published a notice of proclamation one month later with similar notions to clarify for the medical staffs. (CO 129/263, pp.484) The proclamation, as described by Sinn (2013), was issued to the temporary hospital with Tung Wah doctors that was set up at the Glass Works Factory in Kennedy Town. It asked people not to be scared of the house-to-house visits and to bring the plague victims to the hospital as soon as possible.

9th June 1894, *Hong Kong Government Gazette*

Table 1.1
*Plague Morbidity and Mortality in Hong Kong 1894-1923*
Table 1.2
Comparison of Plague-Specific Death Rates and Case-Fatality Rates Between the Chinese and Non-Chinese Population of Hong Kong, 1894 - 1907

<table>
<thead>
<tr>
<th>Year</th>
<th>Chinese plague deaths per 1,000</th>
<th>Non-Chinese plague deaths per 1,000</th>
<th>Chinese case-fatality rates</th>
<th>Non-Chinese case-fatality rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1894</td>
<td>10.84</td>
<td>3.82</td>
<td>95.88%</td>
<td>68.33%</td>
</tr>
<tr>
<td>1895</td>
<td>9.15</td>
<td>0.00</td>
<td>90.72</td>
<td>0.00</td>
</tr>
<tr>
<td>1896</td>
<td>6.51</td>
<td>2.03</td>
<td>90.46</td>
<td>68.96</td>
</tr>
<tr>
<td>1897</td>
<td>0.08</td>
<td>0.00</td>
<td>90.46</td>
<td>68.96</td>
</tr>
<tr>
<td>1898</td>
<td>6.75</td>
<td>3.39</td>
<td>90.51</td>
<td>64.47</td>
</tr>
<tr>
<td>1899</td>
<td>5.85</td>
<td>1.35</td>
<td>97.11</td>
<td>67.74</td>
</tr>
<tr>
<td>1900</td>
<td>4.10</td>
<td>0.98</td>
<td>n.a.*</td>
<td>n.a.*</td>
</tr>
<tr>
<td>1901</td>
<td>5.73</td>
<td>2.81</td>
<td>93.34</td>
<td>79.28</td>
</tr>
<tr>
<td>1902</td>
<td>1.88</td>
<td>1.04</td>
<td>98.72</td>
<td>76.92</td>
</tr>
<tr>
<td>1903</td>
<td>4.02</td>
<td>2.32</td>
<td>93.20</td>
<td>35.54</td>
</tr>
<tr>
<td>1904</td>
<td>1.51</td>
<td>0.16</td>
<td>96.65</td>
<td>100.00</td>
</tr>
<tr>
<td>1905</td>
<td>0.81</td>
<td>0.16</td>
<td>94.67</td>
<td>75.00</td>
</tr>
<tr>
<td>1906</td>
<td>2.69</td>
<td>0.74</td>
<td>94.94</td>
<td>69.57</td>
</tr>
<tr>
<td>1907</td>
<td>0.62</td>
<td>0.25</td>
<td>82.48</td>
<td>83.33</td>
</tr>
</tbody>
</table>

AVERAGE (1894–1907): 3.40 1.40
AVERAGE (not including 1900–1901): 92.40 58.91

Table 1.1 & 1.2: Adapted from Benedict, C. (1996). “Framing Plague in China’s Past” Remapping China: Fissures In Historical Terrain.
Note: The non-Chinese population included European, Indian Japanese, Philipinos, Eurasians, Portuguese, Malays, and West Indians.

According to Starling (2006), the epidemic was the most prevalent in 1894; 2679 cases of plague victims were found, and 2552 cases of death was resulted. From
the tables above, it is obvious how the outbreak of the plague has led to a growing number of deaths. Most of these fatal cases were Chinese people, and most of these Chinese victims reside in Taipingshan district, where the epidemic was at its peak, and in which many Chinese coolies resided. In the following section, we would talk about people who helped to combat the epidemic in this where the British described as a notoriously unsanitary area.

d. The Silent Frontline Fighters in the Taipingshan District
In most narration of diseases, in particular the Hong Kong plague in 1894, attention would often be directed to the hospitals and medical workers, or the reformations that has been brought out. Not many people would care to think about the workers who helped disinfect the houses and clean the streets. However, during the late 19th century when people did not have sufficient medical knowledge, it was believed that the disease is caused by the filthy environment, as previously mentioned. Even in the colonial government’s document, it was claimed that heavy rains and the change of environment conditions could bring the plague to an end. (C.O. 129/263, pp.49)

Hence, in that context, the workers who went to the infected areas should be the ones “in danger” as perceived by past concepts. Ironically, these people are so overlooked nowadays that we could only find their backgrounds and information in the Shropshire Regimental Museum in the United Kingdom, excerpts of telegraphs and the documents of the Hong Kong Colonial Office ², as well as the book, “The Whitewash Brigade” that is dedicated to the Shropshire Light Infantry.

