“Mind over mud”: governing health and space in colonial Hong Kong and Shanghai

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Abstract

This thesis comparatively assesses the nature of health, space, and culture in colonial Hong Kong and Shanghai's International Settlement in the late nineteenth and early twentieth century. It examines how the two distinct forms of British imperialism manifested in these two possessions fundamentally shaped the concepts of health that evolved locally, and the practices designed to manage that broad concept. In so doing, this thesis also seeks to reflect the lived reality of health in the contemporary imperial context, positioning it as heuristically produced in collaboration between imperial rulers and imperial citizens. In this process, it elaborates how the cultural associations of spaces intimately impacted how people conceived of the healthiness of those spaces, and in turn how space was managed as a result. Through this cultural comparative lens, this thesis elaborates the underlying subjectivities between different forms of imperialism with a British complexion. It shows how old colonial tropes of racialised bodies and their environments gained firm ground in both cities, but most of all this thesis iterates on recent historical works showing the centrality of visions of domesticity on both sides of the colonial equation. Together this thesis seeks to intertwine the complex nature of health as a societal construct with historiographical calls for greater insights across different imperial systems and for the incorporation of colonialism into the history of modern China.

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I see no other way to end than with the lyric that came to mind when considering writing this section what seems like an age ago, thanks to the ever-enigmatic Kanye West for this one:

> I guess, this is my dissertation
> Homie this shit is basic, welcome to Graduation.

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List of abbreviations

Archival abbreviations

BL – British Library

HKGRO – Hong Kong Government Records Online

- AR – Administrative Reports
- GG – *Government Gazette*
- HH – *Hong Kong Hansard*
- SP – Sessional Papers

HKRS – Hong Kong Public Records Service

SA – Shropshire Archives

SMA – Shanghai Municipal Archives

SRM – Shropshire Regimental Museums

- HKPC – Hong Kong Plague Collection

TNA – The National Archives, UK

- CO – Colonial Office
- FO – Foreign Office

Abbreviations specific to Hong Kong

HKDP – *Hong Kong Daily Press*

HKT – *Hong Kong Telegraph*

HKWP – *Hong Kong Weekly Press*

Abbreviations specific to the International Settlement of Shanghai

PHD – Public Health Department

PWD – Public Work's Department

SMC – Shanghai Municipal Council

SMCR – Shanghai Municipal Council (Annual) Report

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INTRODUCTION

Health, space, culture, and imperialism in East Asia

> One of the most influential residents was honest and outspoken enough to tell him the whole truth in the course of a conversation: "No doubt your anticipation of future evil have a certain foundation, and, indeed, may be correct enough – though something may be urged on the other side, as to the advantages of having the Chinese mingled with us, and departing from the old Canton system of isolation – but upon the whole, I agree with you. The day will probably come when those who may be here will see abundant cause to regret what is now being done, in letting and sub-letting to Chinese […] You must not expect men in my situation to condemn themselves to years of prolonged exile in an unhealthy climate for the benefit of posterity. We are money making practical men. Our business is to make money, as much and as fast as we can – and for this end, all modes and means are good which the law permits."[1]
>
> Carlos Augusto Montalto De Jesus, *Historic Shanghai*, 1909.

The British Settlement of Shanghai's founding constitution of sorts, the Land Regulations of 1845, forbade property owners from letting out to Chinese tenants.[2] In short, the Settlement was reserved for China's small but growing population of foreigners. As was ever the case, however, laws were made to be broken. The tipping point arrived in the form of a localised threat known as the Small Swords Rebellion. The members of this insurgency, having occupied the nearby Shanghai walled city from September 1853 to July 1854, pushed a large influx of refugees into the boundaries of the Settlement. Seeing the opportunity for handsome profits, the official regulations were swiftly ignored. Foreign

[1] C. A. Montalto De Jesus, *Historic Shanghai* (Shanghai: Shanghai Mercury, 1909), pp. 102-103.
[2] The British Settlement was merged with the American enclave in 1863 to form the Shanghai International Settlement.

landowners, with the help of Chinese compradors, constructed around 800 basic wooden tenements to meet the resulting demand and let them out to Chinese tenants in large numbers. Seeing the futility of continued attempts to segregate their enclave in China, the British, American and French consuls of Shanghai swiftly revised the Land Regulations making Chinese residency legal in 1854. The prosperity of the Settlement along with the ongoing pressures of the Taiping Rebellion (1850-1864) caused ever more Chinese migration into the Settlement with over 8,000 further tenements constructed by the early 1860s housing a Chinese population of over 100,000. The original racially exclusionary model of Settlement life was thus exploded almost as soon as it began.[3] Within a decade, Chinese residents vastly outnumbered their foreign neighbours in the area and this pattern of mixed residency would prevail in Shanghai until the eventual end of the Treaty Port era.

In his unofficial history of the Shanghai International Settlement, Carlos Augusto Montalto De Jesus retrospectively described the reactions of some members of the foreign community after the 1854 decision had been taken to allow Chinese to rent, reside, and sub-let houses within the Settlement.[4] Framed through a conversation with a prominent local resident, presumedly some high-ranging British official, he struck at the heart of the attitudes and anxieties that drove foreign imperialism in China, and indeed informed much of the rapportage of foreign imperialists globally. On one side of the scales, imperialism was to "make money, as much and as fast as we can." Yet, on the other side of the fulcrum, lurked ever pervasive concerns about health. This idea of health was formed of two primary aspects, ones that overlapped and changed with shifts in contemporary medical science and wider society. These two focal points were the environment and the bodies within it, and, as various scholars have shown, colonial attitudes were often intimately, if inadvertently, formed as expressions of

[3] Samuel Y. Liang, 'Where the Courtyard Meets the Street: Spatial Culture of the Li Neighborhoods, Shanghai, 1870–1900', *Journal of the Society of Architectural Historians*, 67.4 (2008), 482–503 (pp. 482-485).

[4] Montalto De Jesus was born in Hong Kong in 1863 and died in Shanghai in 1932. In a stroke of bad luck, he requested a subvention from the Municipal Council just after they commissioned George Lanning to write a history of the Settlement. De Jesus also wrote a history a history of the foreign settlement in Macao. See: C. A. Montalto De Jesus, *Historic Macao* (Hong Kong: Kelly & Walsh, 1902).

European anxieties towards both.[5] What was essentially at stake in this example of an imperial encounter was space and how it was ruminated, divided up, managed and sanitised. Both the state and popular voices should be seen as mutually informing constitutive parts of the formation of this spatial knowledge in the way they devised or supported strategies regarding where people belonged, how they should be placed there, and how this might impact the health and wellbeing of inhabitants. It is these ideas entwining space and health, as represented both by the numerous strategies of the colonial state and the attitudes of the imperial citizen in Hong Kong and Shanghai, that form the central focus of this thesis.

I suggest that through these strategies and attitudes we are able to glimpse how health was formed as a negotiated cultural concept, particularly in relation to space. I then relate how health was articulated as being of central importance in the imperial context. When I first began this project, I narrowly took the concept of "public health" as being one of official responsibility- such as was developed by sanitarians, town planners, and physicians in the metropole – and was then subsequently enacted and interpreted by British imperial officials on the spot. Reading over sources, however, I gradually moved from examining the central directives concerning technical forms of sanitation, such as waste management, towards thinking about the issues that appeared to be more frequently taken into account when considering an individual's personal and spatial experience of health. What came across the further I read was that the

[5] There is perhaps no better indication of the how discourses of the environment and the body, and how they interrelated in the context of colonialism, than as it has been enunciated in British colonial India by David Arnold. See: David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (London: University of California Press, 1993), pp. 7-13; David Arnold, *The Problem of Nature: Environment, Culture and European Expansion* (Oxford: Blackwell, 1996), pp. 151-155; David Arnold, *Warm Climates and Western Medicine: The Emergence of Tropical Medicine, 1500-1900* (Amsterdam: Rodopi, 1996), p. 1-2. For more recent reflections on the nature of colonial anxieties, see: Dane Kennedy, 'Minds in Crisis: Medico-Moral Theories of Disorder in the Late Colonial World', in *Anxieties, Fear and Panic in Colonial Settings - Empires on the Verge of a Nervous Breakdown*, ed. by Harald Fischer-Tiné (London: Palgrave Macmillan, 2016), 27–47 (pp. 27-30). Contextualising 'tropical neurasthenia', Kennedy argues that anxieties over the wellbeing in the colonial encounter, as both colonisers and colonised were the subject of their own explanation of disorder, reinforced the creation of difference through anxiety and colonial knowledge. From the same volume, Robert Peckham case studies Hong Kong and Bombay at the onset of the Third Plague Pandemic to demonstrate how European expatriate panic over "crowds" was so important in Eastern metropolises at the turn of the century, and how this was frequently supported by quasi-scientific knowledge about native contagion. Robert Peckham, 'Critical Mass: Colonial Crowds and Contagious Panics in 1890s Hong Kong and Bombay', in *Anxieties, Fear and Panic in Colonial Settings - Empires on the Verge of a Nervous Breakdown*, ed. by Harald Fischer-Tiné (London: Palgrave Macmillan, 2016), 369–391 (pp. 370-371).

concept of health I was discussing was far broader, impressionist and heuristic than the narrowly defined public health of the classical kind understood to have developed in nineteenth-century Britain. This new focus, on "mind over mud," still saw certain core provisions for health as "public," but moved away from the notion that this necessarily had to be centrally imposed.[6] Rather officials and common people alike cumulatively contributed to, and developed, common discursive currencies of what healthiness was and what it was to be healthy in these two cities. As such, healthiness was powerfully open to individual interpretation, even if the state and its citizens often did see eye-to-eye and settled on particular discourses. This helps to explain why health had such profound influence on imperial societies, and indeed why ideas of health and salubrity can be traced in so many sources that on first glance might not seem to be of medical interest.

Health, in this both amorphous and shape-shifting rhetorical sense, was a concept that was also deeply malleable to tangible environmental factors as well as by the opportunities and restrictions of formal and informal empire. Under these different manifestations of British imperialism in Hong Kong and Shanghai, contemporary sources invariably settled upon racial subjectivities in their pursuit of healthiness, but the extent to which these subjectivities were able to inform material or attitudinal changes in quotidian society varied greatly. Yet in the vein of recent studies of imperialism led by Ann Stoler, I wish to show that racial subjectivities were not applied in a blanket fashion and these subjectivities themselves were bound up in a complex web of issues, like gender and age, which in turn were differently understood and enacted by both the coloniser and the colonised.[7] Furthermore, throughout this thesis, sources demonstrate that

[6] The phrase "mind over mud" was used in a lecture by Hugh Lang. In it he praised sanitary progress in the early years of the International Settlement, but called for greater personal temperance to improve treaty port society. H. Lang, *Shanghai Considered Socially* (Shanghai: American Presbyterian Mission Press, 1875), p. 33.

[7] The influence of gender studies on the historiography of empire has scoped out how ideas of the home and the intimate unpack and destabilise seemingly solid colonial categorisations. As Ann Laura Stoler describes in the preface to the 2010 edition of *Carnal Knowledge and Imperial Rule*, "Sequential changes in management of the carnal, conjugal, and domestic coincided with both revisions in racial policy and perceived affronts to the stability of racial distinctions." Ann Laura Stoler, Carnal Knowledge and Imperial Rule (Berkeley: University of California Press, 2010), p. x. Originally published in 2002. Taking queue from another of Stoler's influential works, categories were marked by their fluidity and this is partially what made them so influential in quotidian society. Ann Laura Stoler, 'Rethinking Colonial Categories: European Communities and the Boundaries of Rule', *Comparative Studies in Society and History*, 31.1 (1989), 134–161 (pp. 154-155). I also wish to show the underlying similarities manifested by different forms of Empire, particularly when the "intimacies" of empire were at stake. Ann Laura Stoler, 'Tense and Tender Ties: The

discussions about healthiness and the management of space were frequently bound up with issues of domesticity and vulnerability, and it was these ideas that were frequently able to make the greatest in-roads in causing societal change. For example, how Hong Kong's and Shanghai's medical departments justified and pursued policies of separation for foreigners and could justify inertia towards Chinese living conditions or, at times, near total interference toward such populations.

One of the central concerns of this thesis, then, is how subjectivities about healthiness mapped onto colonial ways of doing things and in contrast how the models put in place in both Shanghai and Hong Kong led to different dynamics and approaches, particularly in the way the foreign powers operated and interacted with the local population. The formal structures of colonial power in Hong Kong ensured a concept of healthiness that was deeply racially exclusionary, not only in terms of formalised zones of segregation, but also in more heuristic notions of how to live a healthy and happy life in the colony. Formal colonialism likewise also drove the state's medical arm toward increasingly intrusive and coercive policies against the local Chinese population, both in moments of epidemic panic and in the everyday management of bodies. Shanghailanders, by contrast, retained a more mixed racial character where, due to a more limited set of the "tools of empire," healthiness could not always be achieved through enclavism and racial separation.[8] Meanwhile, the Shanghai Municipal Council was frequently either unwilling to intervene in the lives of its Chinese population or struggled to assert dominant medical power in the sub-divided city.

Politics of Comparison in North American History and (Post)Colonial Studies', *Journal of American History*, 88.3 (2001), 829-865 (p. 865).

[8] I employ the term Shanghailanders throughout this thesis to describe the foreign residents of international settlement, particularly its British contingent who created the label. For more on this label and the community it represented, see: Robert Bickers, 'Shanghailanders: The Formation and Identity of the British Settler Community in Shanghai 1843-1937', *Past and Present*, 159 (1998), 161–211. Medicine (specifically quinine) was identified as a "tool of empire" by Headrick, referring to the manner in which various technologies allowed for the expansion of imperialism and how imperialism in turn expanded these technologies. Daniel R. Headrick, *The Tools of Empire: Technology and European Imperialism in the Nineteenth Century* (Oxford: Oxford University Press, 1981), pp. 58-81. For an more update thesis on the lineages between Western medicine and imperial expansions, see: Alison Bashford, *Imperial Hygiene: A Critical History of Colonialism, Nationalism and Public Health* (New York: Palgrave Macmillan, 2003), pp. 1-12.

Historiography

In its central preoccupations, this thesis is responding to several historiographical debates. Foremost, it seeks to tie together historiographical ideas from British imperial studies, the medical humanities, and the history of modern China. With some notable exceptions, detailed below, such boundaries have rarely been bridged. Likewise, Hong Kong and mainland China are seldom considered comparatively in the nineteenth and early twentieth centuries. Though this is perhaps a symptom of their complexity, this research endeavours to draw these disparate fields together.

My focus is on British imperialism in China, including its associated ideologies concerning race, liberalism, progress and order. At the outset, this requires some caveats. Whilst Britain was the dominant power in Shanghai in the nineteenth century, the multifaceted form of colonialism in the treaty ports meant that no one power came to prevail entirely. This thesis primarily studies the International Settlement of Shanghai, a cooperative municipality run mainly by British and Americans, though dominated by the former.[9] The city and landscape outside of this municipal settlement is frequently discussed, though this is usually approached through the prism of studying the ideologies those interacting closely with the International Settlement projected outwards. Hong Kong, by contrast, fell well within the standardised format of colonial rule, being beholden to the Colonial Office in London, but operating a power structure directed by, and subject to the whims of, its Governor, backed up by an Executive Council and a Legislative Council. In short, while Hong Kong has been described as at the "edge of empire," its governmental structures and the networks it tapped into, were not a large deviation from the norm that operated in other British imperial processions.[10] By contrast, the International Settlement's foreign community keenly envisioned themselves as a "model settlement" outside of the rigid structures of empire, a point evidenced by the frequency with which the businessmen of the Municipal

[9] For Britain's dominance in Shanghai see: Bickers, *Britain in China*, p. 4; Bickers, 'Shanghailanders', p. 170; Jackson, *Shaping Modern Shanghai*, p. 12.

[10] As John Carroll has argued historians do need to appreciate the centrally of colonialism to the Hong Kong experience. John M. Carroll, *Edge of Empires: Chinese Elites and British Colonials in Hong Kong* (Cambridge: Harvard University Press, 2005), pp. 2-8.

Council were able to overrule directives from the imperial metropoles.[11] Despite not having the same official political status as other imperial possessions, Shanghai's International Settlement was nevertheless unquestionably linked to the networks of the British Empire, from the people staffing its administration to the knowledges it employed in the process of rule, and indeed its celebrations of British pomp and power.[12] In this respect, the connection to British India ran particularly deep.[13]

Regardless of form, Britain's global ambitions were always mediated by those who controlled the coffers, as governments sought to be economic. Rule was often 'indirect', referring to a hierarchical system of a small cadre of white men supervising far more local officials to collect taxes and order society.[14] Indirect rule, however, did not translate to non-interference but often coercion, as colonialism recurrently promoted corruption.[15] This was largely because administrators on the spot had a large amount of practical autonomy from metropolitan directives, particularly before the advent of the telegraph when communication took months between Britain and its colonies.[16]

The spatial turn in British imperial history – a body of scholarship studying the "geography" of empire, in its individuals, ideologies and institutional methodologies - has made even more tenuous clear patterns of governance

[11] Whilst the International Settlement did have some metropolitan oversight from the Foreign Office in London, it could act with relative autonomy as it was not beholden to one single power. Its governors were, nonetheless, constrained by the treaty stipulations with China. Marie-Claire Bergère, *Shanghai: China's Gateway to Modernity* (Stanford: Stanford University Press, 2009), pp. 109-115; Bickers, 'Shanghailanders', p. 175, 203. Bickers, *Britain in China*, pp. 86-87; Jackson, *Shaping Modern Shanghai*, pp. 8. Isabella Jackson, 'Expansion and defence in the International Settlement at Shanghai' in in *Britain and China, 1840-1970: Empire, Finance and War*, ed. by Robert Bickers and Jonathan J. Howlett (London: Routledge, 2015), 187-204 (pp. 187-189).

[12] Robert Bickers, *The Scramble for China: Foreign Devils in the Qing Empire, 1832-1914* (London: Penguin, 2012), pp. 310-311.

[13] Robert Bickers, 'Britain and China, and India, 1830s-1940s', in *Britain and China, 1840-1970: Empire, Finance and War*, ed. by Robert Bickers and Jonathan J. Howlett (London: Routledge, 2015), pp. 58–83 (pp. 58-60).

[14] Sara Berry, 'Hegemony on a Shoestring: Indirect Rule and Access to Agricultural Land', *Africa: Journal of the International African Institute*, 62 (1992), 327–355 (pp. 329-330).

[15] Richard Price, *Making Empire: Colonial Encounters and the Creation of Imperial Rule in Nineteenth-Century Africa* (Cambridge: Cambridge University Press, 2008), p. 126-128; Jonathan Saha, *Law, Disorder and the Colonial State: Corruption in Burma c.1900* (Basingstoke: Palgrave Macmillan, 2013), p. 2.

[16] John S. Galbraith, 'The "Turbulent Frontier" as a Factor in British Expansion', *Comparative Studies in Society and History*, 2.2 (1960), 150–168 (p. 168). The telegraph, Knuesel has argued, changed the relationship between the Foreign Office and the treaty ports, allowing for greater imperial oversight in China. Ariane Knuesel, 'British Diplomacy and the Telegraph in Nineteenth-Century China', *Diplomacy & Statecraft*, 18.3 (2007), 517–537 (pp. 517-518).

between metropole and colony.[17] Rather, the British Empire resembled a network of uneven imperial sovereignties rather than a one-way project radiating out from London.[18] Antoinette Burton's latest monograph has persuasively argued that histories of the British Empire have tended to stress inevitable growth and decline, but in fact the imperial enterprise was categorised by this unevenness and disorder. For Burton, it was dissent and not unity that characterised the empire.[19] By the most recent debates, it may be wise to simply position this thesis as a history of "Britain and the World."[20] That is a history that is not defined by progress, but by contributions from all directions, in all directions; this is what Catherine Hall calls aptly called "a patchwork quilt."[21] Hong Kong and Shanghai more loosely, too, were part of this "quilt" of the British world and how the world refracted upon Britain.

The description thus far has primarily concerned the ideologies and institutions of rule, but imperialism on the ground was constituted by citizens as much as administrators, raising the question of what was British Imperial culture? For the purposes of this study, the most relevant popular ideologies were those relating to domesticity and home, which form the central preoccupations of a recent "turn" in empire historiography.[22] This turn has demonstrated the many

[17] Miles Ogborn, particularly, has made clear the mutual interdependence of imperial networks and maps showing how global patterns did have a distinct geographical relationship to Britain, however loosely and far afield people and places might be from those isles. Miles Ogborn, *Global Lives: Britain and the World, 1550-1800* (Cambridge: Cambridge University Press, 2008), pp. 1-14.

[18] Felix Driver, *Geography Militant: Cultures of Exploration and Empire* (Oxford: Blackwell Publishers, 2001), p. 3; Tony Ballantyne, *Orientalism and Race: Aryanism in the British Empire* (Basingstoke: Palgrave, 2002), p. 15; David Lambert and Alan Lester, *Colonial Lives across the British Empire: Imperial Careering in the Long Nineteenth Century* (Cambridge: Cambridge University Press, 2006), pp. 24-25; Lauren A. Benton, *A Search for Sovereignty: Law and Geography in European Empires, 1400--1900* (Cambridge: Cambridge University Press, 2010), p. xii.

[19] Antoinette Burton, *The Trouble with Empire: Challenges to Modern British Imperialism* (Oxford: Oxford University Press, 2015), pp. 5-18. Shanghai is particularly interesting in this respect, given that its expatriate population envisioned themselves as separate but special within the Empire.

[20] Tehila Sasson, James Vernon, Miles Ogborn, Priya Satia, and Catherine Hall, 'Britain and the World: A New Field?', *Journal of British Studies*, 57.4 (2018), 677–708 (pp. 677-680). Certain critiques have been levied against this idea of "Britain and the World" due to the vagueness of its terminology and the potential risks of the label passing over power and politics. Rachel K. Bright and Andrew R. Dilley, 'After the British World', *The Historical Journal*, 60.2 (2017), 547–568.

[21] Sasson, 'Britain and the World', p. 706.

[22] This "turn" is widely based, coming from research into not just British contexts, but other forms of European and American colonialism. Some of the most important work from these fields includes: Laura Briggs, *Reproducing Empire: Race, Sex, Science and US Imperialism in Puerto Rico* (Berkeley: University of California Press, 2002); Julia Clancy-Smith and Frances Gouda, eds., *Domesticating the Empire: Race, Gender and Family Life in French and Dutch Colonialism* (Charlottesville: University Press of Virginia, 1998). For an historiographical discussion of such trends, see: Deirdre David, 'Imperial chintz: domesticity and empire', *Victorian Literature and Culture*, 27.2 (1999): 569-577 (p. 569-572).

processes by which the spaces of empire sought to reproduce the cultural conditions of the metropole and attests to the cultural significance of homeliness and the family in contemporary society.[23] Much like the rest of empire, this was by no means a one-way process. Indeed, the Empire was fundamental to the British home too, becoming "unconsciously accepted," through popular culture, products, and propaganda.[24] Additionally this process was conscious on an individualised basis, as taking up the habits of "home" was a means of asserting imperial citizenship.[25] Victorian ideas of childrearing, such as the "cult of manliness" and "muscular Christianity," were similarly powerful within the empire, as they were in the home country.[26] Shanghai and its local health resort Moganshan, for instance, obsessed over competitive sports, especially for children.[27] Imperial citizens, then, imported, mostly subconsciously, deeply-held values about the self and the family, many of which emerged from gendered Victorian cultures.

These processes of naturalisation and domestication of empire played out so powerfully because they rested upon previously built up discourses of foreign bodies and unfamiliar environments. Foreign, especially "oriental," things were widely discoursed pejoratively or at least in a culturally belittling way that essentialised, exoticized, collected, and monopolized others under Western "regimes of truth."[28] The period under discussion saw the decline of chinoiserie, a popular craze for Chinese products, and the rise of Chinaphobia or as it was

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[23] Alison Blunt, 'Imperial Geographies of Home: British Domesticity in India, 1886-1925', *Transactions of the Institute of British Geographers*, 24.4 (1999), 421–40 (pp. 421-422); Elizabeth Buettner, *Empire Families: Britons and Late Imperial India* (Oxford: Oxford University Press, 2004), p. 2. For a powerful description of how gendered ideologies of the home related to race and health, see: Anne McClintock, *Imperial Leather: Race, Gender, and Sexuality in the Colonial Conquest* (New York: Routledge, 1994), p. 4-9.

[24] Catherine Hall, and Sonya O. Rose, 'Introduction: Being at Home with the Empire', in *At Home with the Empire: Metropolitan Culture and the Imperial World*, ed. by Catherine Hall and Sonya O. Rose (Cambridge: Cambridge University Press, 2006), 1–31 (pp. 2-3); John M. MacKenzie, *Propaganda and Empire: The Manipulation of British Public Opinion, 1880-1960* (Manchester: Manchester University Press, 1984), pp. 1-3. See also: John M. MacKenzie, ed., *Imperialism and Popular Culture* (Manchester: Manchester University Press, 1986).

[25] Daniel Gorman, *Imperial Citizenship: Empire and the Question of Belonging* (Manchester: Manchester University Press, 2006), p. 205.

[26] J. A. Mangan and James Walvin, 'Introduction', in *Manliness and Morality: Middle-Class Masculinity in Britain and America, 1800-1940,* ed. by J. A. Mangan and James Walvin (Manchester: Manchester University Press, 1987), 1-7 (p. 3).

[27] See for instance, Charles M. Dyce, *Personal Reminiscences of Thirty Years' Residence in the Model Settlement Shanghai, 1870-1900* (London: Chapman & Hall: 1906). Shanghai's main health resort was Moganshan.

[28] Edward W. Said, *Culture and Imperialism* (London: Vintage, 1994), p. 5; Edward W. Said, *Orientalism* (New York: Pantheon Books, 1978), p. 2.

popularly known, the Yellow Peril.[29] Discursive disparagements of the Chinese and the anxieties they provoked in Western observers were intrinsically linked to dirt and disease.[30] Such ideas about the Chinese, as we shall see, were frequently and powerfully articulated in Hong Kong and Shanghai. The discourses of the Chinese as inherently pathological straddled various medical aetiologies, being often simultaneously –and with no apparent sense of contradiction—both connected to environmental beliefs and biomedical explanations of disease that stipulated that bodies harboured germs.

From the onset of European colonialism, writers developed a discourse of unfamiliar warm climates as deleterious to the European constitution.[31] The tropics, essentially, were constructed as alien to the West. Such discourses took on more powerful and influential forms under the aegis of tropical medicine in the nineteenth century, spurred by increasing expansion and European mortality in Asia and Africa.[32] Contemporary writers held that the tropics were full of disease, dirt, and danger and that European bodies could never truly adjust.[33] Medical personnel, administrators, and the general public all engaged with these environmental concerns through their behaviour, pursuing the domestication and familiarity already mentioned and using specific methods to obtain it. Tools of

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[29] Elizabeth Hope Chang, *Britain's Chinese Eye: Literature, Empire, and Aesthetics in Nineteenth-Century Britain* (Stanford: Stanford University Press, 2010), pp. 2-7; Yangwen Zheng, *China on the Sea: How the Maritime World Shaped Modern China* (Leiden: BRILL, 2011), pp. 304-318; Christopher Frayling, *The Yellow Peril: Dr. Fu Manchu & the Rise of Chinaphobia* (London: Thames & Hudson, 2014), pp. 254-257; Sascha Auerbach, *Race, Law, and 'the Chinese Puzzle' in Imperial Britain* (Basingstoke: Palgrave Macmillan, 2009), pp. 154-158.

[30] Desmond Manderson, '"Disease, Defilement, Depravity": Towards an Aesthetic Analysis of Health', in *Migrants, Minorities and Health: Historical and Contemporary Studies*, ed. by Lara Marks and Michael Worboys (London: Routledge, 1997), 22–48 (p. 28). Robert Peckham, 'Hong Kong Junk: Plague and the Economy of Chinese Things', *Bulletin of the History of Medicine*, 90.1 (2016), 32–60 (pp. 33-35). These discourses of Chinese dirt, disease and deficiency were not solely a Western propagation but were frequently employed by Chinese modernisers from the turn of the century. See, Ruth Rogaski, *Hygienic Modernity: Meanings of Health and Disease in Treaty-Port China* (Berkeley: University of California Press, 2004), pp. 13-18. Chieko Nakajima, *Body, Society, and Nation: The Creation of Public Health and Urban Culture in Shanghai* (Cambridge: Harvard University Press, 2018), pp. 17-18.

[31] Arnold, *Warm Climates*, p.1; Felix Driver and Luciana Martins, 'Views and Visions of the Tropical World', in *Tropical Visions in an Age of Empire*, ed. by Felix Driver and Luciana Martins (London, 2005), 1-20 (p. 4).

[32] David Arnold, *The Problem of Nature,* pp. 151-155; Philip D. Curtin, *Death by Migration: Europe's Encounter with the Tropical World in the Nineteenth Century* (Cambridge: Cambridge University Press, 1989), pp. 2-6. See also: Roy McLeod and Milton Lewis, eds., *Disease, Medicine and Empire: Perspectives on Western Medicine and the Experience of European Expansion* (London: Routledge, 1988); R. S. Edmond, 'Returning Fears: Tropical Disease and the Metropolis', in *Tropical Visions in an Age of Empire*, ed. by Felix Driver and Luciana Martins (London, 2005), 175-194 (pp. 184-184).

[33] Warwick Anderson, 'Climates of Opinion: Acclimatization in Nineteenth-Century France and England', *Victorian Studies*, 35.2 (1992), 135–57 (p. 134); Georgina Endfield, 'Through Marsh and Mountain: Tropical Acclimatization, Health and Disease and the CMS Mission to Uganda, 1875–1920', *Journal of Eastern African Studies*, 4.1 (2010), 61–90 (p. 65).

empire, like the hill stations of India, had their equivalents in the imperial societies of Hong Kong and Shanghai.[34] Whilst these discourses were not always explicitly medical and were often more impressionistic in describing how the tropics were dangerous to Europeans, European medical ideologies were nonetheless crucial in framing the colonial encounter.

Megan Vaughan and David Arnold have been hugely influential as social historians of medicine, showing the links between the operation of colonial medicine and the assertion of governmental power over native bodies and identities in India and Africa respectively.[35] Similar works have taken a spatial angle, showing how medical ideas influenced the racial planning of colonial locates or specific forms of architecture.[36] Hong Kong, as will shortly be discussed, has been increasingly studied through this spatial framework of colonial medicine, with many emphasising the importance of local dimensions in framing disease. Studies of Shanghai, and mainland China more generally, have felt less impelled to explore the ways global, particularly imperial, medical strategies translated to their context. Warwick Anderson has questioned whether China's peculiar experience of colonialism means that it fell beyond the remit of many of the arguments put forward in the historiography of colonial medicine:

> Perhaps China's role in the colonial drama of the nineteenth and twentieth centuries is too ambiguous or marginal to insert it readily into the analysis of the medical dimensions of imperialism. It is not as though medicine in China has evaded scholarship altogether.[37]

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[34] Dane Kennedy, *The Magic Mountains: Hill Stations and the British Raj* (Berkeley: University of California Press, 1996), pp. 1-18; Barbara Crossette, *The Great Hill Stations of Asia* (New York: Basic Books, 1998), pp. 1-9; David M. Pomfret, *Youth and Empire: Trans-Colonial Childhoods in British and French Asia* (Stanford: Stanford University Press, 2016), pp. 147-160.

[35] Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Cambridge: Polity Press, 1991), pp. 1-9;
Arnold, *Colonizing the Body*, pp. 7-15.

[36] Robert Home, *Of Planting and Planning: The Making of British Colonial Cities* (London: Chapman & Hall, 2013), p. 9; Brenda S. A. Yeoh, *Contesting Space in Colonial Singapore: Power Relations and the Urban Built Environment* (Oxford: Oxford University Press., 1996), pp. 313-315. Curtin's landmark article on the spatial medical dynamics in colonial Africa is also influential. See, Philip D. Curtin, 'Medical Knowledge and Urban Planning in Tropical Africa', *The American Historical Review*, 90 (1985), 594–613 (p. 613).

[37] Warwick Anderson, 'Biomedicine in Chinese East Asia: From Semicolonial to Postcolonial?', in *Health and Hygiene in Chinese East Asia: Policies and Publics in the Long Twentieth Century*, ed. by Angela Ki Che Leung and Charlotte Furth (Durham: Duke University Press, 2011), 273-278. (p. 274).

In this I disagree, feeling instead that there is much to offer by taking a broader inclusive perspective on what constituted "colonial" medicine. This was, for all its idiosyncrasies, still a system, that represented expressions of British dominance and defined itself, for good or ill, in terms relatable to other British possessions. Taking cue from Potter and Saha, imperial history should be broader in its reach, examining the various experiences of different sorts of empires and types of power.[38] In this thesis, I seek to position "colonial" medicine similarly broadly, using the systems of behaviour produced by common or folk medical knowledge, which were popularly distributed through Empire. Through this process, my research attempts to position the study of colonialism, through these fluid systems of health, into a more central position within the history of modern China.[39]

Neiko Nakajima has discussed the means by which hygienic behaviours were taken and encouraged as a marker of modern citizenship and nationhood in Chinese Republic Shanghai. This, she concludes, evidenced how health was democratised and made public.[40] As the pages that follow will show, Shanghailanders espoused some similar discourses about health and the Shanghai Municipal Council consciously followed colonial examples in their management of diseases, even if its government was not as intrusive as that in Hong Kong.[41] This thesis extends Nakajima's idea, showing how the foreign community in Shanghai held attitudes and prescribed behaviours directly influenced by colonial medical ideas that were circulating in areas of the formal empire: the most clear concrete example being that of the hill station retreat. Health, I argue, should be conceived as a performative subjective value, it had a

[38] Simon J. Potter and Jonathan Saha, 'Global History, Imperial History and Connected Histories of Empire', *Journal of Colonialism and Colonial History*, 16.1 (2015), 1-35 (pp. 2-3).

[39] The transnational and dual-site approach I take in this thesis is part of the long overdue process of integration between the two fields. As Bickers and Jackson suggest in their recent volume: "study of colonialism, broadly conceived, as it needs to be, is still being incorporated into the history of modern China." Bickers, Robert, and Isabella Jackson, 'Introduction', in *Treaty Ports in Modern China: Law, Land and Power*, ed. by Robert Bickers and Isabella Jackson (New York: Routledge, 2016), pp. 1–22 (p. 14). For the historiographical need to study British imperialism due to its huge impact in China, see: Robert Bickers, *Britain in China: Community, Culture and Colonialism, 1900-49* (Manchester: Manchester University Press, 1999), pp. 8-10.

[40] Nakajima, *Body, Society, and Nation*, p. 249.

[41] Shanghai was certainly plugged into the knowledge networks of colonial medicine. Deborah Neill, *Networks in Tropical Medicine: Internationalism, Colonialism, and the Rise of a Medical Specialty, 1890–1930* (Stanford: Stanford University Press, 2012), p. 3.

state driven component but this was but one component that weighed into a varied cultural landscape laden with values and assumptions.[42] It has been argued that a useful framework might be to conceive of treaty ports like Shanghai as manifestations of "semi-colonial medicine."[43] Whilst I agree with the sentiment behind this argument, that China's foreign places were closely linked with establish colonial ideas of health and sickness, the prefix "semi-" seems ultimately unnecessary. It serves to downplay the popularity of and familiarity with medical practices developed in India, Hong Kong and elsewhere amongst China's foreign populations.

This nature of colonialism in China as a matter of debate needs explanation, as does the wider context of medical ideas in mainland China in the period. A central tension within academic debate has been the notion of China's particularity as a terrain influenced by colonial power.[44] In essence, China retained its sovereignty in its colonial experience, but through military and diplomatic channels multiple imperial powers gained concessions of land, trading rights and extraterritoriality which were localised (mostly commonly) in treaty ports.[45] In description of these circumstances, the term semi-colonial is still used by some historians today, particularly scholarship engaging with Siam's interactions with foreign imperialism, but it has come under increasing criticism from modern China scholars.[46] Through literary analysis that tended away from

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[42] For more on the subjectivity of medicine, see: Sander L. Gilman, *Difference and Pathology: Stereotypes of Sexuality, Race, and Madness* (New York: Cornell University Press, 1985), pp. 239-244; By the nineteenth century health was an important part of identity formation, and this would only get stronger over the course of the modern period. Bashford, *Imperial Hygiene*, p. 4.

[43] Daniel Ham has raised such questions in his examination of malaria and leprosy in Shanghai, see: Daniel Ham, 'The Management of Malaria and Leprosy in Hong Kong and the International Settlement of Shanghai, 1880s-1940s' (Unpublished PhD Thesis, University of Cambridge, 2012), pp. 246-248. See chapter one of Jackson, *Shaping Modern Shanghai*.

[44] Goodman, Bryna, and David Goodman, eds., 'Introduction: Colonialism and China', in *Twentieth Century Colonialism and China: Localities, the Everyday, and the World* (New York: Routledge, 2012), 1–22 (pp. 5-9).

[45] There were other forms of colonial settlement in China, such as Weihaiwei, Hong Kong or Manchukuo. See: Robert Nield, *China's Foreign Places*, pp. xxxi-xxxv.

[46] Shumei Shih, *The Lure of the Modern: Writing Modernism in Semicolonial China, 1917-1937* (London: University of California Press, 2001), p. 31; Bryna Goodman, 'Improvisations on a Semicolonial Theme, Or, How to Read a Celebration of Transnational Urban Community', *The Journal of Asian Studies*, 59 (2000), 889–926 (pp. 889-891). On colonialism in Thailand, see: Prabhakar Singh, 'Of International Law, Semi-Colonial Thailand, and Imperial Ghosts', *Asian Journal of International Law*, 9.1 (2019), 46–74. Although scholars of colonial Thailand who place themselves outside of the "nationalist" historiography have questioned the parameters of the concept arguing that it implies an purgatory state between two Eurocentric interpretations of modernity. Tamara Loos, *Subject Siam: Family, Law, and Colonial Modernity in Thailand* (Cornell University Press, 2018), p. 17. For an alternative perspective seeking to redefine "semi-colonialism" in relation to British imperialism and China, see: Taoyu Yang, 'Redefining Semi-Colonialism: A

rigorous historical method relating to space or time, Shuh Mei-Shih expounded the transformative cultural and psychological effect of imperial rivalries in China. She argued that while fragmentary, semi-colonialism created varied opportunities for cosmopolitan Chinese intellectuals whereby a bifurcated mindset prevailed that could separate colonial cultures from the concrete colonial project in the territory.[47] A common critique levelled at such conceptions of semi-colonialism, and wider studies seeking to assert the importance of the global in treaty port China, is the loss of specific local circumstances.[48] From other perspectives, too, the prefix "semi" has either failed capture the uniquely destabilising impact of foreign imperialism in China, or, has (along with the prefix "hypo") been used to intimate precisely that disruptive quality.[49]

Just as with the semi-colonial formulation of imperialism in China, the next definition could be said to suffer this same issue. The prefix "in" for "informal empire," serving to distance the experience of China from wholesale colonialism elsewhere under the label of "formal" empire, fails to adequately capture the great reach that the Shanghai Municipal Council had into the daily lives of Chinese residents under its rule.[50] However, the critical strength of informal empire is its inclusivity.[51] In this thesis, informal is not used to distance China from its experience of empire, nor to downplay its destabilising effects, but precisely to suggest how this looser concept was able to be so influential in daily perceptions of healthiness. Moreover, it enunciates an effective comparison with formal colonial structures - that is, institutions which operated without ultimate subservience to an imperial metropole.

In her recent monograph examining the Shanghai Municipal Council, Isabella Jackson formulates the concept of "transnational colonialism" to describe the colonial experience of the International Settlement.[52] The concept

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Historiographical Essay on British Colonial Presence in China', *Journal of Colonialism and Colonial History*, 20.3 (2019).

[47] Shih, *The Lure of the Modern*, pp. 31-36.

[48] For more on this criticism, see: Goodman and Goodman, 'Introduction', pp. 6-7.

[49] Jackson, *Shaping Modern Shanghai*, p. 16.

[50] Jackson, *Shaping Modern Shanghai*, p. 16.

[51] Jürgen Osterhammel, 'Semicolonialism and Informal Empire in Twentieth-Century China: Towards a Framework of Analysis', in *Imperialism and After: Continuities and Discontinuities*, ed. by Wolfgang J. Mommsen and Jürgen Osterhammel (London: Allen & Unwin, 1986), 290–314 (p. 309).

[52] Whether this concept stretches to other treaty-ports requires further research. Jackson, *Shaping Modern Shanghai*, p. 8.

is a valuable one. It expresses the myriad ways the Council operated according to the desires of its localised business elite of ratepayers, which were at variance with metropolitan directives as much they were in accordance with them.[53] This was far-reaching rule by foreigners, to be sure, but not always in-service to dominant imperial powers.[54] Because this thesis engages with peoples and places inside and outside the purview of the Municipal Council, I generally avoid this term but recognise how the cosmopolitan and mercantile character of the Council related to imperial powers.

As the research in this thesis is primarily concerned with the culture of imperialism (or indeed imperial culture), it aligns most closely with the work of James Hevia's *English Lessons*. Hevia argues that if looked at from the perspective of imperial culture, the Chinese experience was one that closely mirrored formal colonial territories with similar racialised and environmental practices and beliefs that served the functions of imperial power.[55] In this sense, too, I preface my analysis with the understanding that "colonial modernity," as expounded by Barlow, captures how more loosely defined forms of colonialism could produce similar effects to formal colonial structures.[56] Therefore, I am most interested in what *was* the culture of colonialism in China, how did that operate and influence notions of healthiness, and, in turn, how these constructs interacted with "formal" and "informal" colonial structures and institutions, or, indeed, that "transnational" brand of the Shanghai Municipal Council.

For this historical examination, colonial culture in Shanghai impacted how medical ideas were enacted and viewed. Chinese medicine, prior to the arrival of foreign powers, was not dissimilar to contemporaneous Western theories, with miasmatism central in their epidemiological frameworks.[57] In terms of surgical

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[53] Jackson, *Shaping Modern Shanghai*, p. 8.
[54] Jackson, *Shaping Modern Shanghai*, p. 16.
[55] James Hevia, *English Lessons: The Pedagogy of Imperialism in Nineteenth-Century China* (Duke University Press, 2003), p. 3.
[56] Tani E. Barlow, "Colonialism's Career in Postwar China Studies," *positions: East Asia cultures critique* 1/1 (1993), 373–411 (p. 374).
[57] Yet Western practice was more advanced in surgery, ophthalmology and such disparities widened as medical science developed during the nineteenth century. Equally, The health landscape of China, though it had seen embryonic forms "modern" medicine, largely lacked systematic reporting mechanisms for disease, treatment hospitals, a formalized medical profession, and, faced with high mortality. Most ordinary people turned to spiritual ideas to explain personal illness and epidemic outbreaks. Marta E. Hanson, *Speaking of Epidemics in Chinese Medicine: Disease and the Geographic Imagination in Late Imperial China* (London: Routledge, 2011), pp. 146-150; Carol Benedict, *Bubonic Plague in Nineteenth-Century*

techniques, ophthalmology, and (especially after the 1870s) science-based methods, however, the West was generally thought to be leading the way. It is in this context, the treaty ports generally served as displays of foreign modernities, medical or otherwise.[58] Whilst health generally fell beyond the efforts of late Qing (1644-1912) reformers, medical reforms became more systematic and part of national dialogue in the Republican period (1911-1949).[59] Colonialism in China, then, showcased Western and later Japanese medical policies and attitudes to health, creating a model for Chinese reformers and modernisers to display their progressiveness. Ruth Rogaski, whilst cautioning against taking one treaty port as representative of others, presents a persuasive argument for understanding the way health was embedded in these areas as a core building block of the modernization project. She powerfully demonstrates how the discourse of *weisheng*, its meaning not confined to health, hygiene, and sanitation, was adopted as a mantra of the Chinese elite and modernization movements, who accepted Chinese hygienic "deficiency" and indeed culturally positioned themselves in contradistinction to it.[60]

For Shanghai specifically, medical histories are surprisingly sparse. Works in other fields, however, contextualise the development of health policies and attitudes. Foremost, Frederick Wakeman's monograph on policing Shanghai effectively illuminates the societal impacts of a multi-jurisdictional city. Shanghai's tri-municipalities were conducive to crime, disorder, and corruption,

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China (Stanford: Stanford University Press, 1996), pp. 11, 126-127; Elizabeth Sinn, *Power and Charity: A Chinese Merchant Elite in Colonial Hong Kong* (Hong Kong: Hong Kong University Press, 2003), pp. 63-80; Richard J. Smith, *Mapping China and Managing the World: Culture, Cartography and Cosmology in Late Imperial Times* (Abingdon: Routledge, 2012), p. 152.

[58] Scholars have examined how the colonialism Shanghai was conducive to modernity, in the use of modern amenities like neon lighting, and new architectural models, chiefly with the café, jazz bar, department store and the skyscraper. Peter Cookson Smith, *The Urban Design of Concession: Tradition and Transformation of the Chinese Treaty Ports* (Hong Kong: MCCM Creations, 2011), pp. 236-265; Shu-mei Shih, among others, has demonstrated the intellectual enlightenment taking place in Shanghai from the final years of the nineteenth century. New currents of advertising, commodity and entertainment developed, as did new industrial sectors, financial economies, and a vibrant print culture. Shih, *The Lure of the Modern*, p. 304; Leo Ou-fan Lee, *Shanghai Modern: The Flowering of a New Urban Culture in China, 1930-1945* (London: Harvard University Press, 1999), pp. 10-32.

[59] Sean Hsiang-lin Lei, *Neither Donkey Nor Horse: Medicine in the Struggle Over China's Modernity* (Chicago: University of Chicago Press, 2014), p. 264.

[60] Rogaski, *Hygienic Modernity,* pp. 13-15. This process of medical discursive appropriation for the purpose of modernisation by local elites occurred in other non-China contexts. Marie Moulin, for instance, makes a similar argument to Rogaski in demonstrating how modernisation was demonstrated through health reform along Western lines in Egypt. Anne Marie Moulin, 'The Construction of Disease Transmission in Nineteenth Century Egypt' in *The Development of Modern Medicine in Non-western Countries: Historical Perspectives*, ed. by Hormoz Ebrahimnejad (London: Routledge, 2009), 42-58 (pp. 56-57).

and perhaps disease.[61] Shanghai's dynamism with its porous demographic and ideological boundaries, I argue, often forestalled the pursuit of public health and created a preoccupation with outside dangers. When I began this project, the only English language monograph systematically examining health in the Shanghai International Settlement was Kerrie MacPherson's *Wilderness of Marshes* (2002). Charting climatological knowledge, water infrastructure, and early Western-run hospitals in the nineteenth century, she argues that due to the lack of sanitary knowledge locally, medical professionals had to "face West" to sanitize Shanghai. [62] Since then, Isabella Jackson has discussed the advancement of public health in the International Settlement during the twentieth century, situating it as part of an argument against the common portrayal of colonialism in Shanghai as representing a "light touch."[63] Meanwhile, Nakajima's aforementioned study of hygiene in Republican Shanghai has also been published.[64] Christian Henriot has demonstrated the extraordinary starkness of death in the city space, with its rigid hierarchies of race and class.[65] As Henriot describes it, Shanghai was built on the blood of migrants, who died in droves as a consequence of poverty and poor sanitation. [66] An additional conclusion, reinforced in my research, argues that death was used to geographically and politically expand Western control, pushing for new modern cemeteries in unclaimed areas.[67] This thesis builds upon these recent works by connecting the idea of health in Hong Kong and Shanghai to the wider systems and ideologies of medicine in the British Empire.

Hong Kong has been the subject of a wider variety of historical scholarship that engages with medical issues directly and indirectly. Ka-che Yip has expanded our understanding of the diverse landscape of public health under the various governments of the colonial period and beyond, demonstrating how

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[61] Frederic E. Wakeman, *Policing Shanghai 1927-1937* (London: University of California Press, 1995), p. 14.
[62] Kerrie L. Macpherson, *A Wilderness of Marshes: The Origins of Public Health in Shanghai, 1843-1893* (Oxford: Lexington Books, 2002), p. 14.
[63] Isabella Jackson, *Shaping Modern Shanghai: Colonialism in China's Global City* (Cambridge: Cambridge University Press, 2017), p. 16.
[64] Nakajima, *Body, Society, and Nation.*
[65] Christian Henriot, *Scythe and the City: A Social History of Death in Shanghai* (Stanford: Stanford University Press, 2016), p. 191, 361.
[66] Henriot, *Scythe and the City*, p. 361.
[67] Henriot, *Scythe and the City*, p. 204.

disease control intersected with sociocultural dynamics at local, regional and global levels and how Chinese-British tensions so often determined colonial governance.[68] Further works have helpfully synthesised the primary institutions, diseases and policies that operated in the territory over time whilst situating them in the context of contemporary health questions, particularly in relation to mainland China.[69] Useful technical studies, too, have positioned Hong Kong in relation to questions of the epidemiological transition, given its accelerated pattern of changes in mortality in the twentieth century, which should be read against the political struggles of successive colonial governments to implement meaningful planning initiatives in the space-starved city.[70] Outside of these works of obvious direct relevance, have been other relatable studies, particularly in the realm of legal history, showing how colonial rule in Hong Kong was far from *laissez-faire*.[71] Studies into the medical governance of the city have often served to reinforce this conclusion. Research by Yip, Leung, and others, for example, have shown the Hong Kong authorities hands-on approach to the specific threats of leprosy (by repatriation or quarantine) and malaria (by environmental precautions followed by anti-mosquito policies).[72] Non-governmental institutions, too, have been shown to be an important feature of the medical landscape of Hong Kong.[73]

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[68] Ka-che Yip, Yuen Sang Leung, and Man Kong Timothy Wong, *Health Policy and Disease in Colonial and Post-Colonial Hong Kong, 1841-2003* (London: Routledge, 2016), pp. 10-51.