Therefore, in our paper we would like to focus on the people who assisted the job of the Sanitary Board during the plague; namely the people who actually went into the infected area of Taipingshan district. It intrigued us how these people, most of whom volunteered to perform the cleansing duties in the plague, would be willing to risk their health and lives, which we would further delve into in our project.

i. Who were the Frontline Fighters?

² CO129 refers to “War and Colonial Department and Colonial Office: Hong Kong. Original Correspondence 1841-1951”, which includes the official documents and letters between the Hong Kong colonial government and the British Government.
The structures of these workers who helped restraining the attack of plague were usually Chinese laborers being directed by British inspectors or Chinese policemen. (Platt, 1998) The British people were comprised by local policemen and soldiers, who were volunteers from the Shropshire Regiment; as indicated in the publication of the Hong Kong Museum of History (2013), the Shropshire Regiment was a unit of Hussars and was formed in 1881.

Platt et. al. (1998) have further illustrated that these soldiers could be divided into three categories: the house-to-house visitation troop, which consisted of police and citizen volunteers, who went into each and every house in the infected districts; the “whitewash brigade”, a name coined by the Hong Kong Telegraph, which disinfected the houses by taking away and burning the filthy furniture and cocklofts; lastly, the body that rummaged through the areas in search for unattended plague victims and to make sure that the population of the houses are not over capacity.

ii. Recruitment Method

As reported in the Hong Kong Weekly Press, the first batch of people who worked in the disease-stricken area involved 12 soldiers from the Shropshire Regiment who were responsible for inspection while 12 engineers are to disinfect the area. Each sanitary officer was then led by a Chinese police officer, “lukong”. In short, there were not many people working in the infected areas.
As perceived in the colonial government’s documents –C.O. 129/263 pp.177 above, the colonial government asked Major General –Barker, for volunteers to assist the inspection and sanitization duties of the plague, as the original troops needed extra assistance due to the hindrance by the local residents. A notice was posted on the Hong Kong Telegraph on 23th May, recruiting 50 volunteers from ordinary households to aid the house-to-house visitations. (Lim, 2011)
As the notice stated, 50 volunteers were asked for. They could also choose to work from 7-9am or from 4-6pm as they put forward their interest to the captain superintendent of police.

Yet due to the scale and danger of the job, only a few people came forward; the military had to be summoned at the beginning. In mid-May, Lieutenant Boys of the Royal Engineers volunteered to offer services for the plague situation; after Colonel F. W. Robinson’s call, 12 non-commissioned officers and men started to work on the same day. (Platt et. al., 1998) Yet a few days later, as Platt et. al. (1998) have mentioned, 8 officers and 300 volunteers were required by Barker for the work; Colonel Robinson then requested for the soldiers to be exempted from their military duties if they were willing to participate in the plague tasks. As a result, all companies in the Shropshire Regiment actively gathered their soldiers to sign up for the job – some of them did not volunteer but most of the majority did. From this we can see how the volunteers from the Shropshire Infantry chose to fight in the battleground of bloodshed and bullets to the battlefield of the unknown disease.

After that, the men were medically surveyed by the medical officers. The commanding officer further chose 300 men with good health from the troupes in Victoria Barracks, while 20 men of D Company were moved up so
as to fulfill the number of 300 men. This was to ensure that the soldiers in Garrison or those who are on regimental employment weren’t distracted from their own jobs. Moreover, the soldiers who were not physically well enough to commit to the plague jobs would have to fulfill extra military duties so that the men from the cleaning of plague infected areas could rest upon their return. (Platt et. al., 1998) It is important to note that all these people were asked if they were willing to take up the life-threatening job and that they were not forced. On that account, these people were generally perceived as “volunteers”.