[69] Kerrie L. Macpherson, 'Hong Kong and China: Invisible Borders', in *Public Health in Asia and the Pacific: Historical and Comparative Perspectives*, ed. by Milton James Lewis and Kerrie L. Macpherson (London: Routledge, 2008), 10–54 (pp. 12-25); Hong Kong Museum of Medical Sciences Society, *Plague, SARS and the Story of Medicine in Hong Kong* (Hong Kong: Hong Kong University Press, 2006). Another work giving a broad medical history of Hong Kong, zoning in on the hospital system and healthcare advances, is Frank Ching's recent publication. Frank Ching, *130 Years of Medicine in Hong Kong: From the College of Medicine for Chinese to the Li Ka Shing Faculty of Medicine* (Hong Kong: Springer, 2018).

[70] David R. Phillips, *The Epidemiological Transition in Hong Kong: Changes in Health and Disease Since the Nineteenth Century* (Hong Kong: University of Hong Kong, 1988), pp. 23-73. Roger Bristow, *Land-Use Planning in Hong Kong: History, Policies and Procedures* (Oxford: Oxford University Press, 1984), pp. 22-41.

[71] Christopher Munn, *Anglo-China: Chinese People and British Rule in Hong Kong, 1841-1880* (Richmond: Routledge, 2001), p. 231-232.

[72] Ka-che Yip, 'Colonialism, Disease, and Public Health: Malaria in the History of Hong Kong', in *Disease, Colonialism, and the State: Malaria in Modern East Asian History*, ed. by Ka-che Yip (Hong Kong: Hong Kong University Press, 2009), 10-51; Ka-che Yip, 'Segregation, Isolation, and Quarantine: Protecting Hong Kong from Diseases in the Pre-War Period', *Journal of Comparative Asian Development*, 11 (2012), 93–116 (pp. 101-110); Daniel Ham, 'The Management of Malaria and Leprosy'.

[73] Elizabeth Sinn's monograph on the Tung-Wah Hospital, highlighted the institution's functions as a local arbitrator, philanthropist, and as a provider of Chinese medicines to the vast proportion of the colony's population. Sinn, *Power and Charity*, pp. 67-94. Likewise, Sheila Hamilton has demonstrated that private policemen were used to cheaply enforce issues related to public health, including protecting water reserves

Most recently, there has been a tide of publications relating to medical humanities led by Hong Kong University and Robert Peckham. This development has invariably focused on the bubonic plague outbreak of 1894 as a critical juncture in the story of medicine in Hong Kong, which is discussed at length in chapter two.[74] This scholarship is, however, by no means narrow in focus. It has been used to explore the relationship of health with local economies, in terms of rents, commodities and "junk," alongside exploring issues of childhood, panic, and communication.[75] Various chapters and articles have deepened our understanding of health concerns ranging from Hong Kong's fluid floating population of migrant labour, the evolving perception of various buildings, patterns of segregation, and issues of afforestation.[76] Much like this thesis, historians of Hong Kong have concerned themselves with enunciating the way spaces were demarcated for salubrity and danger. This research's unique contributions lie in the comparative approach it takes between Hong Kong and Shanghai as expressions of imperialism and in the wide perspective of behaviours and ideas that determined the nature of health in the two cities.

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and overseeing sanitary coolies. Sheila Hamilton, *Watching Over Hong Kong: Private Policing 1841-1941* (Hong Kong: Hong Kong University Press, 2008), pp. 73-92.

[74] Robert Peckham, *Epidemics in Modern Asia* (Cambridge: Cambridge University Press, 2016); Robert Peckham and David M. Pomfret, 'Introduction: Medicine, Hygiene, and the Reordering of Empires', in *Imperial Contagions: Medicine, Hygiene, and Cultures of Planning in Asia*, ed. by Robert Peckham and David M. Pomfret (Hong Kong: Hong Kong University Press, 2013), 1–14.

[75] Cecilia Chu, 'Combating Nuisance: Sanitation, Regulation, and the Politics of Property in Colonial Hong Kong', in *Imperial Contagions: Medicine, Hygiene, and Cultures of Planning in Asia*, ed. by Robert Peckham and David M. Pomfret (Hong Kong: Hong Kong University Press, 2013), 17–36; Robert Peckham, 'Panic Encabled: Epidemics and the Telegraph World', in *Empires of Panic: Epidemics and Colonial Anxieties*, ed. by Robert Peckham (Hong Kong: Hong Kong University Press, 2015), 131–154; David M. Pomfret, '"Beyond Risk of Contagion": Childhood, Hill Stations, and the Planning of British and French Colonial Cities', in *Imperial Contagions: Medicine, Hygiene, and Cultures of Planning in Asia*, ed. by Peckham, Robert, and David M. Pomfret (Hong Kong: Hong Kong University Press, 2013), 81–103; Peckham, Robert, 'Panic: Reading the Signs', in *Empires of Panic: Epidemics and Colonial Anxieties*, ed. by Robert Peckham (Hong Kong: Hong Kong University Press, 2015), 1–21.

[76] Carol C. L. Tsang, 'Hong Kong's Floating World: Disease and Crime at the Edge of Empire', in *Disease and Crime: A History of Social Pathologies and the New Politics of Health*, ed. by Robert Peckham (London: Routledge, 2014), 21–39; Robert Peckham, 'Matshed Laboratory: Colonies, Cultures, and Bacteriology', in *Imperial Contagions: Medicine, Hygiene, and Cultures of Planning in Asia*, ed. by Peckham, Robert, and David M. Pomfret (Hong Kong: Hong Kong University Press, 2013), ions123–47; Alex G. Bremner and David P. Y. Lung, 'Spaces of Exclusion: The Significance of Cultural Identity in the Formation of European Residential Districts in British Hong Kong, 1877-1904', *Environment and Planning D*, 21 (2003), 223–252; John M. Carroll, 'The Peak: Residential Segregation in Colonial Hong Kong', in *Twentieth Century Colonialism and China: Localities, the Everyday, and the World*, ed. by Bryna Goodman and David Goodman (New York: Routledge, 2012), 81–107; Robert Peckham, 'Hygienic Nature: Afforestation and the Greening of Colonial Hong Kong', *Modern Asian Studies*, 49 (2015), 1177–1209.

Defining parameters

Using Hong Kong and Shanghai as case studies for differing representations of British imperialism in East Asia, this thesis employs a comparative historical framework.[77] Within this framework, the medico-spatial histories presented are primarily interpreted through cultural and discursive patterns. The two chosen cities offer, as stated, examples of two differing forms of British imperialism, the crown colony and the treaty port. As such, these cities represent what life was like for a significant proportion of the British sojourners to China and similarly demonstrate the brand of imperialism with which large numbers of Chinese people interacted. Yet, despite the overriding sense that these are indicative windows to historical experiences, some important exceptional features remain. Both cities were by no means wholly representative of the British or wider imperial presence in China, not least as both were trading ports.[78] Neither city was overly prominent in the diplomatic relations between Britain and China (at least by 1858), unlike Beijing and Tianjin.[79] Nor am I suggesting that they were similar sites, though they might appear so on first inspection. Indeed, what often evolved was marked by distinction and not similarity. That this analysis seeks to forefront historical differences in these two cities attests to the way similar cultural ideologies, of foreign against Chinese, were influenced by varying socio-political conditions, thus determining the way gendered and racialised medical stereotypes could influence lived experience.

Owing to the comparative nature of this thesis and the cosmopolitan quality of the Shanghai International Settlement, the types of historical actors, the geographical limits and periodisation of this research have all required some flexibility to reflect their very real fluidity. Beginning with the question of who this thesis studies, I am most interested in how British imperials engaged with healthiness in China by case studying Hong Kong and Shanghai's International Settlement. This is not to underplay the cosmopolitan aspects of both cities, Hong

[77] As noted, few studies have adopted a similar approach. Potter and Saha, 'Global Histories', pp. 2-3. The primary exception is Daniel Ham's aforementioned thesis.
[78] The colonial occupation of China was multifaceted. One could imperialism in China through a list of powers not limited to British, French, German, Portuguese, Russian, and Japanese.
[79] Early on Hong Kong had been the centre of British diplomatic relations with China, with these powers invested in the colony's Governor. Neither city was defined by its military station, as was Ningbo.

Kong and especially Shanghai were melting pot societies by the turn of the century.[80] As such, I employ a wide variety of English language sources, by authors were not always British by birth. In Hong Kong, as a formal colony, applying this historical lens was relatively simple, though travellers passing through the territory were not exclusively British.[81] For the International Settlement, I frequently use the term "Shanghailander" to capture the range of individuals working and living in the Shanghai, employed in a wide range of occupations such as businessmen and municipal employees.[82] As a loosely collected identity, this was a British dominated group mirroring their government in the Shanghai Municipal Council. But the label also subsumed many other nationalities and ethnicities, be they Australians, Americans, Irish, or even Baghdadi Jews. I maintain, nonetheless, that these individuals were frequently engaging with a British vision of colonial culture. To provide an illustration, the Americans who populated many of the villas in the Moganshan health resort modelled their buildings on British cottages or the British-Indian bungalow, not American townhouses. Their very presence and behavioural priorities were testament to their common belief in the therapeutic value of - or at the very least at attempt to recreate- the colonial culture of the hill station. Looking from the perspective of colonial culture, then, I am most interested with how English language sources engaged with healthiness in China.

A further point of distinction in the question of "who" relates to the non-state vs state-sponsored perspectives. Transitional persons, such as tourists and missionaries, were generally not "Shanghailanders" in the same respect – their identities were not so closely aligned with Shanghai as a locality. But these groups were influenced by the nature of their dealings with the International Settlement, Shanghai, and China as a whole. Missionaries, for instance, often criticised the debauchery in the expatriate community in Shanghai and framed

[80] Ackbar Abbas, 'Cosmopolitan De-Scriptions: Shanghai and Hong Kong', *Public Culture*, 12.3 (2000), 769–786 (p. 776).
[81] Many different peoples called Hong Kong home, even if it was a temporary one. Such as Armenians, Jews, Parsees, Sikhs, and Portuguese. The presence of various different cultural groups and ethnicities did not, however, imply that society was not deeply racially divided and discriminatory. Wing Sang Law, *Collaborative Colonial Power: The Making of the Hong Kong Chinese* (Hong Kong University Press, 2009), pp. 46-47.
[82] Bickers, 'Shanghailanders', p. 183.

the rest of China through backwardness and sickness.[83] Often medical professionals, like James Henderson the author of *Shanghai Hygiene*, shared such views, as they came from similarly backgrounds of religious conservatism.[84] Globetrotters and tourists, by contrast, might celebrate the grimier aspects of the Shanghai landscape or were drawn to the most splendid retreats in Hong Kong, as such spaces gave testament to their vigour and bravura as an adventurer and storyteller. These individuals, quite naturally, would coalesce towards the most interesting parts of the cityscape, as their short stays in the city would not reflect the quotidian concerns of the foreign long-term residents. Sources produced by employees of the Municipal Council or the colonial government instead reflected the concerns of long-term residential elites (mostly British, American, and Eurasian), as well as a mix of influences from other imperial sites. Plainly Shanghai and Hong Kong meant and was different things to these different people, but each of these individuals produced these cities as places and were involved in the coproduction of the body and identity within that sphere.[85]

Throughout this thesis, references are made to the state as an entity operating in the Shanghai International Settlement. This approach may cause some err for historians, particularly given Jackson's label of "transnational colonialism" for the Shanghai Municipal Council.[86] Yet, the Council was a quasi-state, even if in a limited capacity. It collected taxes, policed areas inside and outside the Settlement, built roads and infrastructure, as well as supplying various utilities. The Municipal Council, like any colonial government, kept a detailed archive of its activities. Together the Shanghai Municipal Police Force, the Public Health Department and the Public Works Department employed thousands of individuals, organised hierarchically, charged with administering a municipality that encompassed millions of residents by the 1930s, with many

[83] Heinrich makes such an argument. He posits that medical images from missionaries in eighteenth century China had a long "afterlife" being a basis for accounts that placed China as the "sick man of Asia" in the nineteenth- and twentieth centuries. Heinrich, *Afterlife of Images*, pp. 4-16

[84] Henderson frequently linked hygiene and religious morality in his manual, blaming immoral behaviour for ill-health. Henderson, *Shanghai Hygiene*, pp. 1, 65-66, 90.

[85] Elizabeth Sinn has argued that Hong Kong is an "in-between place", defined by its movement, a factor which has been fundamental to the development and dynamism of the territory. Elizabeth Sinn, *Pacific Crossing*, pp. Sinn, Elizabeth, *Pacific Crossing: California Gold, Chinese Migration, and the Making of Hong Kong* (Hong Kong University Press, 2012), pp. 305-307.

[86] Jackson, *Shaping Modern Shanghai*, p. 8.

more transients passing through. For this reason, elements of comparison can take place, as in chapter three. The difference lay with the managerial ethos and to whom these organs of administration were responding to. In colonial Hong Kong, its state was beholden to the Governor and ultimately the Colonial Office. In Shanghai, this "state" responded first and foremost to the Shanghai's business elite.[87]

Given that some of the sources employed in the thesis relate to persons simply passing through the two cities or in some instances based outside of it, the question of where this thesis studies requires some detail. For this question, my critical approach is an important consideration. Lambert and Lester wrote of the need for a historical model which understands place as "not so much as bounded entities, but rather [as] specific juxtapositions or constellations of multiple trajectories."[88] Ballantyne's notion of "horizontal mobility" is a useful one in this context, the idea whereby peoples and ideas transferred laterally within empires as much as they did from colony to metropole.[89] In this sense, this thesis studies ideas generated by a long corpus of knowledge produced about the "tropical" world and the white body, and how that was mediated in other parts of the world where that knowledge was not initially produced. Chapter two is once more a useful example – Moganshan was constructed from a series of impulses about the dangerous environment and climate of China (ideas themselves imported from India), a sense of pastoralism closely influenced by the British home isles, and a series of complaints about urban Shanghai and its effects upon the youth. Moganshan's sense of place was built by Shanghailanders passing through for their summer vacations, just as Moganshan contributed to the culture of Shanghai. As globally integrated cities, then, Hong Kong and Shanghai should not be treated as fixed or staid entities, but rather as constructs forms of interlaced paths and ideas.

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[87] Jackson, *Shaping Modern Shanghai*, pp. 8-13.
[88] David Lambert, and Alan Lester, eds., *Colonial Lives across the British Empire: Imperial Careering in the Long Nineteenth Century* (Cambridge: Cambridge University Press, 2006), p. 13. See also: Fiona Paisley, and Pamela Scully, *Writing Transnational History* (London: Bloomsbury Publishing, 2019), p. 193.
[89] Tony Ballantyne, *Webs of Empire: Locating New Zealand's Colonial Past* (Vancouver: UBC Press, 2014), pp. 28-29.

In the chronology of this research, the majority of the sources employed fall between 1863 and 1927, after the Treaty of Tianjin and International Settlement came into being and before the Nanjing government came to power. In particular, most sources were clustered around the decades bookending the turn of the century, when growing acceptance of germ theory meant that older medical ideas were profoundly in flux while the immediate fears of plague heightened medical and racial anxieties. Yet owing to the comparative focus of this thesis, like-for-like phenomena did not always develop at the same time, if at all. Moreover, both Hong Kong and Shanghai changed and mutated over time, particularly when considering the trajectories model of place employed throughout this thesis.[90] Shanghai in the nineteenth century was starkly different to the sinful and vibrant image it gained in the 1920-1930s (a point I will detail more closely in the first and fourth chapters). Whilst Hong Kong had grown as a picturesque trading port during this time, the lifestyle and reputation of the city was not markedly different from that at the turn of the century – unlike Shanghai, it was not renowned for its cutting-edge modernities or cosmopolitan culture. In chapter four, the Municipal Council's examination of overcrowding in Shanghai (which begun decades later than in Hong Kong) was starkly different in form and function. Nonetheless, these chronological differences, whilst inconvenient for the researcher, do offer valuable conclusions about the nature of health, imperialism, and society in both cities. They do, for instance, respond to the much-debated nature of rule under imperialism, particularly when interrogating *laissez-faire* governance. The case of the Shanghai Plague Riots in 1910, covered in chapter three, when studied alone suggest that the government was coercive and powerful in its anti-plague stance.[91] Yet in comparative perspective with Hong Kong, it becomes clear that the Municipal Council were limited in their capacity to respond to counter-colonial resistance with coercive methods. What arises from the Shanghai case, indeed, was often "native" empowerment.

Given the comparative scope and range of topics already presented, it has been necessary to omit certain subjects in this thesis unless they are made

[90] Lambert and Lester, *Colonial Lives across the British Empire*, p. 13.
[91] Isabell Jackson arrives at such a conclusion when discussing these riots in her recent monograph. See: Jackson, *Shaping Modern Shanghai*, pp. 175-180.

directly relevant by the source work – these are sexual health and opium. Both are already subject of a dearth of scholarship entirely their own. Regardless, it is worth briefly overviewing each phenomenon. Prostitution was absurdly numerous and culturally embedded in Shanghai, at one point it was believed the city supported more prostitutes than cotton spinners.[92] In Gail Hershatter's monumental study of prostitution in Shanghai, she details how the practice was spatially mapped in the city according to race and class with different districts catering to different grades of sex work, something which contemporary Chinese guidebooks took great pleasure in detailing.[93] In the face of venereal disease, the Municipal Council's strategy focused near-exclusively on the European community, often ignoring the suggestions from the metropole and international NGOs.[94] Where it did intervene, its policies were kept well hushed.[95] Hong Kong, in contrast, followed the whims of London's imperial governance. The Contagious Diseases Acts of 1857 and 1867 showed how fundamentally racialised the sexual health politics were, as brothels were confined certain districts of Victoria on the basis of race.[96] Prostitution became especially controversial in the long nineteenth century as it was conflated with other moral issues, namely slavery.[97] In each city, then, governmental or market forces hierarchically divided the urban landscape alongside racial and class lines.

Opium, like prostitution, has a literature all its own.[98] In its winding and controversial history, opium has weaved into the all the central thematic

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[92] Gail Hershatter, *Dangerous Pleasures: Prostitution and Modernity in Twentieth-Century Shanghai* (London: University of California Press, 1997), pp. 36-41.
[93] Hershatter, *Dangerous Pleasures*, pp. 34-36.
[94] Hershatter, *Dangerous Pleasures*, pp. 226-229.
[95] MacPherson, *A Wilderness of Marshes*, p. 227 (see also pp. 224-237).
[96] Philip Howell 'Race, Space and the Regulation of Prostitution in Colonial Hong Kong', *Urban History*, 31.2 (2004), 229–248; Philippa Levine, *Prostitution, Race and Politics: Policing Venereal Disease in the British Empire* (Routledge, 2013), pp. 303-318.
[97] Howell, Philip, and David Lambert, 'Sir John Pope Hennessy and Imperial Government: Humanitarianism And the Translation of Slavery in the Imperial Network', in *Colonial Lives Across the British Empire: Imperial Careering in the Long Nineteenth Century*, ed. by David Lambert and Alan Lester (Cambridge: Cambridge University Press, 2006), 228–256 (pp. 245-251); David Pomfret, "'Child Slavery' in British and French Far-Eastern Colonies 1880-1945," *Past and Present,* 201 (2008), 172-213 (p. 175); S Pedersen, "The Maternalist Moment in British Colonial Policy: The Controversy Over 'Child Slavery' in Hong Kong 1917-1941," *Past and Present Society*, 171 (2001), 161-202 (p. 201).
[98] While this literature touches upon health, it more closely aligns with the history of drugs and narcotics. Even at the time, opium tended to be considered tended to be construed as a social vice, thought to be the result of weakness in an individual's character rather than a systemic medical problem. Geoffrey Harding, 'Constructing Addiction as a Moral Failing', *Sociology of Health & Illness*, 8.1 (1986), 75–85 (pp. 75-77, 82-83).

components of this thesis: imperialism, Hong Kong, Shanghai, Britain, China, India, and health. Opium was a major contributor to the growth of both cities under study, especially Hong Kong where the trade was legal until the Second World War.[99] It was likewise a part of the fabric of these cities, with opium dens representing an important sociocultural function for the Chinese community.[100] Once more aligning with the politics of sexual health, there were various transnational campaigns attempting to prevent and prohibit its trade and consumption.[101] Opium and prostitution were unquestionably important features of the medical landscape of Hong Kong and Shanghai, but these are stories told elsewhere. By shifting focus away from these issues, this thesis withdraws from a blanketed "sin city" narrative of treaty port Shanghai and to highlight a series of different health-related questions and practices.

Primary Sources

The primary source base for this research utilises multiple archives, libraries, digitalization initiatives, published, and unpublished materials. Defining health as something co-constituted by the people and the state, I have sought to employ sources that represent this spectrum. This includes inter- and intra-government reports and correspondence, the minutes and proceedings of meetings, books and pamphlets, press media, to the personal records of medical professionals and lay persons in the two cities.

The majority of sources are textual and written in English.[102] It must, then, be acknowledged that most sources derive from the persons and institutions of the imperial power. They are themselves a product and producer of colonial

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[99] John M. Carroll, *A Concise History of Hong Kon*g (New York: Rowman & Littlefield, 2007), p. 98., pp. 33-35.

[100] Alexander Des Forges, 'Opium / Leisure / Shanghai: Urban Economies of Consumption', in *Opium Regimes: China, Britain, and Japan, 1839-1952*, ed. by Timothy Brook and Bob Tadashi Wakabayashi (Berkeley: University of California Press, 2000), 167–185 (pp. 181-182); Yangwen Zheng *The Social Life of Opium in China* (Cambridge: Cambridge University Press, 2005), pp. 186-202.

[101] Popular opposition grew strongly mainly in the last decade of the nineteenth and first decade of the twentieth century. Auerbach, *The Chinese Puzzle*, pp. 81-103. See also: James B. Brown, 'Politics of the Poppy: The Society for the Suppression of the Opium Trade, 1874-1916', *Journal of Contemporary History*, 8.3 (1973): 97–111. Thomas D. Reins, 'Reform, Nationalism and Internationalism: The Opium Suppression Movement in China and the Anglo-American Influence, 1900–1908', *Modern Asian Studies*, 25.1 (1991), 101–142.

[102] Whilst these sources are in English, they did sometimes contain translations of Chinese speakers or the perspectives of Chinese who had been employed in the process of government and were able to write and communicate in English.

culture, laden with the values and views of the state and the sojourner population. This is not, in itself, a problem given that such attitudes are a valid part of the prevailing dynamics of the imperial presence in China.[103] Indeed, as Jonathon Saha has demonstrated it was precisely how these personal subjectivities that constituted the colonial state.[104] At times, however, I have been able to grasp an impression of personal experience, whether reading official documents against "the archival grain" or through sourcing rarely studied examples of Chinese reaction and response.[105]

This thesis comprises work in archives spanning the UK, Hong Kong and China, and utilises a wide variety of digitalised materials. In the UK, most collections are housed between The National Archives (TNA) and the British Library (BL). The former crucially holds the Blue Books, an indispensable part of the colonial governing edifice throughout the Empire comprising the statistical returns for each colony and dependency, many of which were medical in nature such as data on disease and mortality or climatological reports. It also keeps the Shanghai equivalent of Blue Books in its Foreign Office records, which offer a window into the city's consular governance and the communication between these consuls and the various Municipalities of the city.[106] Both the Blue Books in Hong Kong and the consular files in Shanghai are composed namely of despatches in a standardised format to and from the dependencies and the home nation. They reported all manner of issues and enclosed other documents relevant to those discussions. The British Library holds rare early books alongside collections pamphlets and personal papers.[107] Due to the non-governmental nature of some of these documents more generally, personal papers have been an important reference point against administrative sources and a barometer for public issues in China.

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[103] Hevia, *English Lessons*, p. 3.
[104] Saha, *Law, disorder and the colonial state*, p. 2.
[105] Ann Laura Stoler, *Along the Archival Grain: Epistemic Anxieties and Colonial Common Sense* (Princeton: Princeton University Press, 2010), pp. 2-3.
[106] For more on the files of the Foreign Office, see: Bickers, *Scramble for* China, pp. 375-387. In both instances, materials from the Admiralty Office have also been consulted which relate to military and naval health which was a foremost concern in the early days of the settlements.
[107] Among these, The *Shanghai Political and Economic Reports*, which mainly compiles sources from the National Archives' Foreign Office collection and the British parliamentary archives, has been utilised. [107] Robert L. Jarman, *Shanghai political & economic reports, 1842-1943: British government records from the international city* (Slough: Archive Editions, 2008). This series runs volumes 1-18.

I have also consulted smaller British archives. The Wellcome Library's collection of medical histories, documents and manuscripts have been a valuable resource. Papers of the famous Dr Patrick Manson, the founder of the London School of Tropical Medicine, and Dr James Cantlie, the founder of the Hong Kong School of Medicine for Chinese, provide insight into the culture of medical professionalism in the crown colony, as well as the conditions relating to disease and health. Chapter three's discussion of epidemic responses is partly constructed from a rather unlikely set of archives that form an odd monument of the British Empire. Both the Shropshire Regimental Museum and the Shropshire Archives hold records of the King's Shropshire Light Infantry, better known as the "Whitewash Brigade," during their eventful station in Hong Kong. This included first-hand diaries, photographs, newspaper articles, government reports and commemorative memorabilia surrounding the bubonic plague outbreak in 1894.

The foremost digital collections used in this study include the "Virtual Shanghai" platform and the Hong Kong University Libraries' digitalised "Hong Kong Government Records Online" (HKGRO).[108] The HKGRO collection provided many of the top-level records extant in the period: the Hong Kong Government Gazette and later Hansard; parts of the Blue Books; Administrative Reports; and Sessional Papers.[109] Shanghai's equivalent of this resource has been the minutes of the Shanghai Municipal Council which provide an overview of the issues facing municipal governance, notably infrastructural development and settlement extension.[110]

The previous sources often represented top-level governmental perspectives, or those of common sojourners in the case of old published materials. Archival work in Hong Kong and Shanghai offered the opportunity to focus on intra-governmental records and correspondence and other especially rare materials. The Hong Kong Public Records Office was the foremost place of research. Primarily I consulted series comprising the correspondence of the

[108] The Virtual Shanghai platform is accessible at: <http://www.virtualshanghai.net/>
[109] These include various documents in the following date ranges and categories: Hong Kong Government Gazette (1842-1941), Blue Book (1871-1940), Administrative Reports (1879-1939), Sessional Papers (1884-1940), and the Hong Kong Hansard (1890-1941). They can be accessed at: <http://hkgro.lib.hku.hk/>
[110] Shanghai Municipal Council, *The Minutes of the Shanghai Municipal Council* (Shanghai: Shanghai Classics Publishing House, 2001). Series run volumes. 1-28.

Sanitary Board, Annual Reports of the Medical Department, maps and plans of the Land Office, alongside legal communications. In addition, the University of Hong Kong's Library and Special Collections which housed all of the Annual Reports of the Shanghai Municipal on microform, which were vital in understanding the governmental models and ideologies undercurrents in the city. Another useful collection was generously made available to me at the Hong Kong Museum of Medical Sciences, which primarily included the personal notes and recollections of the various physicians and sanitary workers involved in combatting bubonic plague.

The situation of archives in Shanghai was more difficult.[111] The archives that do exist generally focus on topics which have incited a large amount of scholarly research, like policing, cinema and urban culture.[112] There is also less material available in British archives given that as Shanghai fell outside of the mainstream colonial system, it did not share the same standardised procedures and paperwork that came with a formal colonial settlement. In China, the most extensively used collections are in the Shanghai Municipal Archives. These collections are organized fairly chaotically, however most records fall into the concessionary collection. The richly detailed U1-16 series includes records of the Shanghai Municipal Council's Public Health Department. Among many vital documents this includes minutes of the Health Committee, as well those of smaller targeted organisations e.g., U1-16-2627 which holds documents on plague inspection measures from 1910 onwards. The sub-reference U1/14 contains the Public Works Department, resources on urban planning, and building works. Additionally, the Shanghai Library was consulted for its collection of foreign and Chinese language nineteenth century books, newspapers, periodicals and maps. The Xuijiahui library also offered a delightful archive, in which I found a number of rare published materials from the period, such as an old medical treatise on China and walking guides, which were especially revealing of the way Shanghai was spatially imagined.

[111] This is partly the result of a fire in the nineteenth century destroying records.
[112] There are digitalization initiatives which cover Chinese history more generally, containing some materials on Shanghai and Hong Kong. One such resource used for reference in this research was 'Visualising China', led by Bristol University, providing a collection of historical photographs of nineteenth century China. Accessible at: <http://visualisingchina.net/>

Structure

This thesis is divided into four chapters organised thematically, each of which addresses a certain space, dynamic or process related to space and health. The themes and organizational paradigms within these chapters differ depending on the kinds of sources consulted. Chapters one and two focus in on how Shanghai's foreign community ruminated and perused health through their own institutions and cultures. Shifting from colonial culture and health as practiced by foreign sojourners, chapters three and four zone in on how these cultures impacts upon governmental policies, namely by probing the relationship between the state and the Chinese population. In doing so, the topics seek to give insights into the various ways in which health was popularly negotiated and brought into being, and how this affected those on both sides of the imperial equation in drastically different ways.

The first chapter focuses on medical topography in both the urban setting and their surrounding lands. To do so, I interrogate a variety of sources designed to manage, describe and categorise space, termed as "guidance literature." It is argued that the medical path of development "came with the territory." That is to say, conceptions of health and sickness were impressionistically influenced by the cities' initial geography, whether this was in terms of the beauty of the natural environment, the space available, or the local conditions which contributed to the spread of disease. Hong Kong, it is argued, imperial citizens developed a "colonially cosmopolitan" lifestyle, based on the luxurious enjoyment of a tourist bubble enshrouded by the beauty of the natural environment.[113] In Shanghai, by contrast, the natural environment faded in favour of masculine entertainments, like sport. The chapter, likewise, interrogates the limits of interaction between guidance literature and Chinese people and Chinese places, in addition to probing how those subjects were constructed.

[113] For a detailed explanation of this concept of "colonial cosmopolitanism," see: Julia Kuehn, 'Colonial Cosmopolitanism: Albert Smith and Rudyard Kipling in Victorian Hong Kong', *Studies in Travel Writing*, 19.3 (2015), 224–243 (pp. 224-225); Julia Kuehn, 'Colonial Cosmopolitanism: Constance Cumming and Isabella Bird in Hong Kong, 1878', in *New Directions in Travel Writing Studies*, ed. by Julia Kuehn and Paul Smethurst (London: Palgrave Macmillan, 2015), 263-280 (p. 268),

The second chapter shifts to the pursuit of spaces heralded as health resorts. Carrying through the theme of environmental health from the first chapter and it also introduces the idea of domesticity by examining the segregated zones created through Hong Kong's colonial legal system, situated at the Peak and at the lesser known island resort of Cheung Chau. This is compared to the Shanghai's nearest health resort, Moganshan, which provided a hill station style retreat for the city's foreign residents. I argue that popularly understood ideas of racial environmental health, particularly as it related to gendered populations of vulnerable women and children, drove the development of special spaces for their protection and rejuvenation. In both instances, I explore the topographical and cultural features that were prized for their healthiness. These features, it is argued, showed how outdated logics about climate and racial health, found new vigour when applied to certain populations.

The third chapter compares the respective outbreaks of the bubonic plague occurring in Hong Kong in 1894 and Shanghai in 1910, the first of their kind in each city, to examine how each society responded to epidemic crisis. Both settings, it is argued, displayed a heavy-handed governmental attitude toward containing the epidemic, focusing on whitewash sanitation and quarantine. This focus clashed with indigenous Chinese attitudes toward medicine, which upheld values of domesticity and the sacrosanctity of the body as a private space of non-interference. Plague, then, wrought strong discursive and spatial disputes over medicine, race, and colonial rule. I also specifically interrogate the imbalance between the small death toll in Shanghai with the greater violence metered out against the anti-plague measures pursued in that city.

The fourth and final chapter focuses upon the built environment of Hong Kong and Shanghai. It examines the primary building typologies in each city and the nature of living conditions in these spaces, particularly in relation to partitioning and overcrowding. I argue that the space starved nature of Hong Kong and its economic modes of governance meant that living conditions and overcrowding in the colony were severe. Here, issues of gendered populations and domestic privacy which had been ignored by the state during the bubonic plague were used as a justification for insanitary dwellings. Even so, the

governments coercive approach begun in that period had not relented. Using the records of the Sanitary Board, it is further argued that attempts to manage overcrowding through night-visitations were both ineffectual and deeply invasive. Shanghai, by contrast, never focused so intently on native living conditions, though it did perennially fear threats from peripheral settlements where poverty abounded. The chapter serves to show that similar colonial cultures in the two cities did not always cause similar policy outcomes, suggesting the limits of their comparability as historical entities.

The thesis aims to make a contribution to our understandings of the linkages between the construction and use of space and health in these two relatively understudied corners of British influence. In some cases, it finds convergence with situations and attitudes experienced elsewhere in empire, but in others it shows the profound differences that manifested from the formal structures of colonialism in Hong Kong and the atypical experience of colonialism represented by China's treaty port system in Shanghai. It aims to contextualise and show the hybridity of health and sickness, highlighting how they were composed from diverse ideas, many of which were not at first observably medical. Indeed, this hybrid individually interpretable quality is partially what made healthiness so imperative in understandings of imperial spaces. This thesis also seeks to contribute to current debates about how medical ideas mapped onto imperial citizens and the local populations with divergent effects. In doing so, its intention is to add depth and texture to current understandings of how health permeated quotidian behaviours and attitudes and to add another weave in the vast uneven tapestry of our understanding of the British Empire.

CHAPTER ONE

It comes with the territory: guidance literature and attitudes to health in East Asia

> In a locality where many have found an early grave, and which is well known to be less healthy than their own country […] What is the best method of preserving health in Shanghai? I feel therefore that if I can by a few simple rules aid such men my chief aim will be attained.[1]
>
> James Henderson, 1863.

Introduction

By the nineteenth century, the Industrial Revolution had created densely complex city landscapes whilst trade and empire engendered the growth of urban centres into climates and cultural settings that were unfamiliar to white sojourners. The movement of people and labour into these novel environments created many questions. How was one to survive, work, and even thrive in the city? Even further, how could one prosper when situated in supposedly dangerous surroundings? This chapter traces late-nineteenth and early-twentieth century notions of healthy space through the medium of literatures designed to provide a sense of place. I expound how imperialism had both a cultural and concrete aspect. Imperial writers defined what *was* healthy, whilst imperial rulers restructured the physical environment so that it appeared to "naturally" embody these qualities.[2] Concurrently, these imperial processes naturalised that which did not conform to these standards as inferior, which in most cases related to the colonised population.

The chapter is organised under thematic subtitles, based on the ideas that emerged when reading the many pieces of guidance literature produced during

[1] James Henderson, *Shanghai Hygiene: Or Hints for the Preservation of Health in China* (Shanghai: Presbyterian Mission Press: 1863), pp. 1-2.
[2] The argument I present here then bears some resemblance to the way Edward Said's argument of how orientalism was written into being. Said, *Orientalism*, p. 2; Said, *Culture and Imperialism*, p. 5.

the long nineteenth century. These ideas come under two broad categories: the environment (natural and built) and the Chinese (people and places). The health-related conceptions of the local topography and built environment are first examined. Through the prism of aesthetics, cultural associations, and the recommended lifestyle in these cities, the section puts forward that the idealised version of a good lifestyle in each city differed as a result of the territory. It is argued that sojourners, by actively seeking to enter the traveller's bubble, were pursuing health in their new locale. In Hong Kong, the landscape came to the fore. A good healthy life in this city existed in a bubble of the natural landscape inside of which inhabitants could coalesce into a life of luxury. In Shanghai, lacking this natural landscape, the healthy bubble existed differently, this time in the form of human-driven activities, like sport and its dazzling modernities.

The second half of the chapter discusses "Things Chinese."[3] The comparative prominence of Chineseness in Shanghai is first interrogated, before explaining how discussions of Chinese people and areas indulged in pity, voyeurism and exoticism.[4] Here I draw on cyclical travel writing theory, particularly Julia Kuehn's elaboration of colonial cosmopolitanism; a contradictory concept with colonialism on the one hand pushing for restrictive national goals and cosmopolitanism on the other advocating inclusivity and diversity.[5] By this concept, the idealised healthy life in Hong Kong essentially operated as a process creating informal racial segregation. The section then shifts to examine the way "native cities" and Chinese subjects (specifically "coolies," beggars and women) were presented in the guidance literature in terms of squalor, myriad sights, and spectacle.

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[3] This is a reference to the famous work of James Dyer Ball, a sinologist operating in Hong Kong in the late nineteenth century. The breadth of the term captures the wide variety of Chinese people, objects, and spaces that came to be described and photographed by residents and visitors alike in East Asia. James Dyer Ball, *Things Chinese: Or, Notes Connected with China*, 4th ed. (Hong Kong: Kelly & Walsh, 1903), pp. vii-xii.

[4] This pattern was even more stark in those writers who visited or resided in both cities.

[5] For Kuehn, Victorian travellers confronted the notion of "cosmopolitanism as a collective, political, law-bound destiny, with the aim of the peaceful co-existence of all peoples and cultures in this world; cosmopolitanism as a nationalist and international economic reality and project. As individuals and as members of a group, class and nation, they would have seen otherness through the lenses of ethics, culture, politics, and economics, combining their cosmopolitan detachment and openness to the world with personal or national interests in a myriad of complicated ways." Kuehn, 'Colonial Cosmopolitanism', p. 268.

Guidance literature

I use the term "guidance literature" - to encapsulate both travel writing and the similar writings that label might exclude – to describe works with a thematic resemblance in providing spatial familiarity for the reading public.[6] In this guidance literature, a central assumption was the utility of the writers' experience for others.[7] In this respect, readers often did consciously emulate their predecessors, cyclically reinforcing certain habits and lifestyles by reproducing similar recommendations for others.[8] By this process of emulation, sojourners created a "bubble" constituted by colonial society and a bourgeoning tourism industry.[9] Such a bubble, I argue, was essential to visions of healthy living in each city. Guidance literature was, then, an important tool of empire. Not confined to recommending readers where to stay or what to do, guidance literature also frequently dealt with negotiating imperial spaces from a medical point of view, even if only implicitly.

Travel writing studies, as a field, have neglected health and its associations.[10] Likewise, the history of medicine lacks research utilising travel writing as an essential source base.[11] For both fields, these gaps exist despite

[6] By focusing on texts that self-identified with the travel writing genre, the field of travel writing studies has displayed a tendency to exclude other works that were similarly designed towards providing knowledge of place. "Guidance literature" here spans a range of texts and pictographic works including literal "guides" to Hong Kong, Shanghai, China, or East Asia; as well as travel writing, local histories, photo albums, and medical information formulated for the lay reader.

[7] Stephen L. Keck, 'Travel Writing about Hong Kong and Singapore 1870-1914', in *New Directions in Travel Writing and Travel Studies*, ed. by Julia Kuehn and Paul Smethurst (London: Palgrave, 2015), 154–168 (p. 154).

[8] Tourists, whilst not representing all the sources which I call guidance literature, did represent a significant component of its writers. They were especially like to seek out similar cultural and historical sites to get the best experience. This, as Craik argues, was a process inevitably brought about through the peculiar culture of tourism. Jennifer Craik, 'The Culture of Tourism', in *Touring Cultures: Transformations of Travel and Theory*, ed. by Chris Rojek and John Urry (London: Routledge, 2002), 113–136 (pp. 118-121).

[9] Keck, 'Travel Writing about Hong Kong and Singapore 1870-1914', p. 155.

[10] Even in the great David Arnold's work on travel and science in India, health seldom surfaced as a theme of discussion. It primarily mentioned in the case of writers becoming sick on their travels, though this may of course simply reflect the sources. Arnold, *The Tropics And the Traveling Gaze*, pp. 58-61. John Spillane has traced the notion of *Medical Travellers*, where he devotes a chapter to Clarke Abel, who travelled to China in 1816 for the second British Embassy to Peking. Unfortunately, Spillane does little to describe his medical impressions of the country or how his medical occupation may have impacted his views or the inverse question of how travel might have affected his ideas about medicine. John David Spillane, *Medical Travellers: Narratives from the Seventeenth, Eighteenth, and Nineteenth Centuries* (Oxford: Oxford University Press, 1984), p. 194.

[11] One important exception comes from Greenwood who explores how doctors in colonial Africa sense of self-heroism meant they framed the local environment in sensationalist terms of danger, yet also painted the native population as culpable in their illness. Anna Crozier [Now Greenwood] 'Sensationalising Africa: British Medical Impressions of Sub-Saharan Africa, 1890–1939'. *The Journal of Imperial and Commonwealth History*, 35.3 (2007), 393–415 (pp. 393-394). Other more tangential treatments of the

the frequency with which wellbeing and sickness were broached to contemporary readers and, for that matter, the multiple associations between health and travel.[12] By the nineteenth century, and even earlier, travel was linked with restorative functions, both physically and mentally, through processes like racial acclimatisation.[13] More than the rejuvenative effects of travel in itself, I am more interested in the ways guidance literature writers sought to healthily navigate life in Hong Kong and Shanghai.[14] Both of these cities, after all, were popular destinations of sojourners throughout the long-nineteenth century and beyond, despite their initially infamous reputations as emporia of ill-health.

The range of writers encompassed by guidance literature needs some explanation, for perspectives invariably differed according background and occupation.[15] The most obvious division was nationality. As with the rest of this thesis, most sources were produced by persons of British origin, thus contributing neatly to what James Hevia terms the "imperial archive" of Britain in China.[16] In most other cases, the writers cited were American. To say that these individuals

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medical world in travel writing derive from literary studies. An important idea from this field derives from Pratt who argues that the imperial traveller's processes of understanding were in actuality a process of colonial control. In depicting place, imperial writers shaped what they saw, placing themselves as producers of those conditions. In her words: "The conventions of travel and exploration writing (production and reception) constitute the European subject as a self-sufficient, monadic source of knowledge." Mary Louise Pratt, *Imperial Eyes: Travel Writing and Transculturation* (London: Routledge, 2007), pp. 93-94, 135-136.

[12] Travel represented both the strength of Western technological and social organisation, and an opportunity to remedy its ills through exposure to novel scientific, medical and economic contexts. Medical advances had made travel safer. But the connection was deeper, travellers treated exploration of the empire as a barometer for the health of the body politic, though more so of the metropole than the actual locale itself. The prosperity of locations like Hong Kong and Shanghai were understood as symbols of Britain's pre-eminence.

[13] Richard Wrigley, and George Revill, 'Introduction', in *Pathologies of Travel*, ed. by Richard Wrigley and George Revill (Amsterdam: Rodopi, 2000), 1–20 (p. 10). As Arnold has demonstrated, this logic had deep roots dating back to the sixteenth and seventeenth centuries. Even then, travel was necessary to acclimatise and overcome the limitations of an individual's racial origins. Arnold, *Warm Climates*, pp. 213-240.

[14] Virtually every work purporting to "know" Hong Kong or Shanghai provided diverse advice on properly utilising one's time in these destinations and, crucially, doing so healthily. Advice ranged from leisure, diet, sleep, exercise, and even architecture. It has to be noted, however, that these sources provided a scripted and Western narrative. As such, guidance literature largely presented a one-sided picture of these cities, with very few, if any, Chinese counter narratives to provide an alternative reading. The image presented by guidance literature, then, was less of a dialogue between visitor and visited, but was more of a monolithic expression of place by Western writers. Authors, furthermore, were often not explicit in their assumptions about the connectivity between travel and health, although this can be traced impressionistically through their voyeurism, exoticism, and aesthetic values.

[15] For more on how different writers of guidance literature framed their experienced through their preconceived notions, see: Leila Koivunen, *Visualizing Africa in Nineteenth-Century British Travel Accounts* (London: Routledge, 2008), pp. 19-31. Koivenen identifies four major categories of written purposes in Africa, though she notes that even these were not cohesive. These were those who saw Africa for its potential to exploit, those on a civilising mission, those who saw it as an object of science and study, and finally those who perceived it as a hidden pleasure ground.

[16] Some examples include A.G. Hickmott and C.D. Mackeller. Hevia, *English Lessons*, pp. 120-178.

were contributing to "British imperialism" in China becomes more questionable, though Americans certainly expanded the culture of colonialism in the region. Americans carried messages of colonial transformation, of Chinese pestilence, and of tropical medicine, which in so doing subtly reinforced the same messages as their British counterparts. Martin Ballou, for instance, explicitly and repeatedly linked Chinese space with epidemic upheaval, whilst, as an American, he asserted the contrasting progress that Hong Kong's European areas signified.[17] Another obvious point of demarcation was along the lines of gender. Female perspectives were predictably rarer, but they contributed similarly to the overall image of these cities over time. Women writers ostensibly did little to separate themselves from the masculine forms of travel writing produced in the same era.[18] Louise Jordan Miln was an exception. An American writer and publisher endeavoured to illuminate the "oriental" women's lives and said that her dealings with China made her a "better woman."[19]

With such an individually variable category, it is difficult to draw firm conclusions on how occupational groupings would inform attitudes and behaviour. Many of the sources employed were produced by individuals who made a career of writing, yet their styles and ideas varied. The most important distinction in this respect related to how transient or settled the writers were. Travel writers, for instance, conducted shorter trips so would prioritise their time for that which they thought most worthy. Their observations were fleeting glimpses of life in the city, but glimpses that informed the general perception of that place, especially abroad. Settled writers, such as newspaper contributors, often provided specialised information for the resident with issues like seasonality, where to holiday, and how to pass the boredom. But they too indulged in recommendations for new arrivals and recounted their experience of first impressions. Elaborate description drew out notable things about the environment. In Hong Kong, I would argue that this effect contributed favourably to how healthy the city was perceived to be,

[17] Maturin Murray Ballou, *Foot-Prints of Travel, Or, Journeyings in Many Lands* (Boston: Ginn & Company, 1889), pp. 35-36.
[18] Kuehn, 'Colonial Cosmopolitanism', pp. 274-276.
[19] Louise Jordan Miln, *When We Were Strolling Players in the East* (London: Osgood & McIlvaine & Co., 1894), pp. 173-179.

with the city's vistas and villas occupying the focus.[20] Shanghai, in the nineteenth century, was more tarred by such patterns as Chinese features were more focal or, as in the later twentieth century, the city's sinful side became more prominent in textual treatments.

Missionaries were a firm occupational category, but they straddled this line between settled and transient. Many spent their lives semi-attached to the treaty ports, often to particular hospital sites, but ventured out for long periods to conduct their work in the interior.[21] Andrew Bridie has argued that missionaries were "a tool for reducing the perception of alterity" between foreign and Chinese, and vice versa.[22] Their prose, however, were unquestionable connected to a wider imperial project of Christianity, as their work peddled essentialised messages about deficiency in the local area directed at both the "native" population and foreign sojourners.[23] Most missionaries had medical training meaning their ideas were fundamental influenced by popular notions of health and sickness in the nineteenth century – such as individual temperance and acclimatisation, paralleling tropical medicine in China.[24] Missionaries often dealt with "China" as a whole and attempted to discourage the lifestyles so often associated with the Shanghailander community.[25] In this way, their recommendations and priorities did not always align with the lay community. Contrasting their prescriptions with those of tourists and normal residents, whose social calendars were intimately related to alcohol, the missionary conception of a good life in China was comparatively prosaic.

For early medical professionals, like James Henderson and Charles Gordon, instructions for healthiness in China were directly linked to the success

[20] As will be discussed, few writers closely dealt with the Chinese parts of Hong Kong which most acknowledged were insanitary.
[21] Bickers, *The Scramble for China*, p. 215.
[22] He describes, for instance, how Western missionaries often respected and engaged with Chinese pharmacopeia. Bridie J. Andrews, *Making of Modern Chinese Medicine, 1850-1960* (Vancouver: UBC Press, 2014), p. 55.
[23] James Hevia, 'Leaving a Brand on China: Missionary Discourse in the Wake of the Boxer Movement', in *Formations of Colonial Modernity in East Asia*, ed. by Tani E. Barlow (London: Duke University Press, 1997), pp. 113–139 (132-133).
[24] Missionary dominance of the idea of health in China declined in the twentieth century. The missionary brand of medicine in China became outdated by the 1920s, as the modernising Chinese state required "modern" medicine and science. Andrews, *Making of Modern Chinese Medicine*, pp. 67-68.
[25] Shang-Jen Li, , 'Eating Well in China: Diet and Hygiene in Nineteenth-Century Treaty Ports', in *Health and Hygiene in Chinese East Asia: Policies and Publics in the Long Twentieth Century*, ed. by Angela Ki Che Leung and Charlotte Furth (Durham NC: Duke University Press, 2011), 109–131 (pp. 119-122).

of the British imperial project. They often shared the outlooks of the missionary community by emphasising the need for greater personal care, which is unsurprising given their dealings with high mortality in the foreign community during the early days of Britain in China.[26] With their intimate knowledge and settled viewpoint, their recommendations contained specific recommendations, such as how the changing of winds might impact sickness.[27] Their medical ideologies were wrapped up in more technical knowledge, but this often amounted to similar social messages and basic guidelines for wellbeing. Filtering these ideas in comparison to those of more short-lived travellers, a medical professional might suggest that that a person living in these cities take a stroll during the cooler hours of morning.[28] A traveller would suggest similar ideas, but filter them through a touristic perspective – wandering the Peak was at once the best for the sightseeing and personal wellbeing.