In later period, it was observed that a large number of the soldiers fell sick from the plague. Colonel Robinson thus pointed out that more Chinese volunteers should be hired while the soldiers, who got familiar with the situation, should be promoted to supervise instead. (Platt et. al., 1998)

iii. Their Duties

Before the proposed promotion as stated from the last section, each cleaning squad was formed by ten soldiers who cleaned the houses and streets, together with Chinese laborers who delivered buckets of whitewash and carried away tubs of dirt. However, what Colonel Robinson suggested was that each gang should have 20 Chinese workers who clean and do the actual work, and 5 soldiers who ensure the job is done³. (Platt et. al., 1998) Therefore these Chinese people had contributed to most of the hard labor during the cleansing.

As we further explore the duties performed by these people, we found that they generally were to sanitize the area, as Platt et. al. (1998) has put, the volunteers’ jobs included “cleaning out the drains, evil-smelling latrines, and

³ Platt. et. al. (1998) have further pointed out that the new form of cleaning gangs led to difficulties in communication between the soldiers and the Chinese workers due to the lack of common language.
filthy backyards in the Taipingshan district”, they would also get into the houses to clean the interiors with whitewash.

General cleaning of the houses included the disposal of garbage and the cleaning of home interiors with whitewash, with special attention to houses of locals that had infected or were prone to getting the disease. (Platt et. al., 1998) To ensure that the houses were completely sterilized, the volunteers would need to light their objects into ashes, bury their old clothes into the Burying Ground, and to transfer and deliver the corpses. (Lim, 2011; C.O. 129/263, pp.51) As the Governor of Hong Kong – Sir William Robinson had stated in a proclamation, all plague patients found should be brought away for treatment, and the corpses of the dead should be immediately buried while their houses had to be cleansed thoroughly. (C.O. 129/263, pp.183) All furniture in the houses would have to be carried away, coated with limewater, and then be taken out to be burnt. (Hong Kong Museum of History, 2013; Platt et. al., 1998) All papers on the walls would also have to be removed as the entire room needed to be whitewashed. Therefore it was not uncommon to see buckets of dirt and filth carried away to the streets to be burnt. (Platt et. al., 1998) Such would be why the *Hong Kong Telegraph* has named these people the “Whitewash Brigade”.

According to the detailed description by Platt *et. al.* (1998), the first shift of the workers is made up of one commissioned officer and nine British men. They would have breakfast at 6:15am, and then they would have a daily briefing and get ready for work at 7:30am. Yet thorough personal hygiene had to be ensured before the workday started- each troop had to strip naked in one room, walk to another for a “disinfectant bath”, and to the other room to put on their work clothes. After being handed a list of the areas to be cleansed and receiving
the tools they needed, they would meet up the Chinese laborers under their command. It is also stated by the printed work of the Hong Kong Museum of History (2013), that whenever a house is thoroughly disinfected, a word “done” would be scribbled on the door as indication.

This routine, as described by Platt et. al. (1998), lasted for three and a half hours until the men went back to the Civil Hospital and were given “carbolic mouthwash and a 5 grain dose of quinine supplied by the army authorities”. They would also shower and change their clothes before the other gangs began their afternoon shift at 1:30pm.

Despite the fact that the “real work” only lasted for few hours, they were usually very unpleasant and strenuous. This leads us to the next part in which we describe the difficulties faced by these workers.

iv. Hardships & Difficulties They Encountered

Cleansing the area of the Taipingshan district was not an easy job. The workers had to put up with the disgusting sanitary conditions, and the miscommunication between the Chinese and the British led to misunderstanding and conflicts.

1) Awful Sanitary Environment

Located in the Western half of the City of Victoria, Taipingshan district covered around 200,000 square feet and 384 houses in the area. The houses were usually two to three storey high that were made of brick and stood at the side of the hill; some parts of the house were underground with poor ventilation. (Hong Kong Museum of History, 2013; Platt et al., 1998) Rubbish was also thrown all over the streets with no one cleaning them up, filling the area with nasty odour. (Hong
Kong Museum of History, 2013) These basic information made it understandable why Taipingshan district would be the most severely attacked place by the epidemic.