First impressions

All sojourners leaving their homeland for East Asia faced a long journey that, depending on the route, could last several weeks or months. Generally taken via steamer, their journey was peppered with stops at major ports of the imperial world, during which time travellers were gradually acquainted with Britain's global presence.[29] Despite the fascination that might be assumed to accompany such grand scale voyages, most writers mentioned the trials and tribulations of their voyage, with several writers specifically describing the thorough boredom of their journey.[30] Arriving at their destination, travellers were eager to see their new place of residence with their expectations tempered and

[26] During the Republican period from 1911, the Western medical presence in China went from British dominated to being American facing signified by a shift in focus from John Dudgeon and Patrick Manson toward John D. Grant and the Rockefeller foundation. Luesink, David, 'China and the Globalization of Biomedicine', in *China and the Globalization of Biomedicine*, ed. by David Luesink, William H. Schneider, and Zhang Daqing (Rochester, N.Y: University of Rochester Press, 2019), 1–35 (pp.7-15).
[27] MacPherson, *Wilderness of Marshes*, pp. 27-28.
[28] Henderson, *Shanghai Hygiene*, p. 35.
[29] Growing guidance literature, increasingly available in the metropole, would have served to acquaint sojourners with the Empire. Keck, 'Travel Writing about Hong Kong and Singapore', p. 156.
[30] As Jeffrey Auerbach argues journeys were a point of particular monotony that would set the tone for many imperial citizens. Jeffrey A. Auerbach, *Imperial Boredom: Monotony and the British Empire* (Oxford: Oxford University Press, 2018), p. 7.

framed through their stops on the journey.[31] For many of the Empire's professionals – such as civil servants - first impressions were invariably styled in vivid terms, representing as they did a new juncture in their lives and an immediate exposure to a culturally different setting.

Hong Kong and Shanghai could scarcely have been more different in the first impressions they generated. The first thing to strike travellers, albeit differently, was the topography of their surroundings. For all but the absolute earliest travellers to Hong Kong, its surroundings presented a magnificent scene, resplendent with monuments to European civility and progress.[32] For Nicholas Dennys, an English-born scholar, Hong Kong was an impressive place:

> A view, remarkable for its beauty, bursts upon the sight of the traveler. Rising in lofty terraces one above another are seen the houses of the city, and towering above them all, like an overshadowing giant, rises the lofty "Peak." On a clear summer morning the panorama thus presented to them may fairly be compared to many, famed for the picturesqueness, in western lands. The clean white buildings, dazzling in the sun, stand out in bold relief from the tawny green of the mountainside.[33]

In this extract, Dennys emphasised the vertical nature of Hong Kong alongside the contrast between the built and natural environment and how they mutually magnified their respective and overall aesthetic appeal. This narrative of the passage into Hong Kong has tonal similarities to almost every other contemporary account of the city.[34]

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[31] Lambert and Lester, 'Introduction', p. 6.

[32] Even in 1816 when British surgeon and naturalist Clarke Abel arrived in Hong Kong, he wondered at both the botanical discoveries to be made there, but also commented on the barren quality of the island whilst depicting the island as full of green in his drawings. Clarke Abel, *Narrative of a Journey in the Interior of China* (London: Printed for Longman, Hurst, Rees, Orme, and Brown, 1818), pp. 58-60.

[33] Nicholas Belfield Dennys, *The Treaty Ports of China and Japan: A Complete Guide to the Open Ports of Those Countries, Together with Peking, Yedo, Hongkong and Macao* (Cambridge: Cambridge University Press, 2012), p. 4.

[34] Robert Peckham, 'Spaces of Quarantine in Colonial Hong Kong', In *Quarantine: Local and Global Histories*, ed. by Alison Bashford (London: Palgrave, 2016), 66–84 (p. 68); James Ricalton, *China Through the Stereoscope: A Journey Through the Dragon Empire at the Time of the Boxer Uprising* (London: Underwood & Underwood, 1901), p. 21; Isabella L. Bird, *The Golden Chersonese and the Way Thither* (London: John Murray, 1883), p. 77.

In Shanghai, new arrivals' impressions were very different. There was a stark absence of scenic beauty, though passers-by did remark on the fertility of the place: "No mountains or high lands are anywhere in sight. The Yangtse, at the mouth of the Wusung, is like a broad muddy lake."[35] New arrivals' opinions were also coloured by smaller local settlements along the riverside. As Peter Laurie, a British Jardine Matheson Agent, described in his 1866 account, the change of steamer at Wusung left an extremely unpleasant taste that he later concluded would be typical for Westerners in average Chinese settlements. "The naturally filthy habits of the people had much to do with the unfavourable first impressions of a Chinese town," so much so that Laurie and his compatriots promptly "beat a hasty retreat."[36] For many writers, Shanghai's surrounding topography was intimately related to dirt, filth and bad habits. Imperial citizens tended to hold these opinions until they were among the hustle and bustle of Shanghai proper, but even then, aesthetic qualities were less paramount.[37]

Health and aesthetics in Hong Kong

The connection between aesthetics and health are important.[38] As Sander Gilman argued medical iconography is often mistakenly treated with a "scientific" status of objectivity when they have better resemblance to aesthetic iconography. For Gilman, medical attitudes "may (or may not) be rooted in some observed reality […] they are iconographic in that they represent these realities in a manner determined by the historical position of the observers, their relationship to their

[35] As Ricalton continued: "The shore is a low, fertile, limitless plain." Ricalton, *China Through the Stereoscope*, p. 71.
[36] Laurie's account of Shanghai, however, was much more glowing and more aesthetically concerned than other contemporary accounts: "Shanghae[sic] or as in those days it was called, the "Model Settlement" was indeed a striking looking city. The magnificent hongs which thronged the river's side with their compounds, their flags flying (for nearly every hong represented some dignity) and the fine broad terrace fronting the river and commonly called the "Bund," had a grand and imposing appearance, which was truly astonishing in a place of such recent growth." Peter George Laurie, *The Model Settlement* (Unknown publisher, 1866), p. 1.
[37] "Approach Shanghai by the river, from Woosung, next to the foreign factories, that have sprung up as if by magic, the native shipping was the most prominent object of attention. The city itself having no high grounds or lofty towers or pagodas, was quite concealed by trees, so that only a few poor houses could be seen along the river's banks." Anon., 'First impressions of Shanghai', in *The Nautical Magazine: A Journal of Papers on Subjects Connected with Maritime Affairs*, Vol. 18 (London: Simpkin, Marshall and Co, 1849), 30-34 (pp. 31-32).
[38] As Craik notes acquiring aesthetic tastes was a crucial part of tourism. Craik, 'The Culture of Tourism', p. 119.

own time, and to the history of the conventions which they employ."[39] Medical observations, then, should be treated as subjective, much as aesthetics are.[40] Applying this subjectivity, Desmond Manderson has given a useful analysis of aesthetic health. He argued health and the aesthetics of beauty are closely linked because each are constituted of a compound of images based on conformity to a norm.[41] In bodily terms, for instance, most societies perceive the healthy body as the attractive body, and vice versa.[42] In Heinrich's *The Afterlife of Images*, missionary drawings of the Chinese body with a plainly negative aesthetic were vital in the genealogy of China becoming the "Sick Man of Asia" in the eighteenth century.[43] Existing scholarship has focused on these bodily norms of health and beauty, but I argue such models extrapolate to environmental norms.[44] Using these models, places designated beautiful were also designated as healthier spaces.[45] Unhealthier spaces, conversely, were described in more pejorative terms, either for their lack of visual appeal or for insalubrity.

Writers' use of colour in depictions was especially indicative of the way these two cities were popularly understood and experienced, particularly for fleeting travellers.[46] Many travel writers admired the wide spectrum of colour in Hong Kong. In a guide to Asia focusing on a giving the reader a vicarious sensory journey, the British explorer C. D. Mackeller praised Hong Kong in 1901 for there was "no end to the variety of costumes or the play of light and colour**.**"[47] By night,

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[39] Sander L. Gilman, 'Black Bodies, White Bodies: Toward an Iconography of Female Sexuality in Late Nineteenth-Century Art, Medicine, and Literature', *Critical Inquiry,* 12.1 (1985): 204–242 (p. 205). See also: Sander L. Gilman, *Picturing Health and Illness: Images of Identity and Difference* (Baltimore: The Johns Hopkins University Press, 1995), p. 176.
[40] Gilman, 'Black Bodies, White Bodies', p. 205.
[41] Desmond Manderson, '"Disease, Defilement, Depravity": Towards an Aesthetic Analysis of Health'. In *Migrants, Minorities and Health: Historical and Contemporary Studies*, ed. by Lara Marks and Michael Worboys (London: Routledge, 1997), 22-48 (pp. 22-25).
[42] Manderson, '"Disease, Defilement, Depravity"', p. 25; Christopher E. Forth, *Masculinity in the Modern West: Gender, Civilization and the Body* (Basingstoke: AIAA, 2008), pp. 67-98.
[43] Ari Larissa Heinrich, *The Afterlife of Images: Translating the Pathological Body between China and the West* (Durham: Duke University Press Books, 2008), p. 147.
[44] Gilman, *Picturing Health and Illness*, p. 174.
[45] This has some basis in social science research, see: Anthony Adomi Mbina and Ephraim E. Edem, 'The Role of Colours in the Health and Wellbeing of the Built Environment in the Tropics', *European Journal of Research in Social Sciences*, 3.3 (2015), 81-87 (pp. 84-85).
[46] Guidance literature, as much as any other form of writing, aimed to foster a sensory experience. Colour was hugely important to this process of vicarious perception. Richard Cronin, *Colour and Experience in Nineteenth-Century Poetry* (London: Palgrave, 1988), pp. 5-6.
[47] C. D. Mackellar, *Scented Isles and Coral* Gardens (London: John Murray, 1912), p. 283.

too, the city's chroma was impressive. The American writer Edgar Allan Forbes effused:

> And that view of Hong Kong at night surely you have not forgotten it. With the lights from the residences that dot the mountain all the way to the top, and with the blaze of electricity and coloured lanterns from the lower town, Hong Kong by night is a necklace of glittering gems, a pendant of diamonds and rubies and emeralds.[48]

The prominence of colour in narratives of place were not exclusive to Hong Kong, they distinguished other tropical colonies. Contemporaneous depictions of Singapore and Ceylon, for instance, emphasised the colour in the local environment, particularly with flora and markets.[49] Heady mixes of colour surely connoted some of the danger associated with the risks presented by tropical environments to European constitutions.[50] At the very least, it reinforced a sense of difference to the metropole. Strong, bright effervescent colour contrasted dramatically with the Victorian obsession with moderation, but these colours could be fruitfully restrained and managed with proper planning and etiquette.[51] Metaphors of jewellery and gemstones, as above, purported the dazzlingly pure colour on display. This testified to the civility and prosperity of the colony, whilst implicitly connecting the "Crown Colony" to British imperial authority through royal headwear.[52] Regardless, the spectrum of colour in Hong Kong represented one

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[48] Edgar Allen Forbes, *Twice Around the World*, (New York: Fleming H. Revell company, 1912), p. 224.
[49] Walter Del Marr, *Around the World Through Japan*. Second Edition. (London: Adam and Charles Black, 1904), p. 37, 65.
[50] Natasha Eaton, *Colour, Art and Empire: Visual Culture and the Nomadism of Representation* (London: I.B. Tauris, 2013), pp. 122-123; Ryan Johnson, 'European Cloth and "Tropical" Skin: Clothing Material and British Ideas of Health and Hygiene in Tropical Climates', *Bulletin of the History of Medicine* (2009), 530-560 (p. 555).
[51] As Osborne notes, Victorian colour palettes demonstrated a preference for restraint, conformity, and moderation. R. M. Osborne, 'The history of colour theory in art, design and science' in *Colour Design: Theories and Applications*, ed. by Janet Best (Oxford: Woodhead Publishing, 2012), 309-335 (p. 323). However, as Ryan Johnson has warned we should be cautious in applying this "stiff" image of the colonial citizen as afraid of colour and rigidly confined to particular habits. In their sartorial behaviour, he argues, many adopted tropical or "native" dress to cope with the environment, giving the self-image of adventure and adaptability. Johnson, 'European Cloth and "Tropical" Skin', pp. 559-560. Chris Otter likewise warns against treating Victorian visuality with a monolithic lens. Chris Otter, *The Victorian Eye: A Political History of Light and Vision in Britain, 1800-1910* (Chicago: University of Chicago Press, 2008), p. 61.
[52] Hong Kong, after all, was known as the "Pearl of the Orient." For Rudyard Kipling the aesthetically obvious affluence of the colony made it interesting as a space, whilst also being a testament to imperial success: "Hong Kong was so much alive, so built, so lighted, and so bloatedly rich to all outward appearance that I

form of its beauty, something which ultimately contributed to its gradually accrued reputation as a healthy place and an essential spot for the globetrotter.

Out of this spectrum, the two colours that fore-fronted the Fragrant Harbour were green and white. Bright and clean colours, they were central to the way in which Hong Kong's colonial society fostered a salubrious bubble for its visitors and residents. It was this bubble that created the notion of healthiness as it existed in the city. Colonial architects used white to develop the veneer of the colony which imperialists reified and praised as beautiful and clean.[53] White has a long history of associations with cleanliness, extending from at least the eighteenth century.[54] Victoria's buildings impressed upon those *in situ* a sense of sanitation and cultural progress.[55] Their white was unspoiled, demonstrating an absence of "matter out of place."[56] The white granite structures of Hong Kong, likewise, complemented the green backdrop.[57] To foreign observers, the symbiotic quality of the white against green emphasised the idyllic natural environment and the way in which European architecture, landscaping, and design were employed in order to make the space liveable and pleasant. Evidently, the significant endeavours of the colonial government toward the "greening" of Hong Kong were not in vain as imperial writers praised the territory in droves.[58]

In an early exploration of colour theory, Johann Wolfgang von Goethe wrote of green that "the eye experiences a distinctly grateful impression from this colour."[59] Though lacking some of its present-day associations, green was

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wanted to know how these things came about." Rudyard Kipling, *From Sea to Sea: Letters of Travel* (New York: Doubleday & McClure Company, 1899), p. 268.

[53] Veneer in this sense refers to the way much of the dirt and grime of Hong Kong's streets was not visible from a distance or were obscured by its white buildings with impressive edifices.

[54] Carl A. Zimring, *Clean and White: A History of Environmental Racism in the United States* (New York: NYU Press, 2017), p. 6.

[55] Dennys, *The Treaty Ports of China and Japan*, p. 4. A good indicator of this idea of cultural progress is that many buildings of significance, like temples or national constructions, are white.

[56] Mary Douglas, *Purity and Danger: An Analysis of Concept[s] of Pollution and Taboo* (London: Routledge, 2002), p. 41. Originally published in 1966.

[57] Hong Kong's buildings generally fell under the compradoric, classical, or Italian palazzo architectural styles.

[58] Peckham, 'Hygienic Nature', p. 1180. This was a familiar motif in other colonial sites where greenery also heralded a sense of "progress." Raymond L. Bryant, 'Romancing Colonial Forestry: The Discourse of "Forestry as Progress" in British Burma', *The Geographical Journal*, 162.2 (1996), 169–178 (pp. 170-171).

[59] Though Goethe's theories were denounced by much of the contemporary scientific community, it was nonetheless an influential artistic and philosophical account of colour in the nineteenth century. Originally published in German in 1810, his work was translated into English in 1840. Johann Wolfgang von Goethe, *Theory of Colours* (London: M.I.T. Press, 1840), p. 316.

nonetheless homoeopathically equated with healing and wellbeing through the landscape, clean air, and a rural life.[60] Particularly in the late nineteenth century, green spaces were heralded as salubrious, offering fresh air and a pastoral oasis in urban environments.[61] Prescribing healthiness through beauty, Hong Kong's greenery was intended to be enjoyed. Rides on the famous Peak Tram to view the city from above, to see its harbour, and to enjoy the Peak's own gardens, walks and hikes all featured prominently in the city's guidance literature. Such gardens and green areas contained not only tropical flora, but also those of the metropole. The city's flora enthusiasts drew extensively on an Empire-wide botanical network, serving to grow and display plants from all corners of the globe.[62] Drawing together these plants, Hong Kong's sojourners brought the Empire home in a way in that created associations with the English garden, a typically healthy locale according to Victorian values.[63] These areas, and the colonial buildings accompanying them, also coalesced into another imperial dynamic. Supposedly "green" activities were scripted and formulated through the structures of colonial society and a bourgeoning tourism industry, in a way that reinforced the racial hierarchies between whites and Chinese "others."[64] Nominally, the main contact most of the foreign population had with the "native" Chinese was in the form of labourers and household servants.[65] Healthful activities and places tended to be exclusionary.

Greenery was inevitably connected to the mountainous terrain in the port colony. Lofty areas were healthy for numerous reasons. It was, after all, the Peak which gave the colony its much-admired appearance. By ascending, sojourners

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[60] Jolanda Maas, Robert A. Verheij, Peter P. Groenewegen, Sjerp de Vries, and Peter Spreeuwenberg. 'Green Space, Urbanity, and Health: How Strong Is the Relation?', *Journal of Epidemiology & Community Health*, 60.7 (2006), 587–92 (p. 592).

[61] There is a substantial modern academic literature on the associations between the colour green and conceptions of healthiness. For a specific historical examination of how the associations of the colour green developed over time, see: Michel Pastoureau, *Green: The History of a Color* (New Jersey: Princeton University Press, 2014), pp. 181-215. The cultural dichotomy between urban and rural environment is also important here, see: Raymond Williams, *The Country and the City* (Oxford: Oxford University Press, 1973), pp. 1-8.

[62] HKGRO: GG: Charles Ford, "Report on Government Gardens and Plantations for 1880" (26 May 1880).

[63] Peckham, 'Hygienic Nature', p. 1194.

[64] Kuehn has argued that travel implicitly reinforced a sense of alterity in the traveller's gaze. Kuehn, Julia. 'Introduction', In *New Directions in Travel Writing Studies*, ed. by Julia Kuehn and Paul Smethurst (London: Palgrave Macmillan, 2015), 263–280 (p. 10).

[65] Keck, 'Travel Writing about Hong Kong and Singapore 1870-1914', p. 155; Kuehn, 'Colonial Cosmopolitanism', pp. 268-272. It should be noted that Anglo-Chinese social relations in the colony more generally reinforced such hierarchies, see: Munn, *Anglo-China*, pp. 66-67.

were exposed, in their view, to the verdant green of a healthier locale. Advice was to stroll these areas taking in the beauty and fresh air for the benefit of their health and psyche.[66] The climate became less oppressive and humid, whilst the buildings became more spacious, ornate, and elegantly gardened. This relaxed and comfortable lifestyle gave an impression of healthiness, as did the cultural comparisons the area received. [67] The steep topography encouraged comparisons to the European travellers' home continent. British writers likened the mountains to the Scottish Highlands, in the same nostalgic tone.[68] The association between the Scottish Highlands is significant for they were imbued with notions of tradition, masculinity and strength – ultimately an image of vitality.[69] Literature also compared Hong Kong to Southern European coastal resorts. Monaco was one example, but more famously one of Hong Kong appellations was the "Riviera of the Orient." [70] European comparisons, particularly to the English countryside, evoked the salubriousness of colonial locales, whilst falling into a long tradition of landscape appreciation, notably romanticism.[71]

These cultural comparisons instilled a favourable impression of Hong Kong's that were in turn supported with direct medical theories associated with the promotion of greenery. Contemporary medical personnel as well as lay people saw trees, shrubbery and other plants as capable of dispelling the

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[66] Miln, *When We Were Strolling Players in the East*, pp. 121-122; Pomfret, *Youth and Empire*, p. 151.
[67] J. T. Kenny, 'Climate, race and imperial authority: the symbolic language of the hill station in India', *Annals of the Association of American Geographers,* 85:4 (1995), 694-714 (p. 694); Kennedy, *The Magic Mountains*, p. 40.
[68] Peckham, 'Hygienic Nature', pp. 1192-1194; Tristram Hunt, *Cities of Empire: The British Colonies and the Creation of the Urban World* (New York: Metropolitan Books, 2014), p. 388.
[69] Peckham, 'Hygienic Nature', p. 1209; Maureen M. Martin, The Mighty Scot: Nation, Gender, and the Nineteenth-Century Mystique of Scottish Masculinity. (New York: SUNY Press, 2009), pp. 12, 66-67. Comparisons to the Scottish Highlands were also a feature of other colonial territories, see: Jeremy Foster, '"John Buchan's "Hesperides": Landscape Rhetoric and the Aesthetics of Bodily Experience on the South African Highveld, 1901-1903', *Ecumene*, 5.3 (1998), 323-347 (pp. 345-347); , Jeremy Foster, *Washed with Sun: Landscape and the Making of White South Africa* (Pittsburgh: University of Pittsburgh Press, 2008), pp. 140-142.
[70] The moniker "The Riviera of the Orient" became a motif in promotional materials for the port colony. Hong Kong Travel Association, *Handbook of Hong Kong, the Riviera of the Orient* (Hong Kong: Hong Kong Travel Association, 1935).
[71] James Beattie, *Empire and Environmental Anxiety: Health, Science, Art and Conservation in South Asia and Australasia, 1800-1920* (London: Palgrave Macmillan, 2011), p. 47. Comparisons to English cities, by contrast, would not have been positive. As Weiner charts, the British middle- and upper-classes became increasingly hostile to industrialisation and urban settings over the course of the nineteenth century. Martin J. Wiener, *English Culture and the Decline of the Industrial Spirit, 1850-1980* (Cambridge: Cambridge University Press, 2004), pp. 6-8.

pestilential emanations coming from the soil.[72] Such ideas gained firm ground in Hong Kong because of the geological predominance of granite, which the local population deplored as a febrile substance.[73] For the colonial authorities finding flora to populate the slopes proved arduous as many varieties of plants did not take to the soil.[74] In this way, the promotion of the "natural" was a highly unnatural process. The colonial government drew on a complex network stemming from Kew, experimenting with a wide variety of plants, very few of which were indigenous to Hong Kong or the proximate South China region.[75] Whether connected to the leisurely pursuits one could enjoy in the hills, their cultural associations, or the impact of greenery on the air quality, healthiness in Hong Kong was intimately connected to the natural landscape, even if that natural status itself was highly managed and constructed.

The "healthy environment" was thus something that was intentionally and artificially constructed both through policy and portrayal, even if, in guidance literature, it was depicted as something either inherent, or inherently lacking, in the "natural environment." Even as "nature" was being presented as something untouched by man, the most prominently-discussed "healthy" elements of the natural world were put in place by colonial processes. The real contradiction was that Chinese areas of residency were often deeply shaped by colonial policy, but were never depicted as being intrinsically healthy. Together this formed an important aspect of Victorian ideology; the complex engagement between what was "natural," what was "healthy," and how science and rational policy shaped and controlled the landscape.[76]

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[72] Peckham, 'Hygienic Nature', p. 1180.

[73] Peckham, 'Hygienic Nature', p. 1194; Ham, 'The Management of Malaria and Leprosy in Hong Kong and the International Settlement of Shanghai', pp. 137-138; Macpherson, *A Wilderness of Marshes*, p. 16

[74] Charles Ford, appointed as the Superintendent of Government Gardens in 1871, experimented with various tree nurseries to improve the appearance of the island whilst also cash cropping. These attempts, while thorough, were largely unsuccessful. Peckham, 'Hygienic Nature', pp. 1187-1189; Richard T. Corlett, 'Environmental Forestry in Hong Kong: 1871–1997', *Forest Ecology and Management*, 116.1–3 (1999): 93–105 (p. 94); D. A. Griffiths, 'A Garden on the Edge of China: Hong Kong, 1848', *Garden History*, 16.2 (1988), 189–198. (p. 195).

[75] Lucile Brockway, *Science and Colonial Expansion: The Role of the British Royal Botanic Gardens* (New York: Academic Press, 1979), pp. 84-85; Chang, *Britain's Chinese Eye*, p. 64. This network, Preston has shown, did extend beyond the purview of formal empire, still being central in facilitating the movement of flora. Rebecca Preston, '"The scenery of the torrid Zone": imaginary travels and the culture of the exotics in nineteenth-century British gardens', In *Imperial Cities: Landscape, Display and Identity*, ed. by Felix Driver and David Gilbert (Manchester: Manchester University Press, 1999), 193–211 (p. 197).

[76] For more on this Victorian ideology, see: Pamela K. Gilbert, *Mapping the Victorian Social Body* (New York: SUNY Press, 2004), pp. xiv, 5-6; Mary Poovey, *Making a Social Body: British Cultural Formation, 1830-*

Hong Kong's behavioural norms and colonial inclusion

With the change in lifestyle, culture, and medical theory, the demographic composition of the city also shifted as Hong Kongers climbed the hillside. The population became almost exclusively European, aside from the commonplace smattering of Chinese household servants and rickshaw pullers.[77] Residency, then, was patterned by gradient.[78] As Scottish architect R.G. Alford described it, "the Europeans live above, and the natives below."[79] The racial exclusivity of the Peak was effectively a policy of deliberate exclusion, even before segregation became law in 1904 with the Peak Reservation Ordinance.[80] As in many areas of the British Empire, policies of segregation were justified through medical ideologies.[81] As David Pomfret has shown, contemporary colonial medical ideology related these "hill-station" style areas intimately with the protection of women and even more crucially children.[82] With the restriction of women and children to these private spaces, far from the majority of the Chinese population below, this policy alone demonstrates the way in which a white male bubble, one suggested for residents and travellers, was cultivated in the colony.