Platt et. al. (1998) put forward details that the upper rooms were usually 14 feet high and were then subdivided horizontally, leaving only 7 feet between the ceiling and the flooring in each cubicle. 50 Chinese coolies would live within a small room without ordinary doors or windows of 60 feet x 20 feet- windows would also usually be nailed and sealed to make more rooms for the division of cubicles. 5 (The Taipingshan Medical Heritage Trail, 2011) As the local residents seldom washed their floors, the grounds were usually covered with black liquid filth. Pigs were also kept on the basements, making the environment even worse. (Platt et. al., 1998)

Not only were the dirt from the pigs –the backyards, kitchens, and living rooms were also filled with buckets of human excrements, as Platt et. al. (1998) wrote, the houses in Taipingshan area did not come with toilets; people had to store their bodily wastes until the night soil carts come to collect them.

In addition, water supply was insufficient, people had to walk to faraway places to get water or else they would have to cope with the water from the polluted wells around. (The Taipingshan Medical Heritage Trail, 2011) According to Dr Ayres, who was mentioned in

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4 The rooms were divided into small cubicles that were not even tall enough for an average man so that landlords could rent the rooms to more tenants and gain more profit. (The Taipingshan Medical Heritage Trail, 2011)
5 These cubicles were usually called cocklofts, and were only big enough for a bed to fit in. (Platt et. al., 1998)
previous chapters, the water drains on the streets were filled with “thick black putrid matter”, as he complained about the terrible condition in his report in 1874. (Platt et. al., 1998)

With the lack of water supply and the dreadful drainage system, people would try their best not to use water to clean their bodies nor the floors, which was also partly because the wooden boards that sectioned the rooms horizontally weren’t watertight. (Platt et al., 1998) With the filth and the odour in the house, it is not a surprise when Dr Ayres mentioned in his report that the place wasn’t even suitable for pigs to live in.

These are all factors that made the volunteers’ tasks more strenuous as they cleanse the houses. As the windows were covered with cloths or wooden boards, there wouldn’t be enough natural lighting in the house. The book by Hong Kong Museum of History (2013) has further added that under the supervision of the Shropshire Infantry, the whole area had to be searched without missing a block. In times when electronic torches haven’t been invented yet, the people had to rely on merely the illumination of candles, which made the job extra hard during summertime. (Lim, 2011) The situation was so awful that a cleaning gang has once discovered an empty house with five corpses and four very ill plague patients. (Platt et. al., 1998)

The nasty smell also added to the disgust of the volunteers. During their duties, each pack would be sent to work from house to house; the work was so strenuous and revolting that soldiers and laborers constantly had to get out of the house to vomit, either because of the
smell, or because they have accidentally touched the deceased in the dark rooms. (Platt et. al., 1998)

2) Resistance from the Residents

Apart from the environment, the people’s resistance was also one of the factors that increased the difficulty of the job. We have mentioned from our previous chapters that the resistance could be due to miscommunication, such as misunderstanding due to language barriers, as well as different cultural values, which led to rumours about the volunteers.

At the beginning, most of the volunteers were hired from the Shropshire Light Infantry. As they performed their house-to-house visitations and cleaned their streets, locals may not understand the explanation of their intentions. It added to the residents’ fear as they wrote the word “done” on the doors after they have cleaned a house. As most of the Chinese at that time do not understand English, they may think that the “barbaric foreigners” were performing strange rituals.

However, the misunderstanding caused by the language differences did not eliminate even when more Chinese workers were hired to assist the work of the soldiers. Platt et. al. (1998) have talked about how the both the labourers and the soldiers found it hard to understand each other’s commands, which created hurdles in the process of their duties.

Apart from the incapability to communicate between the Chinese and the foreigners, on this particular chapter we would also like to focus on the rumours that caused difficulties to the people who
worked in the Taipingshan district. Such difference of cultural values could most obviously be seen in the contrast between medical concepts and values on privacy.

Sinn (2003) explained that in Chinese people’s medical history, patients with infectious diseases were seldom isolated from the others. Therefore when people who infected the plague were sent to Hygeia, it was rumored that they were actually delivered to Europe to be turned into medical powder for the Royal Family. Sinn (2003) has also quoted a case in which the dead victim was put on a Mahjong table to fool the volunteers so that the furniture and corpse wouldn’t be burnt. Therefore the disguise made it harder for the workers to search for neglected patients in dim and wet rooms.