Behavioural norms prescribed by guidance literature meshed with Hong Kong's colonial lifestyle, equally operating under masculine racial stereotypes. The dominant forms of entertainment in the city operated outside of the private sphere and were frequently based on membership. These memberships, covering sporting societies to - the most important institution of all - the Hong Kong Club, were deeply restrictive in who they allowed entry.[83] Visitors to Hong

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1864 (London: University of Chicago Press, 1995), p. 5, 12; For how it related to liberal governmentality, see: Patrick Joyce, *Rule of Freedom: Liberalism and the Modern City* (London: Verso Books, 2003), pp. 65-75, 89-90.

[77] While there were legal loopholes in the Peak Reservation Ordinances, they kept the demographic make-up of the district highly racially exclusive until the 1930s. Carroll, 'The Peak', pp. 87-91.

[78] This was entirely typical of hill stations in the Empire. Kennedy, *The Magic Mountains*, p. 7.

[79] R. G. Alford, 'Tropical Sanitation, With Special Reference to Hong Kong' *Minutes of the Proceedings of the Institution of Civil Engineers*, 141 (1900), 262-268 (p. 262).

[80] Pomfret, *Youth and Empire*, pp. 150-152; Cecilia Chu, 'Between Typologies and Representation: The Tong Lau and the Discourse of the "Chinese House" in Colonial Hong Kong'. In *Colonial Frames, Nationalist Histories: Imperial Legacies, Architecture and Modernity*, ed. by Mrinalini Rajagopalan and Madhuri Shrikant Desai (Farnham: Ashgate, 2012), 253–284 (p. 271).

[81] Bremner and Lung. 'Spaces of Exclusion', p. 227, 244; Curtin, 'Medical Knowledge and Urban Planning in Tropical Africa', p. 613; Carl H. Nightingale, *Segregation: A Global History of Divided Cities* (Chicago: University of Chicago Press, 2012), p. 186.

[82] Pomfret, 'Beyond Risk of Contagion', p. 103; Pomfret, *Youth and Empire*, pp. 282-283.

[83] Until the 1970s, membership rules permitted that white males would exclusively be permitted.

Kong were told to leverage their personal connections to enjoy these colonial institutions during their stay or were invariably amalgamated into them upon arrival through the tourist trap. In particular, British sojourners, especially those from upper class backgrounds, were quickly assimilated and invited into a series of dinners, events, and soirees.[84] Though these experiences were restrictive in terms of class, race, and gender, those with the right connections could break these protocols.[85]

In terms of gender, as female writers equally illuminated the world of exclusive cosmopolitan enjoyment and healthiness in Hong Kong. British travel writers Constance Cumming and Isabella Bird, who both enjoyed a sojourn to the colony in 1878, showed the same patterns of detachment from local social issues and were deeply imperial in their narratives of place.[86] Victorian womanhood did often serve and reinforce colonial culture and messages, yet Victorian woman were not "passive agents of patriarchal imperialism."[87] Constance Cumming, especially, was quickly ushered into a colonial viewpoint:

> Certainly I am exceptionally favoured in the situation of the various homes to which I am so kindly welcomed, my present luxuriant quarters (which stand on a considerable elevation overlooking the harbour) having extensive private grounds almost adjoining the beautiful public gardens, just beyond which lies Government House—a fine building, with a pleasant garden—and in the valley just below this house stands St Paul's College, which is the bishop's home.[88]

Displaying a stark sense of social familiarity and connectedness, Cumming was situated in luxury, comfort and beauty, close to all things that created a sense of wellbeing, even spiritually. Each of the women absorbed norms of the colonial

[84] Kuehn, 'Colonial Cosmopolitanism', pp. 274-275.
[85] The Parsee Sassoon family in Hong Kong were one such example.
[86] Bird, *The Golden Chersonese*, p. 38-40; Keuhn describes how Bird filtered her experience of Hong Kong through the British Empire, as national and imperial sentiments entered her depictions. This was especially notable in her botanical records which positioned the colony as part of the scientific prowess of empire. Kuehn, 'Colonial Cosmopolitanism', pp. 275-276.
[87] David, 'Imperial Chintz', p. 569.
[88] C. F. Gordon Cumming, *Wanderings in China* (Edinburgh: W. Blackwood, 1886), p. 19.

community, creating the impression that Hong Kong was a place of imperial progress and civility.[89] Institutions like the colonial club, Mrinalini Sinha has argued "represented an oasis of European culture in the colonies, functioning to reproduce the comfort and familiarity of "home" for Europeans living in an alien land."[90] Combining these accounts with Hong Kong's colonial tourist bubble emerging from masculine perspectives, I argue that an understudied aspect of these oases was their reproduction of home as an idealized healthy lifestyle. In the British Empire, it heralded back to the middle- and upper-class countryside life or to the breezier parts of the Empire which could be enjoyed in the lap of luxury.[91]

The Shanghai environment

If there were a colour for Shanghai's topography, it was muddy. For long-term residents and visitors alike, the city's natural environment fostered lugubrious feelings. The way vibrant colours were central in appraisals of Hong Kong was almost totally absent in Shanghai, at least in the nineteenth century.[92] Instead, Shanghai was awash with muddy browns, greys, and greens thus it was not picturesquely situated, creating associations of ill health. C. D. Mackeller complained that "the town was white with snow, the rickshaws and their coolies looking so odd; but soon the snow under foot was churned into disgusting mud," concluding that "Shanghai did not impress me favourably at all."[93] The relation of colour to mud had clearly negative connotations, it was an unequivocally dirty substance. Yet it was the use of terms like "alluvial", "miasmatic", and "marshy"

[89] Kuehn, 'Colonial Cosmopolitanism', p. 277.
[90] Mrinalini Sinha, 'Britishness, Clubbability, and the Colonial Public Sphere: The Genealogy of an Imperial Institution in Colonial India', *Journal of British Studies*, 40 (2001), 489–521 (p. 489).
[91] Cumming was again insightful to this viewpoint, depicting her garden retreats in Hong Kong she wrote: "And the camellia-trees are laden with snowy blossoms, while the air is scented with roses, mignonette, and jessamine, and now and again a faint breeze shakes the fluffy yellow balls of the sweet bamboo and floats on laden with a perfume that seems like a dream of Indian jungles and Hawaiian isles and far-away English conservatories." Cummings, *Wanderings in China*, p. 19.
[92] By the 1920s, Shanghai had the reputation as the colourful and interesting city, thanks to its vibrant commercial world, architecture, and modern amenities. As Hanchao Lu argues this language of colour was commonly employed by new arrivals to the city in this period. Lu, *Beyond the Neon Lights*, p. 48. Some areas of the city, too, were praised for their verdure qualities, namely in affluent corners of the International Settlement and French Concession. Bergère, *Shanghai*, p. 92.
[93] Mackellar, *Scented Isles*, p. 331.

to describe the muddied space which truly reinforced a sense of insalubrity.[94] Throughout the period, medical professionals and lay citizens aetiologically linked such concepts with fever and disease. Specifically, miasmatic theory held that febrile emanations emerged from damp soil. As a result, the healthy sojourner bubble of Shanghai was an enclavist one, with its members uninterested in situating themselves as part of the broader local landscape. Even as late as the 1930s, few records of the city recommended trips to the surrounding countryside. As will be discussed in chapter two, the flat marshy topography also made the pursuit of health resorts a persistent difficulty for the Western population in Shanghai.

Yet to say there was an absence of colour or vibrancy in Shanghai would be misleading, these notions simply did not extend from the natural surroundings but came instead from man-made structures. Those stopping in the treaty port marvelled at the civil engineering and architecture. By the twentieth century, focus shifted as Shanghai became associated with modernity. The dominant depiction of this modern landscape was the bright lights (*nihongdeng*) of Nanjing Road and the Bund. James Ricalton noted how the "well-paved streets, magnificent modern buildings, street lamps, electric lights, [and] public gardens with music stands" impressed upon the traveller a sense of disbelief at the modernity of Shanghai, "[W]e can scarcely realize are in the land of the Chinaman."[95] The dichotomy established in these comments indicated the way the Western presence in Shanghai envisioned itself as having created an enclave of bright modernity, surrounded by the barbarism and darkness of a backward China. The inference again being that the modernity of this enclave made it salubrious.

Shanghai generated fa fewer topographical comparisons to European locales, though guidance writers did offer positive remarks about the spring and summer seasons. James Henderson, who provided the most specifically purposed health guide to Shanghai, compared the city's surroundings and "soft" climate to those of temperate European countries, namely England and France.[96]

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[94] Macpherson, *Wilderness of Marshes*, p. 16.
[95] Ricalton, *China though the stereoscope*, pp. 71-72.
[96] Henderson, *Shanghai Hygiene*, p. 85.

Henderson's climatological comparisons were limited in their positivity, however. For one, the sanitary infrastructure of Shanghai did not match these areas. He repeated noted that deviations from moderation would be fine in a temperate place (namely the metropole), but indulging one's "passions" could be lethal in the treaty port: "That which produces uneasiness, indigestion, or slight inconvenience in England, will in Shanghai, during the summer and autumn months, induce diarrhoea or dysentery."[97] Shanghai, then, could provide some comfort of a homeland summer, but one needed to be robust and careful enough to enjoy it safety.[98] This was typical of the writings of missionaries and medical professionals in the period meaning that pastoralism had its limits in the treaty port setting.

Cultural comparisons came later but, like with geographical analogies for climate, they were ambiguous. By the interwar period, Shanghai was a modern, but decadent city. Proclaimed as the "the Paris of the East," comparisons to the French capital brought prestige and modernity related specifically through its civic infrastructure and architecture.[99] Yet Asia's Paris was also known for its decadent side. The city's opium dens, jazz clubs, brothels, gambling houses and nightclubs, rather than being especially healthy in their modernity, promoted hedonistic lifestyles which conservative commentators (particularly missionaries and physicians) argued were ill-suited to the climate.[100] Opium was well known for its horrific effects on health, with the drug producing one of the largest metropolitan movements based around the "China Question."[101] Admittedly, opium was an ethical concern more than one of public health.[102]

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[97] Henderson, *Shanghai Hygiene*, p. 63, 13.
[98] Gow's China Guides, *Gow's Guide to Shanghai 1924: A complete, concise and Accurate Handbook of the City and District, especially compiled for the Use of Tourists and Commercial Visitors to the Far East* (Shanghai: North-China Daily News and Herald, 1924), p. 5. "The type of worker needed for China is the man who will 'stick' – the man who can endure, who can plod on in patience, who has a level head and is gifted with sound sense. Nervous, neurotic temperaments suffer from the friction and strain of life and climate and soon come to grief." H. W. Boone, P. B. Cousland, and C .J. Davenport, *Health Hints for Missionaries to China* (Shanghai: Medical missionary Association of China, 1908), p. 4.
[99] Claire Hancock, 'Capitale Du Plaisir: The Remaking of Imperial Paris', in *Imperial Cities: Landscape, Display and Identity*, ed. by Felix Driver and David Gilbert (Manchester: Manchester University Press, 1999), 64–77 (p. 75); David L. Pike, 'Sewage Treatments: Vertical Space and Waste in Nineteenth-Century Paris and London', in *Filth: Dirt, Disgust, and Modern Life*, ed. by William A. Cohen and Ryan Johnson (Minneapolis: University of Minnesota Press, 2004), 51–77 (p. 70).
[100] Li, 'Eating Well in China, pp. 112-115.
[101] Auerbach, *The Chinese Puzzle*, pp. 81-103.
[102] Harding, 'Constructing Addiction as a Moral Failing', pp. 75-77, 82-83.

It is worth asking whether these kind of associations with Shanghai are a retrospective historical discourse more than a contemporary ideal. Such cultural comparisons and allusions to debauchery occurred with no particular frequency in the guidance literature of the nineteenth century. Yet today's historical image of Shanghai is very much coloured by sex, drugs, and vibrant culture. This was something that evolved over time, it was no doubt present by the 1920s but continued to be reinforced within historical memory particularly when contrasted with the closing off of China after 1949.[103] The opinion on these debaucheries depended entirely upon the writer – missionaries and sanitarians were more negative, while the more mainstream mercantile community and travel writers treated the city's sinful side with more excitement. In either case, neither perspective had a strongly healthful connotations detracting from the modern sanitary infrastructure of the city.

The notion of contrast and dichotomy was itself a motif in Shanghai's guidance literature. From foreign perspectives, Shanghai's concessional system laid spectacle to "a splendid example of what Western energy and enterprise can do under the most unfavourable conditions, for a "City of Palaces" has been built on what was a low unhealthy swamp." [104] Writers, then, leveraged a fabricated idea of Shanghai's lowly origins that exposed the forlorn quality of a once great Chinese civilization.[105] The concessional system itself, moreover, was also used to contrast China's present conditions with the advancement bought by foreign imperialism, particularly in terms of civic development, beautification and economic growth.[106] Contrast occasionally ran in more positive directions, that focused on positive appraisals of Chinese spaces and products in the city. The renowned British surgeon Frederick Treves, writing in his turn of the century travelogue *The Other Side of the Lantern*, drew attention to classical symbols of Asia in an orientalist fashion by emphasising their exotic mystique and otherness:

[103] Abbas, 'Cosmopolitan De-scriptions', pp. 773-776.
[104] Shanghai Mercury, *Shanghai By Night and Day*, p. 54.
[105] Shanghai Mercury, *Shanghai By Night and Day*, p. 54.
[106] Ricalton, *China Through the Stereoscope*, p. 77.

> The chief streets of the town are exceedingly brilliant. The roofs of the houses are covered by gay tiles which are broken in upon by many gables—like cocked hats—resplendent in colour. The fronts of the shops are as bright as lacquer and gold can make them. They are tattooed with the strange hieroglyphics of the country, and are relieved from monotony by verandahs of carved wood, by hanging signs of every tint of the rainbow, by red lanterns, and much emblazoned symbols.[107]

Treves hit on an overlapping theme with descriptions of Nanjing Road, with his emphasis on commercialism as a form of modernity. The commercial visual culture of Shanghai was striking, vibrant and "modern." Calendar posters were the most famous by-product of this commercial culture. These advertisements, which depicted women on a spectrum from demure to provocative, attempted to sell every variety of product.[108] What they invariably depicted were "healthy" bodies, a topic that will be broached more closely at the end of this chapter.

Affordability and healthy pursuits

The varying importance of class in the guidance literature for Hong Kong and Shanghai deserves mention. In Hong Kong, it was more of a basic assumption that those travelling to the port were sufficiently affluent to amalgamate with colonial luxuriance. Stephen Keck, analysing the work of four travel writers on Hong Kong and Singapore, argues that both British colonies enabled the traveller to ingratiate themselves with colonial institutions, to enter the "traveller's bubble," as he put it.[109] Even for a contemporary American traveller, this pattern was obvious:

> The gayety of domestic and social life, and the luxurious mode of living generally, exceed that of any European colony we have chanced to meet

[107] Frederick Treves, *The Other Side of the Lantern* (London: Cassell and Company, 1913), p. 300.
[108] For more on the linkages between Shanghai's commercial culture and ideas of hygiene, see: Nakajima, *Body, Society, and Nation*, pp. 181-225. For Tianjin's similar medical business culture, see: Rogaski, Hygienic Modernity, pp. 227-231.
[109] Keck, 'Travel Writing and Hong Kong and Singapore', p. 155-156.

> with. Club life, evening entertainments, and late hours, are the characteristics of Hong Kong; the serious affairs of life seem to have been left at home in far-off England.[110]

Dinners, balls, and high-class affairs were the remit for enjoyment in Hong Kong. Indeed, less expensive and exclusive activities were portrayed as unsuited to the topography. Hong Kong's island geography fostered a densely packed cityscape where land was an expensive and competitive commodity. In this environment, there were fewer areas which would allow its visitors and residents to enjoy sport. Social life on the colonial island centred on relatively small highly cultivated and sophisticated spaces, or, as already noted, the natural landscape itself.

Shanghai undoubtedly shared some exclusivity and luxuriance, the Shanghai Club Building after all was known for having the world's longest bar at that time. Yet, compared to Hong Kong, foreign settlers in Shanghai catered to variations in spending power. Shanghai's position and reputation as the foremost Chinese treaty port attracted a wide demographic spread of people, a condition indicated by the composition of the Shanghai Municipal Police force.[111] The *Mercury*'s guide, for instance, recommended taking plentiful rest and leisure time in the hotter months; an "annual outing if you can afford it" but "if you cannot, rest perfectly satisfied as you are," for "no hotel is so comfortable as your own old den, however humble that may be." [112] Other settled perspectives were conscious of wealth disparities. An English local minister, Reverend C.E. Derwent effused about the quality of the houseboat for a healthy restful and interesting sojourn, noting a variety of pricing options ranging from "foreign" to "native."[113] Within the bounds of the city, too, Shanghai's foreign residents noted their favourite sporting pastimes could be enjoyed on modest budgets. Life in

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[110] Ballou, *Foot-Prints of Travel*, p. 32.
[111] Robert Bickers, 'Who were the Shanghai Municipal Police, and why where they there? The British Recruits of 1919', in *New Frontiers: Imperialism's New Communities in East Asia, 1842-1953*, ed. by Robert Bickers and Christian Henriot (Manchester: Manchester University Press, 2000), 170–191 (p. 187).
[112] Shanghai Mercury, *Shanghai By Night and Day*, p. 149.
[113] "It is a most restful and enjoyable holiday, and enables the visitor to see a very great deal of Chinese life and scenery. The innumerable creeks of this province, often so very beautiful, walled cities, market towns, villages, bridges, methods of irrigation and agriculture, all afford ceaseless interest." Derwent, *Shanghai*, p. 136.

Shanghai's required fewer connections and less affluence than the colonial clique of Hong Kong.

The outdoor spaces which were considered healthy in Shanghai, unlike in Hong Kong, tended to be unnatural, the product of Municipal works and cultivation or personal wealth. Among these spaces, areas for recreational sporting activities were most prominent and this was an important aspect of settler identity.[114] Whilst many detailed sport as an important feature of Shanghailander life, Charles M. Dyce's *Personal Reminiscences*, more than any other travelogue, were dominated by descriptions of "manly sports."[115] The Victorian psyche obsessed over the connections between sport, competitiveness, muscularity and personal vitality.[116] Dyce, an Englishman who worked a variety of occupations in Shanghai, most notably as a silk inspector, described how "relaxation, in the shape of all kinds of sporting games, played by far the largest part, next to business, in our life."[117] Masculine sporting pursuits were fundamental to the maintenance of a healthy constitution and competitive settler identity.

> If, from any cause, such as bad weather or press of business, or what not, we were prevented from taking our usual strenuous exercise, whatever it might be, rowing, rackets, fives, cricket, or riding, we were quite miserable. We felt as if we must get very ill, if we did not get our exercise.[118]

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[114] Bergère, *Shanghai*, p. 95.

[115] Dyce, *Personal Reminiscences*, p. 95. Alongside Dyce, various other writers spoke of the prominence of sport in the Shanghai sojourner lifestyle, including *Dennys*, *The Treaty Ports of China and Japan*, p. 402-403. Derwent, *Shanghai*, p. 30-31. Shanghai Mercury, *Shanghai By Night and Day*, p. 149-150. Charles Alexander Gordon, *China From a Medical Point of View* (London: John Churchill, 1863), p. 88. Likewise, sport was an important point in the cultivation of identity and health in other corners of Empire, see: Mary A. Procida, 'Good Sports and Right Sorts: Guns, Gender, and Imperialism in British India', *Journal of British Studies*, 40.4 (2001), 454–488 (pp. 455-457); Patrick F. McDevitt, *May the Best Man Win: Sport, Masculinity, and Nationalism in Great Britain and the Empire, 1880-1935* (Basingstoke: Palgrave Macmillan, 2004), pp. 138-134.

[116] For Mangan, the obsession with competitive sports in public schools drove what he called "Muscular Christianity" which developed muscle and enshrined boys with masculine virtues. Mangan, and Walvin, *Manliness and Morality*, p. 3. See also, J. A. Mangan, *The Games Ethic and Imperialism: Aspects of the Diffusion of the Ideal* (London: Frank Cass, 1998), pp. 1-7.

[117] Dyce, *Personal Reminiscences*, p. 95. East Asian imperial sites were competitors in frequent sporting competitions, particularly Hong Kong and the other nationalities in Shanghai itself, against which Shanghailanders were always happy boast of their success. J. W. MacLennan, *The Story of Shanghai: From the Opening of the Port to Foreign Trade* (Shanghai: North China Herald Press, 1889), pp. 87-89; Nick Aplin, 'Sports and Games in Colonial Singapore: 1819–1867', *Sport in Society*, 15.10 (2012): 1329–1340 (pp. 1330-1331).

[118] Dyce, *Personal Reminiscences*, p. 95.

Benefitting Shanghailander men both physically and mentally, the large, open and flat spaces were likewise easily incorporated into the narrative of mud-flat to metropolis. Cricket pitches, football grounds, horse riding and hunting routes indicated the success of the Shanghai Municipal Council in draining the marshy topography. In Hong Kong, by contrast, the lack of space restricted the number of areas that could be used for sport, a fact which was exasperated by the conflicts between the military and colonial government in the use of these flat spaces.[119] Instead, smaller areas on variable terrain were used to create gardens and the natural landscape of mountains were the emphasis of British narratives of beautification and improvement.[120]

On the less strenuous but still cheaper end of the spectrum was the benefits of walking. In the eighteenth and nineteenth centuries, walking came to be popularly understood as a therapeutic activity as technological advancements in travel made it optional and leisurely, rather than strictly necessary.[121] In itineraries of Shanghai, the areas highly recommended for "good exercise" through a pleasant stroll were the public gardens, the Bund promenade, and affluent leafy avenues.[122] These areas represented imperial order and splendour, being populated by Western people and Western styles.[123] Outside of this were riskier jaunts to indulge one's curiosity in the Chinese parts of town or, that aside, into the countryside. In the earliest ramblers' guide to Shanghai in 1905, William R. Kahler noted few walks in close vicinity to the city, with superior rambles found at least half a day's journey for which the author recommended the use of a houseboat.[124] In a later walkers' guide, E.S. Wilkinson still framed the landscape as subdued and uninteresting, where one needed to adopt an attitude of

[119] TNA:CO129/177: 'Despatch 25', Kennedy to Carnarvon (12 February 1877); TNA:CO129/177: 'Despatch 26', Kennedy to Carnarvon (12 February 1877).
[120] Peckham, 'Hygienic Nature', p. 1180. Peckham and Pomfret. 'Introduction', p. 5.
[121] Anne D. Wallace, *Walking, Literature, and English Culture: The Origins and Uses of Peripatetic in the Nineteenth Century* (Oxford: Oxford University Press, 1995), pp. 53-62.
[122] Dyce, *Personal Reminiscences*, p. 26.
[123] Henderson, *Shanghai Hygiene*, p. 35. See "Walks, Excursions, and House-boat Trips in Derwent, *Shanghai*, p. 6-131; Gordon, *China From a Medical Point of View*, p. 85. The Municipal Council also directed particularly strong attention toward policing and cleaning these areas. See: SMA:U1-1-65: Parks Committee Minute Book (1909), p. 12. This Minute Book contained several interesting debates on the subject of admission to of Chinese to public parks, noting the "difficulty of differentiating between Chinese and others dressed in the European manner." SMA:U1-1-65: Parks Committee Minute Book (1911), p. 46.
[124] William R. Kahler, *Rambles Round Shanghai* (Shanghai: Shanghai Mercury, 1905), p. 29.

conscious enjoyment because "Shanghai holds out few of these inducements to the walker."[125] Though these rambles into the Shanghai countryside involved effort, accounts of the city espoused the commonly held value that walking benefitted one's health and psyche.[126] The way in which Shanghai grew into a city of entertainments, then, was perhaps the result of the very lack of entertainments in the local landscape. Rather than taking simple delight in the landscape itself as in Hong Kong, Shanghai's good life (and healthy life) revolved around human-centred societal constructs such as sport and music.

Narratives of transformation and modernity

Both Hong Kong and Shanghai were chronicled as development through imperialism. Beginning with Hong Kong, the healthy bubble of natural beauty and its luxurious colonial lifestyle contributed clearly to the narrative of progress. William Legge, a British merchant in the city, introduced it in prose that typified the story of improvement:

> As a monument to the triumph of art, and science, and engineering skill, and as a proof of the energy and determination of the British colonist, the City of Victoria stands. Where rugged and rocky desolation reigned before Hong Kong became a British outpost, and as a natural sequence an outpost of Western civilization, a handsome and populous City now holds sway.[127]

In short, the apparently once static and sparsely populated fishing village had become Victoria, a proud monument to its namesake. The "Barren Rock," the name infamously given to Hong Kong by the then Foreign Secretary Lord

[125] The quote continued "but nevertheless the countryside is here to be explored and enjoyed by all who are not wedded too closely to a comfortable fireside […] Comparatively few of us have trampled the country to any extent on foot; those who have are gainers in health and experience, but profit even more in acquiring some knowledge of Chinese life and customs and a better understanding of its people." E. S. Wilkinson, *Shanghai Country Walks* (Shanghai: North-China Daily News & Herald Limited, 1932), p. 7.
[126] Henderson, *Shanghai Hygiene*, p. 35; Dyce, *Personal Reminiscences*, p. 26.
[127] William Legge, *A Guide to Hongkong with Some Remarks on Macao and Canton* (Hong Kong: Walter W. Brewer, 1893), p. 7.