Regarding the different views on privacy, the Chinese traditional mindset considered the act of house-to-house visitation as a forceful invasion to someone else’s personal space. (C.O. 129/625, pp.220) Starling (2006) has also added that ladies in ancient China would never allow strangers to step into their bedrooms, therefore the Chinese residents might feel offensive when foreigners with such alien faces and ethnicities to rummage through their belongings. Furthermore, to the local residents, the “untrained” volunteers were not medical professionals, which led to even more distrust.

To avoid their houses from being searched in house-to-house visits, many plague infection cases weren’t reported to the police. The residents even set up barricades in front of their houses to prevent the cleansing workers from getting in. (Sinn, 2003; Platt et. al., 1998)
During the house-to-house visitation, the volunteers had to forcefully enter the patients’ houses to search for the infected patients.

As people’s resentment grew, small groups of people crowded together to throw stones at the workers assisting the Sanitary Board; making it harder for the volunteers to enter the houses. (Platt et. al., 1998) These constitute why local residents would rather seek for Chinese medical help or hide at home than to get Western medication; thus leads to why it took years for the bubonic plague to disappear.

v. Their Rewards

1) Recompense during Their Duties

The hard work of both the soldiers and Chinese laborers eventually earned them rewards. Not only had they gain medals that showed the gratitude from the colonial government, they had also benefited from different acts of kindness and appreciation during their combat with the disease.

At the beginning when the soldiers from the Shropshire Light Infantry, police officers, and Chinese labourers were asked to carry out house-to-house cleaning duties in the Taipingshan district, they were provided with material support as encouragement –for the soldiers, they were even given extra tobacco and a 50-cent salary rise per day as compensation. (Lim, 2011) Platt et. al. (1998) have added that coffee and cake were given to the soldiers during their duties. Colonel Robinson had set up coffee depots at the Tung Wah Hospital and Number 5 Police Station so that the volunteers could enjoy refreshments in between duties. To motivate the men to continue with their work, rum
was given after their shifts, as the authorities, at that period, thought that the alcohol could help “ward of infection”. (Platt et. al., 1998) Moreover, Colonel Robinson has wrote to the H.E. General Commander of Officing, requesting for the men hired to assist the Sanitary Board be given extra food every night so that they could be energized and not go to bed starving; 2 oz. cheese per man were also added to the soldiers’ breakfast along with their steak. (Platt et. al., 1998) As a result, the military men performed their duties with tolerance.

Other than the support from their supervisors, both military and civilian workers were gifted by individuals for their bravery and resilience. Cigars were one of the most popular forms of gifts. According to the Hong Kong Telegraph, Robinson had given two thousand cigars for the men as a return for a hard work. In addition, the Messrs. Kruse & Co., which was a well-known cigar company in the colonial Hong Kong, had sent a gift to the workers as well. A Queen’s Counsel, Mr Leach, also provided barracks of cigars and tobacco daily. (Platt et. al., 1998)

Apart from that, liquor was also a popular gift to the laborers. Platt et. al. (1998) stated that Mr Abdoolah had paid for $25 (currency at that period) worth of rum to the workers; Messrs. Caldbeck and MacGregor & Co. offered “a keg of whisky and four dozen bottles of ‘Aquarius’ water”; while two barrels of beer were given by Messrs. Carlowitz & Co., and a $177 (currency at that period) worth of check was donated by a group of brokers and bankers in case the gifts were used up.
2) **Awards after Coping with the Plague, 1894**

The year after the end of the plague, medals were awarded to the participants who helped with the Sanitary Board as an acknowledgement of their contribution. (Hong Kong Museum of History, 2013) As stated by Platt et. al. (1998), during the meeting of the Sanitary Board, police inspector Germain’s conduct and management whilst handling the infected areas gained the first public recognition of services. An estimated total of 819 people were awarded medals, 636 of whom got silver medals while 183 of them were given gold medals.

**The Hong Kong Plague Medal: Estimated Numbers of Awards**

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<tr>
<th></th>
<th>Gold Medals</th>
<th>Silver Medals</th>
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<tr>
<td>King’s Shropshire Light Infantry</td>
<td>46</td>
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<tr>
<td>Other Civilian and Military Recipients</td>
<td>137</td>
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<tr>
<td>All Military Units</td>
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<tr>
<td>Other Civilian and Military Recipients</td>
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<td></td>
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<tr>
<td></td>
<td>Overall Total</td>
<td>819</td>
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(Platt et. al., 1998)
This is the “Gold Medal of Hong Kong Plague 1894”, which is given to J.R. Crook, the Sanitary Surveyor who was responsible for the disinfecting works in the plague-stricken areas. (Platt et al., 1998)
Apart from the medals, several people were praised in the aforementioned meeting for “volunteering their services in aid of the

Another member from the Shropshire Light Infantry, J. Whitney was awarded the other kind of silver medal, with “Tai Ping Chang” carved on the bar. (Platt et. al., 1998)

F.G. Aire from the Shropshire Light Infantry was awarded the “Silver Medal of Hong Kong Plague 1894”. What is special about this medal is that there are bars that inscribed “Plague of Hong Kong” (Platt et. al., 1998)

Apart from the medals, several people were praised in the
board and of its offices in the performance of their special duties in connection with the plague”. These people included police officers, Captain W.H. Murray and the previously named police inspector Germain, who assisted the Captain Superintendent of Police by removing furniture and inspecting houses in Taipingshan, hence helping the locals to settle to other places. (Platt et. al., 1998) Moreover, as Platt et. al. (1998) have disclosed, a volunteer H. Samy who did house-to-house visitation in the most filthy areas, as well as the Captain and Lieutenants of the aircraft HMS Unicorn, W.R. Stewart, Mollesworth, and Kelsall, R.E. who served for Messrs. Crowe and Browne of the Civil Service during the sanitization had also been praised in the event.
e. **Epilogue**

Having seen the contributions by the brave warriors who had the courage to give their services in the infected areas, it strikes to us that Chinese workers were actually less emphasized in the authorities’ gratitude. Indeed, they may have enjoyed the refreshments and gifts during their work, yet after the plague when colonial officers thanked the workers, Chinese people were seldom mentioned, making them the “silenced fighters” within the group of “silent fighter”.

Despite how overlooked these people are, it is observed that their contributions have helped reduce the harm brought by the epidemic. While the plague has seemingly started to get in control after a year, it blazed up again in 1896 and continued to haunt the city annually until the 1920s. With a 93.7% mortality rate, it took away more than 20 thousands of lives throughout the years. (Chao, 1981)

Yet looking back to the context of the late 19th century, according to the *Report of the Meeting of the Legislative Council Session 1893-1894* (1894), it was suggested that the 384 houses in the Taipingshan district should be demolished. Among which 76 have more than three cases of plague, 146 have had one or two cases; hence most of
the houses were deemed “unfit for human habitation”. Therefore it is inevitable for the colonial government to tear down the buildings to tackle the urgent situation. Thus, the Taipingshan Resumption Ordinance was passed in 1894. The ordinance allowed the government to collect about 10 acres of land, in which 50% of the plague victims resided and demolish the affected buildings so as to prevent the plague from recurring. (Starling, 2006)
The affected area covered the houses in Caine Lane; originally, Caine Road started from Bonham Road, connects through Bonham Road and Ladder Road, and ended up in Hollywood Road. Caine Lane also covered Taipingshan area, which was the centre of the infections. However, in 1887, the new “Caine Lane” replaced the original Caine Road, separating the upper and lower section of the street that was divided by Taipingshan area. (Starling, 2006)

Sayer (1975) also mentioned that Taipingshan was finally closed and cleared in 1898. Another part of the resumed district is now turned into a public garden – the Blake Garden. A plaque is now put at the entrance of the park to commemorate the site of the 1894 epidemic.

In 1903 after all houses in the area were pulled down and new streets were constructed, The Public and Health and Buildings Ordinance was rolled out. It requires Chinese residential buildings to have adequate lighting, and ventilation systems that are up to standard. It also requires enough space between buildings, as well as regulates the width and height of the apartments. The effect of the ordinance is, in fact, still prominent in today’s houses and roads planning, as the publication of Hong Kong Museum of History (2013) stated.
Part II: Display Board Blueprint Proposal

a) Design

Noted that our target audience would be the general public who may not have much idea about the historical background of the 1894 bubonic plague in Hong Kong, we hope to put forward an exhibition that is both educational and entertaining. It is also important to have an eye-catching design to capture their attention the moment they walk into the room, and therefore we hope to decorate our board into an old-styled door with elements that could arouse people’s interest.
The illustration above shows a rough draft of our exhibition board. With a panel at the top right corner that indicates the street name, a traditional Chinese door god ("menshen 门神") in the middle, and three sheets of red banners ("hui chun 挥春") surrounding the door god, it mimics the design of the traditional Chinese wooden door as found in Taipingshan district in 1894.