Palmerston, featured frequently in the guidance literature's accounts of the history of the colony. In an unusual juxtaposition, verdant beauty coexisted with an apparently barren quality. It seems imperial writers, and indeed historians, wished to cling onto the myth of the barren rock as a testament to Western progress and spectacle.[128] James Ricalton marvelled at the abundance and fertility of Hong Kong at the turn of the century, only pointing to the distant Chinese mainland as evidence of the former barren rocks of Hong Kong Island.[129] Yet Hong Kong Island was by no means barren of life and the Kowloon peninsula was even less so.[130] Indeed, as with Shanghai, some writers pointed to the fertility and abundance of the area.

This history of transformation had technical elements through sanitarian perspectives. Both self-identifying sanitarians and travellers with no obvious interest in public health wrote in similar styles, often quoting governmental paperwork. Portrayals of sanitation were mixed. Writers lamented the lack of proper drainage and the insufficiency of water works. Even so, such aspersions were coupled with an optimistic narrative of inevitable progress and improvement in the near future, indicating the potential of governmental promises, or were otherwise excused through the inescapable flaws of an inferior racial group.[131] "The transformation of Hong Kong forms one of the most striking chapters in the history of the white man's work in the tropics" wrote British traveller Alleyne Ireland in 1905, summarising the character of this narrative of racial and topographical alteration.[132] In summary, Hong Kong's health bubble was fostered

[128] Maxime Decaudin. 'Founding the Barren Rock: Landscape Transformations and Discourses in Nineteenth-Century Colonial Hong Kong', *Journal of the LUCAS Graduate Conference* (2019), 38-75 (pp. 173-174).
[129] Ricalton, *China Through the Stereoscope*, p. 26.
[130] "A barren rock with hardly a house upon it", Palmerston's epithet was largely inaccurate. Not only did the pre-colonial Chinese population of Hong Kong island number around 7,500 clustered in several fishing villages, but many of the hillsides were indeed quite luscious. Chi Kuen Lau, *Hong Kong's Colonial Legacy* (Hong Kong: Chinese University Press, 1997), pp. 187-188. Or at least, the island was deliberately barren due to local pride and strictness adherence to *fengshui* principles. Patrick H. Hase and Man Yip Lee, 'Sheung Wo Hang Village, Hong Kong: A Village Shaped by Fengshui', in *Chinese Landscapes: The Village as Place*, ed. by Ronald G. Knapp (Honolulu: University of Hawaii Press, 1992), 79–94 (pp. 88-93). Decaudin, 'Founding the Barren Rock', pp. 45-46.
[131] "But although the Chinaman is not, generally speaking, given to crime, he possesses certain characteristics which, from the standpoint of the colonial administrator, are even more difficult to deal with. Foremost among these is his absolute indifference to sanitary conditions of life." Alleyne Ireland, *The Far Eastern Tropics: Studies in the Administration of Tropical Dependencies* (Boston: The Riverside Press: 1905), p. 28.
[132] Ireland, *The Far Eastern Tropics*, p. 16.

around the beauty of the place, its greenery, and affluent colonial lifestyle. The transformation of ugly to beautiful and febrile to salubrious was part and parcel of the way travellers portrayed the port colony and linked improvements in its health to British imperial interventions.

Turning to Shanghai, all the elements of the guidance literature mentioned thus far, from the dull and muddy to the bright and modern, contributed to the dominant narrative of positive transformation. The notion that Shanghai was testament to the phrase "mind over mud," that a "city of palaces" had been built on a "wilderness of marshes," was the typical celebratory narrative.[133] Writers confidently recounted the history of Shanghai in their own terms, whilst those who did not do so explicitly revealed such narratives through more subtle nods of support for colonialism in China. For those falling into the former category, the history of sanitation and public health occupied a prominent part of the narrative of positive transformation.[134] The writers accomplished this progressive narrative with comparisons to a primitive past and to the rest of China, most frequently Shanghai's "Native City." This Chinese portion of Shanghai will be discussed in depth later in this chapter, but for now it suffices to say that its portrayal as dirty, crowded and confused was juxtaposed against the clean ordered and spacious Western portions of Shanghai. The *Shanghai Mercury* was summarised the dominant motif in the "mud-flats which were destined to become so great," and that "here in Shanghai we have evidence of the magnificent possibilities that [foreigners] opened up for China."[135]

Shanghai begun to receive praise for its buildings by the turn of the century. The Bund, by this point, was already an impressive spectacle, but the city further distinguished itself from its colonial cousin in the coming decades. The modernity of Shanghai's built environment began to be felt most in the 1920s and 1930s. Modern multi-storey buildings like department stores and entertainment complexes sprung up. The city grew to possess some of the world's tallest buildings for the period, for instance the 23-storey Park Hotel on Bubbling Well

[133] Lang, *Shanghai Considered Socially*, p. 33; Macpherson, *Wilderness of Marshes*, p. 259.
[134] For an example, see: Shanghai Mercury, *Shanghai By Night and Day*, pp. 150-151.
[135] Shanghai Mercury, *Shanghai By Night and Day*, p. 11, 37.

Road.[136] The narrative extended to economics and culture as the city had become "one of the chief commercial emporia of the world," alongside a vague sense of civility that suggested "slowly but surely the "Heathen Chinee" moves along the high road of progress, and the roar of the mighty wave of civilization, rolling onward from the West, is already distinctly audible."[137] Shanghai had been plugged into, through these descriptions, a global corpus of trade, science, and culture.

The "Chinatowns" of Hong Kong

"Things Chinese", that is Chinese spaces and bodies, were inevitably a revealing feature of the cities' guidance literature. Framing their experiences through curiosity and disgust, Chinese elements could be selectively interacted with by the Western visitor or resident. For the purposes of this chapter, "Chinatowns" in Hong Kong and Shanghai were portrayed markedly differently, namely because the colony's Chinese areas received significantly less coverage. Travel writer James Ricalton, who visited both Hong Kong and Shanghai, devoted several pages to describing Shanghai's Native City, but wrote nothing of Kowloon's Walled City, or, for that matter, the Chinese dominated areas of Victoria.[138] The paucity of accounts of the Chinese areas of Hong Kong is surprising.

Though the concessional jurisdictions of Shanghai might suggest otherwise, Hong Kong was a territory more harshly divided between those areas which were inhabited by Europeans and Chinese.[139] The low westerly portions of Victoria were where the largest number of Chinese people clustered in poverty.[140] There was little reason for Western tourists and residents to visit these

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[136] Andrew Field, *Shanghai's Dancing World: Cabaret Culture and Urban Politics, 1919-1954* (Hong Kong: Chinese University Press, 2001), p. 96.
[137] Clark, *Sketches in and Around Shanghai*, p. 49. The phrase "Heathen Chinee" was a titular reference to Bret Hart's satirical poem about the anti-Chinese immigration movement in California, originally published in 1870.
[138] Ricalton, *China Through the Stereoscope*, pp. 75-77, 80.
[139] Shanghai's boundaries were remarkably porous. Henriot, *Scythe and the City*, pp. 213. Wakeman, *Policing Shanghai 1927-1937*, p. 14. Rogaski, *Hygienic Modernity*, p. 133.
[140] This pattern was disrupted as the Chinese community became more economically prominent and acquired property in what had previously been European districts. This usually caused the retreat of European population, who often vacated to higher portions of the island. Lawrence W. C. Lai, 'Discriminatory

portions of the island, other than to view some Chinese curios.[141] Making the trip to Chinese areas was also difficult due to this physical stratification of Hong Kong society. Traversing between these strata, unless done by rickshaw, involved a steep descent and ascent, often in unpleasant heat and humidity. Writers warned visitors of the harmful effect of these circumstances on white constitutions.[142] Hong Kong's topography and climate discouraged Westerns from entertaining the prospect of a journey to Hong Kong's "Chinatowns." Shanghai did not share this problem, most travellers there considered the climate to be less oppressive and the topography was less difficult.[143] Furthermore, Western readers in Hong Kong who wished to indulge an appetite for Chinese exoticism found significant and abundant alternative places in the region.

Visitors to and residents of Hong Kong could optionally visit nearby Chinese cities, like Canton.[144] To these interested persons, mainland alternatives likely offered a more authentic glimpse at Chinese society, given their political status as part of the Qing Empire or later Republican China. Even before their arrival in Hong Kong, sojourners may have been acquainted with Chinese peoples and cultures through the Chinese diaspora.[145] Well-travelled writers sometimes drew on such areas, particularly Singapore (a common stop on the route to East Asia).[146] Shanghai, in contrast, was usually included within wider textual tours of China, rather than as part of a journey through the rest of Asia or

Zoning in Colonial Hong Kong: A Review of the Post-War Literature and Some Further Evidence for an Economic Theory of Discrimination', *Property Management,* 29.1 (2011): 50–86 (p. 38).

[141] Charles J. H. Halcombe, *The Mystic Flowery Land: Being a True Account of an Englishman's Travels and Adventures in China*. (London: Luzac, 1899), pp. 223-229.

[142] Dennys, for instance, identified the hot hills of Hong Kong as dangerous to Europeans. Dennys, *The Treaty Ports of China and Japan*, pp. 31-34.

[143] Returning to Dennys, Shanghai could be "tolerably salubrious," if not "highly enjoyable." Dennys, *The Treaty Ports of China and Japan*, p. 394.

[144] Guidebooks and accounts of Hong Kong sometimes also gave their impressions and recommendations for Canton and Macao. Alternatively, such accounts were part of a wider journey throughout China. Legge, *A Guide to Hongkong*. Dennys, *The Treaty Ports of China and Japan*, pp. 116-239.

[145] Xiaolun Wang, 'China in the Eyes of Western Travellers, 1860-1900', in *Tourism in China*, ed. by Kaye Sung Chon, Zhang Guangrui, Alan A. Lew, John Ap, and Lawrence Yu (New York: Routledge, 2013), 35–50 (p. 38).

[146] "After leaving the Victoria Road, one plunges immediately into Chinese life among narrow lanes and crowded, dirty abodes, like China Town at San Francisco, such dwellings as are only to be found in the midst of a miserable and degraded condition of humanity." Maturin Murray Ballou, *Due West: or, Round the World in Ten Months* (Boston: Houghton Mifflin,1884), p. 91.

the world.[147] Together, the topography of Hong Kong and regional alternatives may have discouraged Western interaction with the territories Chinese side.

Tourists were creatures of habit and mutual emulation, and this created similar personal itineraries throughout the period.[148] Writers usually read the work of their colleagues and followed in each other's footsteps.[149] Conspicuous in its absence, the lack of writing on Chinese Hong Kong would suggest its insignificance as a feature of the city. Those accounts that did engage with these areas often advised avoidance because of Chinese racial tropes.[150] The multitude of contrastingly positive descriptions of pleasant colonial life in Hong Kong served to construct a "colonially cosmopolitan" culture that invariably pushed residents and travellers towards certain behaviour patterns and ideas, whilst excluding others.[151]

Certain areas fell outside the prevue of European imperialism, whether officially or unofficially. These areas deserve special mention. Both cities had a "Native City" or "Walled City," although Hong Kong's walled city in Kowloon was less frequently noted as a place worth visiting. For Shanghai's writers, its "Native City" was a curiosity, or, at the very least, was engaging enough to read about.[152] Paradoxically, however, it was also Shanghai's Chinese City that was the more extreme and abhorred space, while the less-visited Kowloon Walled City was not so cramped or insanitary as portions of Victoria.[153] This was indicative of the traveller's love of squalor which was a convenient juxtaposition to their own supposed civility as the voyeuristic adventurous tourist.

The Walled City of Kowloon (*Hok Nam*) occupied a disputed political position where the colonial authorities had limited awareness of happenings in

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[147] China itself tended to be the destination of a tour, rather than a stop on other tours. In mainland China, most travel itineraries were determined by steamer routes on China's waterways. Wang, 'China in the Eyes of Western Travellers', pp. 38-39.

[148] This idea is well supported by theories of tourism and historical case studies of Hong Kong more specifically. See: Craik, 'The Culture of Tourism,' pp. 118-121; Keck, 'Travel Writing about Hong Kong and Singapore', pp. 154-156; Kuehn, 'Colonial Cosmopolitanism,' pp. 275-277.

[149] Keck, 'Travel Writing about Hong Kong and Singapore', pp. 155-156.

[150] Legge wrote of the Chinese portions of Kowloon, "I do not wish to lead travellers there, but rather I would tell them to avoid it. It possesses more dangers than sewage gas, and general mal-odours" Legge, *A Guide to Hong Kong*, p. 6.

[151] Kuehn, 'Colonial Cosmopolitanism', p. 264.

[152] Most guidance literature referred to the "Native City," though it was also labelled as the "Chinese City" or "Walled City."

[153] Elizabeth Sinn, 'Kowloon Walled City: Its Origin and Early History', *Journal of the Hong Kong Branch of the Royal Asiatic Society* (1987), 30–45 (p. 40).

the area.[154] Instead the authorities inherited the existing systems of government after the New Territories territorial expansion of 1898 .[155] With Kowloon Walled City falling under this extended jurisdiction, the government made some nominal attempts to establish order, namely in 1899 when it sent in troops to evict Chinese civil and military officials. It was not until 1912, with the end of Qing dynastic rule, that the city came firmly under British jurisdiction. Even then, the colonial government only significantly interfered with the settlement in the 1930s, on grounds of public health.[156] Much of the time, then, the Walled City was managed by old systems and its own residents. With this ambiguous jurisdictional position as a disputed mainland enclave, the Walled City's reputation may have served to discourage foreign visitors.[157] Even so, foreigners could visit the walled city without a permit or passport. Whatever the case, ideas of lawlessness and separation fermented to make the area infamous later in the twentieth century.

The symbolism of Kowloon Walled City is easier to discern from the perspective of Hong Kong's foreign residents and visitors. They regarded it as an anachronism, worth a visit, provided one was in the area. Writers who mentioned the Walled City as an attraction did so in a similar manner to Shanghai's equivalent, meaning it was worth one cursory visit for braver travellers.[158] It was the post-War influx of refugees and the colonial government's relinquishment of responsibility over the area that created the space's infamous reputation for vice, squalor, and crime, rather than its condition before the Second World War.[159] Before this, guides only recommended the Walled City for a taste of a traditional bygone China, warts and all.[160] Tourists could walk the walls, see the cannons (before they were removed by the colonial government) and take photographs. Chinese guidebooks, too, treated the space as an opportunity for historical

[154] The Kowloon peninsula had been under imperial control since 1668, but the actual walled city was built in the nineteenth century.
[155] This was the *fumuguan* system. Steve Tsang, *Governing Hong Kong: Administrative Officers from the 19th Century to the Handover to China, 1862-1997* (London: I.B.Tauris, 2007), pp. 27-29.
[156] By this time, the colonial government began to demolish buildings and evict tenants. By the 1940s, most "insanitary" buildings had been demolished. Sinn, 'Kowloon Walled City', p. 40.
[157] The area did gain a growing reputation for criminality. Sinn, 'Kowloon Walled City', p. 35.
[158] Most of these guides were published in the interwar period. As such, I would argue that Sinn overstates the popularity of Kowloon Walled City as a tourist destination, particularly because of the space's non-inclusion in many travel narratives of Hong Kong. Sinn, 'Kowloon Walled City', p. 36.
[159] Sinn, 'Kowloon Walled City', p. 40.
[160] Sinn, 'Kowloon Walled City', p. 39.

sightseeing.[161] Yet because the sojourner needed to ferry across the harbour and take a rickshaw journey to the city gates, the trip was significantly longer than Shanghai's counterpart. But in certain respects, this distance was part of the place's appeal. R.C. Hurley, a long-term resident in the colony and part-time tourists' guide, recommended a visit to the Walled City after a long walking excursion around a portion of the Kowloon as a convenient moment to visit.[162] The space, then, was an ancillary to Hong Kong's main attraction, its natural landscape.

Shanghai's Chinese areas

Accounts of Shanghai overwhelmingly included Chinese areas, with them often receiving equal, if not more, textual coverage than the French Concession did. This was most pronounced in the case of the Chinese "Native City." In some respects, it was the precisely divided nature of the imperial boundaries of Shanghai which made the Chinese City a *bona fide* destination, accounting for the frequency with which it was treated as a unique subject.[163] This novel area under Chinese rule was also in easy walking distance and was large enough to occupy a day's sightseeing. Writers made the bounded quality of the space a point of emphasis, listing the dimensions of the walls to impress upon readers their magnitude and the way they sealed off the civility of the outside.[164] Even when the Chinese City walls were demolished in 1912, the new road alignment that replaced them (compromisingly named Boulevard des Deux Républiques) continued to provide an overt jurisdictional demarcation.[165] Close, but separate, the Chinese City in Shanghai was an obvious point of departure.

Western visual and textual treatments of Chinese spaces reinforced their culturally and physically alien nature. In the writing itself, it seems significant that the organization stylistically separated things categorized as Chinese from other

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[161] Sinn, 'Kowloon Walled City', p. 39.
[162] R. C. Hurley, *The Tourists' Guide to Hongkong: With Short Trips to the Mainland of China* (Hong Kong: R. C. Hurley, 1897), p. 7, 170.
[163] "There is another and older Shanghai, where no carriage is ever seen." Shanghai Mercury, *Shanghai By Day and Night*, p. 54.
[164] A. G. Hickmott, *Guide to Shanghai* (Shanghai: Shanghai Mercury, 1921), p. 56; Clark, *Sketches In and Around Shanghai*, p. 11; Shanghai Mercury, *Shanghai By Day and Night*, p. 54.
[165] Smith, *The Urban Design of Concession,* p. 243

parts of the narrative. Writers grouped Chinese areas together and separated them under their own sub-heading, or made them the subject of an individual chapter. This separation was reflected cartographically, too, as Chinese space was detached from the rest of the city. Commentators noted how little use a map would be in the strangled corridors of Shanghai's "Native City," recommending instead that visitors hire a Chinese guide.[166] This is unsurprising given that most Western maps of Shanghai omitted any detail from the Chinese City, adding to its sense of otherness.[167] Depicted as either a white hole on the map or a sporadically detailed circular space with a few notable streets or buildings, the Chinese city represented to Westerners a point of unknowable space in an otherwise ordered urban environment.[168] Hong Kong's Kowloon Walled City was equally furtive. A 1915 map, for instance, depicted it with a simply shaded area, absent of detail, labelling it the "Chinese town."[169] These visual representations of the Chinese City on paper may or may not encouraged potential visitors, but likely added a sense of mystery to the area.[170] The substantive prose and discourses within continued this process, creating a sense of extremity, voyeurism, and exoticism.

Entering Shanghai's Walled City through its gates was likened to crossing a portal to a different world. In this characterisation, its written treatments may have consciously emulated features of European slumming narratives. The language of water, for one, prevailed.[171] The Chinese City was, after all, known

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[166] "No map would enable a raw visitor to find his way about its tortuous alleys and narrow streets." Derwent, *Shanghai*, p. 112.

[167] It was not until the twentieth century, particularly after the destruction of the city walls in 1912, that Western maps began to introduce cartographic information about the "Native City." Even then, it remained common for maps to skip over the area or sparsely detail it. Most French and Chinese maps took a similar approach in omitting references to their counterparts in the city. Catherine Vance Yeh, 'Where Is Shanghai? Maps and the Struggle to Define the Image of the City between 1860 and 1930', in *Peking, Shanghai, Shenzhen*, ed. by Kai Vockler and Dirk Luckow, (Frankfurt: Campus Verlag, 2000), 506–511 (p. 508). Smith, *Mapping China and Managing the World,* p. 85. This pattern of cartographic blank spaces areas was an important dynamic for imperialists, as it laid the ideological groundwork for imperial imaginations and ambitions. Blank spaces, after all, had to be filled in. Kennedy, Dane, *The Last Blank Spaces: Exploring Africa and Australia* (Cambridge: Harvard University Press, 2013), pp. 8-11.

[168] Yeh, 'Where is Shanghai?', pp. 507-508.

[169] This map was reproduced in Imperial Japanese Government Railways, *An Official Guide to Eastern Asia: Trans-Continental Connections between Europe and Asia,* vol. 6 (Tokyo: Imperial Japanese Government Railways, 1915).

[170] The "Native City" was essentially an extreme form of the other areas characterized by Chinese habitation (to which this argument also applied).

[171] The language of European slumming literature frequently used metaphors of water and the sea, such as "plunge", "depths" and "abyss." Seth Koven, *Slumming: Sexual and Social Politics in Victorian London*

as a "[s]ink of inequity."[172] Most of all, however, it was the multifarious discourses of dirt and poverty which drew similarity. In the European context, these discourses tended to be localised on the basis of class, whereas they were usually refracted through the prism of race in the colonial locale. First and foremost, it was the "Chinese-ness" of the place which made it dirty.[173] As such, there was no notion of the writers changing their performance of identity to that of a slum-dweller. Unlike the European flaneur adopting the garb of the working class, the Western observer of slums in the Empire remained a separate entity, marked by their immediate appearance as an outsider.[174] Feelings of alterity combined with and were constructed by structural and textual elements to create an otherworldly and insalubrious depiction.

Settled writers seemed to favour the reader simply experiencing the "Native City" vicariously through their prose, eschewing the idea of others putting themselves through the experience. J.D. Clarke's *Sketches In and Around Shanghai* emphasised that an "exploring expedition" to the area was only for hardy individuals, "such as few foreigners would care to undertake, but which was not devoid of interest to a foreigner."[175] "Its narration," he felt "may be of interest to others," but "one visit is enough for most people, and that too in the daytime."[176] Unusual for a traveller's account, James Ricalton described the overwhelming sensory assault of the traversing the city to dissuade other outsiders braving the space:

> Fetid tunnels seething with filth and teeming with miserable and vicious-looking humanity. Odors are suffocating, and the eyes can find nothing attractive or beautiful to rest upon; squalor, indigence, misery, slush, stench, depravity, dilapidation, decay prevail everywhere […] The saying that "distance lends enchantment" will answer for the native city of

(Princeton,: Princeton University Press, 2006), p. 39. Peter Keating, ed., *Into Unknown England, 1866-1913* (Manchester: Collins, 1976), p. 79, 226.

[172] Shanghai Mercury, *Shanghai by Day and Night*, p. 15.

[173] Craddock, 'Embodying Place, pp. 370-371.

[174] There were instances of foreign travellers disguising themselves as Chinese. The botanist Robert Fortune, most famously, disguised himself on his journeys through China to find and pilfer the tea plant. Chang, *Britain's Chinese Eye*, pp. 60-61.

[175] Clarke, *Sketches In and Around Shanghai*, pp. 37-38.

[176] Clarke, *Sketches In and Around Shanghai*, pp. 37-38.

> Shanghai; therefore, you will, I hope, be satisfied to view the dim outline of it.[177]

The way writers tried to perturb readers from entering the Chinese City had more literal expressions. The *Shanghai Mercury*'s publication *Shanghai By Night and Day* recounted what may have been a fabricated conversation between an experienced Shanghailander and a newly-arrived, naïve young man nicknamed "Traddles," providing their story of the area.[178] Under the title "Slums in the Summer Night," the multifarious qualities of the space were dramatized Chinese areas negatively.[179] The section concluded with the major social issues surrounding the Chinese City presenting the areas as a pathological threat to both itself and the foreign concessions. Once the writer and Traddles "had a wash" and retreated to "the veranda on a long chair each, with something alongside to take the taste out of our mouths," they discussed their evening in the following terms:

> [Traddles]: "You were right in saying that you had a new sensation for me. I never saw anything like that before, and—you won't mind my saying it, I don't care if I never do again."
> [The Shanghailander]: " I don't want you to," I replied. "But tell me what struck you most of all."
> [Traddles]: "The overcrowding. When I was a boy we learnt the relative density of population by the number to the square mile. In Shanghai it should be to the square yard. Why do they crowd people together so?"
> [The Shanghailander]: "It's a case of supply and demand, my dear boy."[180]

The importance of cleansing and relaxation after the dirt, headiness and stress of the Chinese City combined with narratives of sanitation and economics. The

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[177] Ricalton, *China Through the Stereoscope*, p. 77.
[178] Shanghai Mercury, *Shanghai By Day and Night*, pp. 85-88.
[179] Shanghai Mercury, *Shanghai By Day and Night*, pp. 85-86.
[180] The supposed prophylactic qualities of alcohols in the period (particularly gin and tonic with its quinine) in the context of retreat from an insalubrious area, added to this foreign impression of the Chinese city as being infectious. Shanghai Mercury, *Shanghai By Day and Night*, p. 87.

Mercury continued describing the dynamics of sanitary governance in Shanghai, arguing that the poor conditions were just the way of things, a natural consequence of the city's imperial economy.[181] These descriptions encapsulated the detached gaze of the foreign observer, to whom plight and poverty were expected circumstances. This dispassionate tone was emblematic of the treatment received by Chinese communities under British imperial rule in East Asia when justified through ideologies of health. The Chinese were written as inherently pathological, and somehow culpable for the situations in which they found themselves, little could be done to help them, so they were best left to their own devices.