The word “done” will also be scribbled onto the door as it was shown on the photo. Moreover, stuck under the red banners would be two notices and one placard, which is where we would insert our exhibition texts. The three sheets would also match the context; their designs are inspired by the notices as found in the Hong Kong
At the bottom of our exhibition board would be a an illustration of the photo that we are working on, which is captured when the volunteers from the Shropshire Light Infantry, as well as Chinese workers, who were assisting the sanitary board by cleansing the streets in the Taipingshan area. This brings the audience back to our focus, which is to bring up the voice of the people who are at the frontline fighting plague in 1894 Hong Kong in order to complement the picture displayed by the Hong Kong Museum of History.

b) Exhibition Texts
1) **Door Panels with Street Name and Street No.**

An old-styled door panel indicating the street name, “Taipingshan Street” (太平山街) would be placed on the top right corner on the board; the door panel with the street number “1894” would be placed on the top left corner. By spotting the street name, people would get a clue of where the door is located, which is where the plague was the most rampant in 1894. Even if some audience couldn’t instantly think of the epidemic, they could at least have an idea of the location and the year of the event that we are presenting.

2) **Hui Chuns**

- 上聯 & 下聯： “明知山有鼠，偏向鼠山行”

The original Chinese idiom, “明知山有虎，偏向虎山行” echoes with what the Westerners would refer to as “taking the bull by the horns”. The quote literally means, “knowing that there are tigers (i.e. danger) in the hills, (one) insists to walk towards the hills”. However, we decided to adapt this idiom but to change the subject from “tigers” to “rats” as we hope to indicate the “rat epidemic” in 19th century Hong Kong. It implies how the frontline workers, knowing that they are facing detrimental dangers when confronting the plague, still decided to go into the infected area. Moreover, the word “shan” (山) connotes the “taipingshan district” (太平山區), which is where the photo was taken.

- 橫批：客／嚇死異鄉
Benedict (1996) mentioned in her essay that in postmodern times when everything are simply surfaces and history are merely discursive constructions (Lowenthal, 1998), words like “plague” that connotes disease, are representational for something more concrete than just a semiotic sign—“people die real, not metaphoric, deaths; and they can suffer real, not metaphorical, illness.” Therefore the fear that is faced in times of epidemic is also concrete.

Hence, we hope to grasp onto the idea of fear that has been widely spread in the 1894 bubonic plague in Hong Kong. The concept of death has often been feared in both Chinese and Western understanding. And we decided to use the phrase “ke si yixiang” to connote manifold meanings-

The first meaning of “客死異鄉” can be understood in a literal sense, which meant “dying in a foreign place as a guest”. The “guest” here could refer to the coolies, who resided in the Taipingshan area and have died of plague. It could also refer to the frontline workers who assisted the sanitary board and died from the infection. Therefore we can see the fear exists on both sides, be they Chinese or Westerners, as to both sides, Hong Kong is a place of transit that is alien and temporary.

The second meaning, “嚇死異鄉” switched the word from a subject “客”(guest) to a adjective“嚇”(scared), as both words have an identical Cantonese pronunciation of “haak3”. The fear could be deciphered in terms of the environment and the death rate. People working in the frontline may be horrified by the filthy environment and the pungent smells that came from the Taipingshan area; and the death rate caused by infecting
the plague is so high that it concerns everyone in risk of getting the disease. However, the emphasis would be on the word “scared”, and how it points out “one would be ‘scared’ to ‘death’ in a ‘foreign’ country, which contains three senses of fears.

The third meaning “嚇死異鄉” connotes “嚇死異鄉 (人)”(scaring the (people) from foreign countries), as in Cantonese, the object, “人” can be implied when speaking of “異鄉”. “嚇”(scare) is used as a verb in this sense. It leads us to think of the cultural clash between the Chinese and the Foreigners amidst the outburst of the plague. Rumors were spreading among the Chinese community about the workers who wash the streets and send plague patients to Hygeia and the hospitals—that the workers are capturing victims for medical experiment. On the other hand, the people who work at the frontiers are often attacked by the locals during the house-to-house visitations. The hostile tension between Chinese and Westerners explains how the miscommunications may lead to fear, as both races are alien and are an “unknown” in others’ eyes.

3) “Done”

One of the most outstanding elements would be the English letter “done” written under the door god, as we have observed from the photo assigned to each group. It aims to draw the audience’s attention, as people may wonder why an English character would be juxtaposed in such a “Chinese-styled” door. We aim to stimulate their thoughts towards this historical event with this gimmick. By having their interest aroused, the audience could find their answers from the texts as they walk closer to the board.
4) Notices

To highlight our message, we would like to simplify our exhibition texts and have them presented in an 1894 poster/notice format. As we have evoked questions in the elements we previously mentioned, this would be where the audience could investigate more.

- Volunteer Recruitment Notice

The recruitment notice is actually based on the one we found on the Hong Kong Telegraph on 22nd May, 1894. Just as the one on the telegraph, the notice would be a poster that recruits volunteers to clean the streets in the Taipingshan district. To create an authentic sense of that period, we copied the working hours and locations, so as to depict how terrible the district’s hygiene was. Moreover, we included the duties of the volunteers and the consequences that they may have to forcefully break into houses to search for corpses, and as a consequence they could be rejected and attacked by residents. The depictions of these actions show the fear from both sides.

The recruitment Notice on the Hong Kong Telegraph on 22nd May, 1894.
通告
-------------
大疫

招募
義工協助警司

時間：早上七時至九時、下午四時至六時

地區：太平山區華人聚居地

工作環境：炎熱且骯髒的疫區。唐樓數層高，地牢內養有豬隻。窗戶密封，屋內惡臭。缺乏廁所等基本衛生實施，亦沒有自來水供應。

工作：逐家逐戶徹底搜查，如發現感染疫症的患者，需強行送往醫療船；如在區內發現屍體，必須蓋上石灰，送往公眾墓地。並協作燒毁病人傢俱，務求徹底清潔整個疫區。

後果：有可能感染疫症而死，或會被居民襲擊。

備註：請自備蠟燭以供屋内照明

有意服務民居的志願者請聯絡中環區警司，上報協助清洗疫區的時間和日子。

潔淨局
JNO. J. FRANCIS

香港 一八九四年五月二十二日
Placard

According to the governmental documents in C.O.129, it is rumoured among the Chinese coolies that the medical workers in the Hygeia would do harm to them and also there was a cure for plague back in Canton. Rumours were spread among the Chinese by the distribution of placards. Therefore in our version of the placards, we would like to state these rumours, in order to recreate the “fear” of the Chinese people back then.

As we could not find a sample of placard at that time, we would like to incorporate our own words, which is more reader-friendly, in the template of proclamations found in Hong Kong Government Gazette (1894), so as to deliver our messages more efficiently.
傳聞廣州市有一神醫能治癒疫病。可是洋鬼子為求用我等中華兒女的骨頭，磨成藥粉，事奉其主子，不但不容許我們出境，更上门拐走病弱者，就連屍體也不放過。因此，根正苗亡的中國人，要團結一致，對抗強虜。得宜用石頭以斃之。”

- Government Proclamation

In response to the wide spread of rumours regarding to the doctors and cleansing workers, the government and the Tung Wah Hospital Group issued notices to ensure the safety of the people who sought Western medical assistance, as mentioned in our research report. In our version of the notice we would pinpoint these reassurance. This is to indicate how the misunderstandings have to be resolved back then.

Proclamations posted on the Hong Kong Government Gazette in 1894.
Our texts to be put in such template:

“近日因潔淨局派員到太平山清洗疫區、搜索染病人士，而謠言四起。現重申為防止疫症擴散至鄰近非華人的聚居地，逐戶搜查、燒毀染病者的衣服及家具，乃為必要。潔淨局人員及其義工別無惡意。

特此通告

潔淨局

一千八百九十四年六月九日示”

To conclude, we plan to keep the texts simple and clear, so as to avoid limiting audience’s attention with too many narratives. Through the design and the texts on our exhibition board, we hope our visitors could get a deeper insight on the plague, and to be inspired to think about the history of that period.

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*C.O. 129/263.*

*C.O. 129/265*, pp. 213-236.


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