Whilst the hustle and bustle of the "native" cities generated unpleasant sights and ghastly smells in the Western sensory experience, there was at least interest derived from the busy hubbub of Chinese spaces.[182] It was a value in itself – that is, to see the impressive sights was purportedly of individual benefit. Chinese areas catered vicariously to health through the expansion of the mind and soul, a concept intimately connected with travel literature.[183] Regardless, most writers still lamented the dirt and deterioration of these traditional areas as a regrettable accompaniment of the City's expansion.[184] The fascination with hustle and bustle, however, was generated through a dichotomy between Western and Chinese lifestyles.

The relaxed quality of Western life in these cities - with Hong Kong's nature walks and Shanghai's sporting days – was juxtaposed against the frenetic energy of business areas.[185] Hong Kong's Praya or the Bund in Shanghai fitted this description, as did both cities' other main Chinese avenues and high streets.

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[181] "Every community gets the accommodation it can pay for. We as a community have the Council and the Council can do only what the general sense of the community directs. Now the Chinese quarters in the Settlement are quite as good, generally much better, than those they are accustomed to in their native cities. On the whole, therefore, they, having experienced nothing better, are satisfied." Shanghai Mercury, *Shanghai By Day and Night*, p. 88.

[182] Crozier, 'Sensationalising Africa', p. 398.

[183] Wrigley and Revill, 'Introduction', pp. 1-3; Robert Macfarlane, *Mountains of the Mind: A History of a Fascination* (London: Granta, 2008), pp. 8-9, 145-146.

[184] Clarke, *Sketches In and Around Shanghai*, p. 11; Dennys, The Treaty Ports of Chin and Japan, pp. 385-386.

[185] Gordon contrasted the Chinese Hong Konger's activity, the apparent energy, the appearance of competency, if not affluence, with a frank impression of lazy leisure for Westerners: "A very few days' residence at Hong Kong convinced me that early rising is not practiced here. In this respect the habits of the residents resemble that of the few white men who vegetate for a few years on the Coast of Guinea in western Africa." Gordon, 'China from a Medical Point of View', p. 27, 30.

Here, hectic trading and thriving business had ambiguous implications for health.[186] The presence of business areas and marketplaces indicated the financial health of these cities and the imperial project more widely. They also laid bare the perceived medical risks of exchange, both in the social contact and commercial transfers upon which markets depended.[187] Market places, a hotbed of risk for governing bodies, equally exposed the dangers involved with the movement of large numbers of people and products.[188] Xuelei Huang's recent article probes how writers were obsessed with depicting the Shanghai Chinese City's overwhelming olfactory melange.[189] And indeed, how Shanghai's various municipalities attempted, and ultimately failed, to curtail its malodour.[190] The racialised crowds of people and exchange were overwhelming for every sense.

Many of these themes, like frenetic energy, squalor, and myriad sights, extended to the descriptions of Shanghai's Chinese suburbs. In most cities, suburbs were imbued with more positive values than other parts of the city for their lifestyle, space, and greenery.[191] Shanghai, in this respect, was an anomaly in the period as its residential stratifications were ordered differently. "Suburb" was often employed in a pejorative sense in the treaty port with notions of risk and containment. Peripheral "suburbs" garnered such negative connotations centred on hygiene and crime that they masqueraded as a justification for the expansion of the Foreign Settlements in 1898, as will be discussed in chapter four.[192]

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[186] Neurasthenia (similar to chronic fatigue syndrome) was often seen as a consequence of urban living in the long nineteenth century. This was especially acute in the US. See, David Schuster, *Neurasthenic Nation: America's Search for Health, Happiness, and Comfort, 1869-1920* (London: Rutgers University Press, 2011), pp. 1-20, 137-138.

[187] As mentioned in the introduction to this chapter, travel was generally an indicator of personal health.

[188] As Peckham explains crowds have historically represented unhealthy movement that has served to disseminate disease. Describing Simpson's report on plague in 1905, Peckham notes that by its constant shifting from microbial to macro scales "the teeming multitudes are compared to the swarming 'crowds' of bacilli." Whereby the "[n]ative masses become scaled-up equivalents of pathogenic agents." Peckham, 'Critical Mass', pp. 380-381.

[189] Xuelei Huang, 'Deodorizing China: Odour, Ordure, and Colonial (Dis)Order in Shanghai, 1840s–1940s*', *Modern Asian Studies*, 50.3 (2016), 1092–1122 (pp. 1121-1122).

[190] Huang, ''Deodorizing China', pp. 1121-1122.

[191] In fact, they straddled the famous divide of urban and country. Michelle Allen, *Cleansing the City: Sanitary Geographies in Victorian London* (Athens: Ohio University Press, 2008), p. 171. Gordon E. Cherry, 'The Town Planning Movement and the Late Victorian City', *Transactions of the Institute of British Geographers*, 4.2 (1979), 306–319 (p. 310); Williams, *The Country and the City*, pp. 1-8.

[192] See: Shanghai General Chamber of Commerce, *Report of Special General Meeting relative to Extension of Foreign Settlements* (Shanghai, 1898), p. 6; TNA:FO228/1293: 'Despatch 36', Mansfield to MacDonald (28 June 1898).

In Shanghai, the factor determining health was jurisdiction first, race second, and finally class. Areas outside of the foreign settlements were unequivocally the dirtiest and most dangerous to the foreign sojourner. Anywhere inside the concessionary areas was healthier. Inside foreign concessions, there was a hierarchy between areas inhabited by Chinese, characterized as overcrowded and insanitary, against the leafy tree lined avenues of the suburbs inhabited by Westerners.[193] Aspects of this hierarchy were a fallacy, shown by the frequent complaints of less affluent foreigners who were unable to afford high rents and that ornate housing lots in the suburbs were also purchased by wealthy Chinese.[194] More racially open-minded foreigners noted that Shanghai's mixed population, in that Westerners and Chinese sometimes inhabited the same districts, drove the industriousness of the city and gave it a sense of vibrancy unmatched by other destinations.[195] In any case, the racial connotations of "suburban" space impacted negatively on perceptions of healthiness in the guidance literature.

Guidance literature and the Chinese body

Writers likewise indulged in personalised descriptions of the Chinese themselves. Generally, only sinologists made any serious distinctions between the various ethnicities, regionalised populations, and native place groups in the two cities.[196] Most guidance literature, in contrast, used the label "Chinese" as a catch-all for the whole community. Distinctions, when made, were based on class and gender. Broadly, Western descriptions of Chinese people in Hong Kong and Shanghai fell into three main categories: "coolies," exoticized women, and beggars.[197] Outside of such categories were occasional references to other

[193] Bergère, *Shanghai*, pp. 96-97; Macpherson, *Wilderness of Marshes*, p. 42; Nakajima, *Body, Society, and Nation*, p. 94.
[194] Lu, *Beyond the Neon Lights*, pp. 141-142.
[195] Derwent, *Shanghai*, pp. 40-41.
[196] Ernest John Eitel, *Europe in China: The History of Hongkong from the Beginning to the Year 1882* (London: Luzac, 1895); Ball, *Things Chinese*. Ball also published a number of linguistic guides to Hakka and other Cantonese dialects.
[197] "Coolie" was the term often used to describe Chinese labourers. Additionally, some populations, like women of the cities' floating populations, straddled these three categorisations. Other categorisations such as Chinese traders or governmental staff were largely absent in the sources, partially because the

groups, such as Chinese traders, while other figures one might expect to surface, including Chinese officials, were almost totally absent in these cities.[198] These portrayals of Chinese bodies were most common in settled perspectives on the cities but did also emerge in the accounts of more transient travellers. In each case, their descriptions of behaviour and bodily norms represented impressions of healthiness and imperial success.

"Coolies" imparted a sense of energy and movement that was characteristic of Chinese areas described in guidance literature. C. E. Derwent depicted "coolies" as "swarming", capturing both a sense of frenetic energy and purpose, but likewise risk and contagion.[199] This dehumanising verbiage connoted both the business of bees and the pestilential quality of large numbers of insects. Derwent situated the "coolie" in further contexts. Setting the scene for Shanghai Native City, he opened:

> Always crowded, always dirty, always littered up with lepers and with beggars advertising their self-made sores, always sloppy with the water spilt by the water-carriers, a wild jostle of coolies, silk-arrayed gentlemen, sedan-chairs, hobbling women, melancholy dogs, and all the flotsam and jetsam of a Chinese crowd. The photographer and seeker after the picturesque errs greatly if he misses these city gates.[200]

Guidance literature characterized "coolies" by their great number, their constant movement, and the variety of objects with which they interacted. All of these factors at once made them an interesting mass to behold yet with so many people, moving so fast and in all directions with every variety of product, risk of contagion seems to lurk between the lines in the guidance literature.[201]

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interaction with traders were confined to more residential persons in the spaces whilst most residents had little contact with Chinese administrators.

[198] In other cities, namely Beijing and Tianjin, portrayals of Chinese mandarins officials were more common, given these cities political and diplomatic importance for China's relations with the outside world. John Thomson who widely photographed China included numerous portraits of Chinese officials, from low to high status. See: John Thomson, *Through China With A Camera* (London: Harper, 1899).

[199] "The Bund swarms with coolies." Derwent, *Shanghai*, p. 110.

[200] Derwent, *Shanghai*, p. 103.

[201] As an American writer, Martin Ballou tended to give more attention to the flaws of Hong Kong than did British sources. With that city, he explicitly linked "coolies" with epidemic risk. Ballou, *Foot-Prints of Travel,* pp. 35-36.

Discourses of dirt and disease were more explicit in the case of beggars and often by extension - the disabled. Like with coolies, writers presented a language of febrility and misery, captured by repeated use of terms similar to "littered," "infested," and "wretches."[202] Such language conceptualised an inevitability of this condition (writers retained a sense of aloofness and dispassion from the social problems they witnessed) and the number of people who were affected by it.[203] The *Mercury* again employed the naive character "Traddles" to illustrate the feelings Shanghai's beggars might bring up in the unfortunate visitor:

> [Traddles]: "Look at that!" he said. "Isn't it awful!"
> [The Shanghailander]: I looked. There is no need to pile up horrors in this description, though they were only too evident. On a low bamboo couch lay a man with nothing on but a loin cloth. He was thin to emancipation and looked a fit subject for good feeding, a healthy home and rest in the purest and freshest of God's free air. As it was his face was less than a foot from a grating leading down into one of our most salubrious Municipal sewers. There were many similar cases.[204]

Authors alike used disfigurement, disability, and monstrosity to capture what they saw as the squalor of mendicants and weakness of China more generally.[205] Returning to the linkages between aesthetics and health, writers depicted such populations in a way that deviated from positive aesthetic "norms," manufacturing them as unhealthy bodies.[206] Portrayals of beggars were highly detailed to present the reader with a vivid image of squalor in Chinatowns and these motifs were not limited to textual representations.[207]

Photographs, from the late nineteenth century, equally showed a fetishistic fascination with poverty. Such descriptions were common in Shanghai,

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[202] Shanghai Mercury, *Shanghai By Day and Night*, p. 55.
[203] Though this source was a newspaper's guide to the city where it was published and distributed, the style was very much similar to travel writers - hence the value in the term guidance literature.
[204] Shanghai Mercury, *Shanghai By Day and Night*, p. 86.
[205] Heinrich, *The Afterlife of Images*, pp. 5-10.
[206] Gilman, 'Black Bodies, White Bodies', p. 205; Manderson, '"Disease, Defilement, Depravity," p. 25.
[207] Heinrich has argued that images of deformity drawn by missionaries in the eighteenth and early nineteenth century built up China as a whole as a sick and weak place. Heinrich, *The Afterlife of Images*, pp. 5-10.

unlike in Hong Kong where writer's prose tended to conspicuously omit the Chinese population. In this respect, a page of British photographer and writer John Arnold's 1910 publication, *Through Hong Kong with a camera*, is an anomaly.[208] The rest of his photographic collection was dominated by Hong Kong's landscape, its gardens and classical buildings – essentially the "natural" ordered colonial environment. Against this emphasis on deliberate civility and serenity, Hong Kong's Chinese side was either a passing curiosity or alternatively a showcase of perceived Chinese deficiency and oddity. The photographs chosen on a page (Fig. 1.1) seemingly designed to summarize the Chinese population of the colony - for it was the only page depicting these people- painted them as criminal or as physically degraded. The "Blind Beggar," the crutches, and slumped appearance of these men conveyed an image of weakness. The caption "One of the Great Unwashed" equally tapped into the Victorian trope of the lower classes being hygienically inferior.[209] The coexistence of a "hawker" on this page, alongside the vagabonds and criminals highlighted another trope of the description of marginalized populations. The Chinese were simultaneously able to represent idleness and occupational activity, in the process being conferred with a sense of febrility and insalubrity.[210] Notions of risk and contagions were not mapped so clearly onto female populations, except in specific descriptions of female beggars which were similar to those above.

[208] John Arnold, *Through Hong Kong with a camera: some photographs of Picturesque Scenery and other views in Hong Kong* (Middlesbrough: Hood & Co: 1910).
[209] The phrase can be traced to the Victorian novelist and playwright Edward Bulwer-Lytton in his 1930 novel *Paul Clifford.* Thomas Write, likewise, published a book on the working classes in England entitled *The Great Unwashed*, Arnold was inserting himself into this tradition.
[210] There were counter narratives that praised Chinese labourers for their personal hygiene: "the labouring classes at Hong Kong contrast favourably with the corresponding classes in Britain. In personal cleanliness they are certainly superior to the 'great unwashed' of our towns." Gordon, *China From A Medical Point of View*, p. 27.

A Thief in the Stocks. One of the Great Unwashed. Beggars.
A Blind Beggar. A Hawker.

Chinese women were represented in a number of contexts and styles in both cities. Given that the majority of guidance literature's writers were men, a persistent premise in the discourse of Chinese women was beauty. At the outset, this is important for the same reasons as the positive aesthetic of Hong Kong's landscape. The norm of the beautiful body, clearly present with descriptions of Chinese working women, was a healthy body, causing a significantly more positive impression of this part of the Chinese population.

In Shanghai, the city with the greater integration and exposure to Chinese society, there were descriptions of classical female beauty, mixed with a sense of oriental exoticism. Local newspaper editor, J. D. Clark's metaphors silken fabrics and flower gives illustration to this style:

> Opposite the "old folk" are seated their offspring, clad in richly embroidered silk dresses. No doubt the young damsels are in their holiday attire […] Good care, however, is taken that the sweet little labial appendages are dyed as red as Bobby Burns' "red, red rose." We have often pondered over the question. Why do Chinese ladies colour their lips? Certainly it cannot be with the intention of enticing a Celestial *cavdliero amoroso* to bestow a tender kiss thereon, for it is a well-known fact (at least so we are told) that the darling creatures of the heavenly kingdom on earth do not practise this sinful mode of exchanging reciprocal feelings.[211]

It is telling that the author immediately speculated about courtship with these women. To be sure, this was a construct of puerile male fantasy- associating beauty with the author's own (perhaps unexpressed) sexual fantasies. Travel literature provided acceptable avenues through which to publish and explore these fantasies under the guise of "research" or "description."[212] These "darling

[211] Clark, *Sketches in and around Shanghai*, p. 51.

[212] An interesting comparative case from French writings on exoticism in Algeria. In this context, the body of the Other often served to destabilise the identity of French writers, bringing out the sense of not belonging and distancing themselves from the wider imperialist category. At the same time, as in the case in the text, their prose still served to construct the traveler as knowing. Victoria Thompson, '"I Went Pale with Pleasure": The Body, Sexuality, and National Identity among French Travelers to Algiers in the Nineteenth Century', in *Algeria and France, 1800-2000: Identity, Memory, Nostalgia*, ed. by Patricia M. E. Lorcin (New York: Syracuse University Press, 2006), 18–31 (pp. 29-31).

creatures of the heavenly kingdom" were mysterious, forming a locus of male desires. Such depictions expanded as Shanghai's Chinese communities grew in affluence in the interwar period, as they were seen enjoying drives and rides along Shanghai's modern streets.[213] What these depictions tell us about this aspect of the Chinese population, that of beautiful exoticized women, was that they were lucidly considered healthy. Their pleasing appearance and the fact they were desired attested that once more health and beauty were connected in the imperial interaction. These patterns further extended to different women with distinct notions of beauty and bodily norms.

A persistent subject of interest to Western writers were the floating populations of East Asian cities, the women most of all. This littoral world was home to women of more modest beauty, but also sturdiness. Their bodies were both healthy in terms of their pleasing appearance and in their ability to perform arduous work, as well as motherly duties. In both cities, writers described the women of the boating populations as mothers diligently working away, in demure but humble clothing, with their children on their backs. Charles Dyce, one of the most effusive writers on the topic of women, stopped off in Hong Kong on his way to Shanghai and was impressed by its floating population: "Hong Kong was hot and steamy, but picturesque and romantic. Our steamer was surrounded almost entirely by native craft of all sorts, and we had a good view of the famous boat population of China."[214] In this hot and steamy context, Dyce was evidently pleased by the view, going onto describe the robust beauty of these women.[215]

Boating women, likewise, possessed some of the vigour of the "coolie" population. They, too, were seen working frantically, with a sense of energy and in great numbers. There was less of an implicit sense of infectivity and risk, however, because of their more pleasing appearance to most writers and their fulfilment of familial obligations. The Chinese women of the floating population were distinct because of their beauty and hardiness, which contrasted descriptions of any other categorisation of Chinese people under British

[213] Bergère, *Shanghai,* pp. 93-98. Some of these women, Hershatter notes, were prostitutes known locally as "pheasants." Hershatter, *Dangerous Pleasures,* p. 47, 284.
[214] Dyce, *Personal Reminiscences*, p. 21.
[215] "The women, most of them with babies on their backs, seemed to do most of the work on these boats, and, all things considered, they were not ill-looking." Dyce, *Personal Reminiscences*, p. 21.

imperialism in East Asia. Yet, in genuine cases of disfigurement, discrepancy, and difficulty, women could still be depicted with norm-breaking aesthetics, imbuing them with the same insalubrity as their male counterparts. In the guidance literature, women's bodies came with less of the disparagement and sense of contagion. Ultimately, gender clearly had an impact on the attitudes of imperial writers, with women slotting into a healthier identity than male Chinese, who were at best portrayed with a mixed sense of admiration and at worse pity and fear.

Conclusion

Territory as a concept encompasses both a description of topography and a socio-political unit with distinct cultural and economic characteristics. In both of these respects, the concept of a healthy life and the guidelines for living one in Hong Kong and Shanghai was intrinsically connected to each of these dimensions, in a process shaped both by imperial citizens as much as imperial rulers. In the mountainous, green, space cramped island of Hong Kong, writers emphasised natural pursuits and beauty in forming an idealized healthy life. The imperialists' prescription for Hong Kong society was, I argue, not only a "traveller's bubble," but a healthy bubble. Sources in Shanghai, in contrast, lacked natural beauty and the city did not impress. As a result, the city's own "healthy" bubble related to the performance of masculine behaviours and the built environment whereas in Hong Kong, luxury and colonial exclusivity came to the fore. Hong Kong had a more discernible "traveller's bubble," one formed principally of colonial institutions and social circles being cultivated in grand granite buildings and floral strolls. In Shanghai, given the wide variety of ethnicities and cultures integrated in the city, the idea of health in narratives of place did more to incorporate this diversity.[216]

[216] Kuehn, 'Colonial Cosmopolitanism', p. 264. Cosmopolitan values in Shanghai's International Settlement, despite being a foundational part of the area's identity, were just like in Hong Kong highly contradictory. The British only reluctantly shared power, mainly with the Americans, as Japanese and Chinese Council members did not enjoy the same power. See: Isabella Jackson, 'Who ran the treaty ports?: A study of the Shanghai Municipal Council', in *Treaty Ports in Modern China: Law, Land and Power*, ed. by Robert Bickers and Isabella Jackson (New York: Routledge, 2016), 43-60 (pp. 46-47, 56). For more on cosmopolitanism in Shanghai, see: Bickers, *Empire Made Me*.

In assessing attitudes to health in the period, aesthetic concerns were important to many writers attesting to the flexibility of health as a normative concept. Aesthetics extended to what made these cities salubrious and the recommendations they made for readers. Hong Kong was imbued with special status through its beautiful features of colour, impressive terrain and lush vegetation, whilst in Shanghai, the built environment provided a spectacle of contrast and development against a muted setting. The stark positivity of many accounts of Hong Kong granted it a sense of healthiness that was unmatched in Shanghai, even if Shanghai was destined to become the more entertaining city by the interwar period.[217] Such patterns were not solely environmental, as aesthetics were employed in the portrayal of female Chinese populations in the guidance literature. More than any other group, women with their bodies viewed admiringly were perceived in a way that gave an impression of health. This supports the research of Sander Gilman and Christopher E. Forth showing beauty was an important norm in establishing the salubrity and health of people and places.[218] Equally, the opposite was true. The most reviled and pitied populations in these two cities were most directly associated with norms of ugliness and deformity.

One near ubiquitous feature of the guidance literature was the trumpeting of a narrative of imperial progress.

> How proud one feels when one remembers that this was once merely a barren, fever-stricken rock and be hold what the British have made of it; a healthy, very beautiful, and most imposing place! I had not realised that it was really as beautiful as I found it to be.[219]

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[217] Particularly in the context of recent work by Jeffrey Auerbach on the emotion of boredom as it related to colonialism, it is interesting that Hong Kong in the 1930s acquired a reputation as being somewhat on the duller side. Whilst there is not space to discuss these developments at length here, this may have related to its lack of dazzling modernities in places like Shanghai. The key reason, I suggest, for this more monotonous image of the colony was that prescriptions of colonial life in Hong Kong in the twentieth century remained much the same as they had in the nineteenth century. Whilst one might still attend a pleasant soiree in Hong Kong's hills and dinner halls, it was unlikely that jazz would be the soundtrack. Auerbach, *Imperial Boredom*, pp. 1-13.

[218] Gilman, 'Black Bodies, White Bodies', p. 205; Christopher E. Forth, *Fat: A Cultural History of the Stuff of Life* (London: Reaktion Books, 2019), pp. 1-2; Forth, *Masculinity in the Modern West*, pp. 67-98.

[219] Mackellar, *Scented Isles*, p. 283

This was the idea that Hong Kong had become a beautiful bustling city out of “barren rock” or fishing village, and that Shanghai, a “City of Palaces”, had been built out of a muddy marsh. Underpinned by notions like beauty, modernity, and enclavism, health slotted neatly into this story. These two cities, even to non-British writers, were bastions of progress and civility and were all the healthier for it. This civilizing mission belonged to a wider imperial trajectory of cleansing and development, but also wrestled with fears of infection and purity which will be traced in the subsequent chapters.

CHAPTER TWO

Greener Pastures?: Health resorts for Hong Kong and Shanghai

> The majority of men in responsible positions work harder in Shanghai than they do in English cities, while the incidental means of relaxation and amusement are fewer and of a kind not so well calculated to relieve daily strain […] a summer excursion should enter wherever possible into the annual programme.[1]
>
> Dr Alexander Jamieson, Shanghai 1873.

Introduction

Narrating their lives in East Asia, most sojourners made the heat and humidity of the summer a point of emphasis. For some it was merely an annual annoyance, making their daily lives a little sweatier and a little more arduous, but for others it represented something more, a genuine threat to them and their loved ones. What was such a concerned resident to do? By the mid-nineteenth century, it was effectively medical gospel that white bodies needed to escape the heat, however briefly, to maintain a healthy constitution.[2] Whether upon a private doctor's recommendation, a Municipal doctor's orders, or making a personal choice, the recourse was a trip to a health resort – a greener pasture.

For Shanghailanders, these retreats were offered recluse from the city's "whirling gaieties."[3] In a recollection of her childhood in China, the daughter of a

[1] Alexander Jamieson, "Dr Alexander Jamieson's Report on the Health of Shanghai for the half year ended 31 March 1873", Customs Gazette, Medical Reports, 11.6 (1873), 50-58 (p. 52).
[2] Arnold, *The Problem of Nature*, pp. 150.
[3] "Mokanshan is no place for those who wish to carry on through the summer the whirling gaieties of a Shanghai winter. But for health and tranquillity, for long easy hours of reading and dreaming, for true rest and refreshment, for rambles through scenery to which every new turn and almost every hour of the day lends a special grace, a new suggestion, Mokanshan is surely unsurpassed." *North China Daily News* (27

Presbyterian Missionary based in Hangzhou, described the feelings, sights and sounds of leaving the city for a holiday in Moganshan.[4] Recalling some pleasant memories of the plains of China, the tone was still one of evading the pestilential lowlands by a leisurely ascent up to the mountain resort, with its beauty and breezes.[5] Hong Kong, on the other hand, was more about political than geographic separation within the colonial territory itself. Either way, such journeys were filtered through a differential economic and political equation of imperialism, characterised by a sense of emotional distance from the Chinese but only feasible because of their labour. Through this dynamic, the young missionary daughter was climbing in comfort and this would set the tone for the retreat. Indeed, these trips were not solely medical or therapeutic in character. Health resorts assumed significant socio-cultural roles.

Health resorts took on various forms in the British Empire, including purpose-built sanatoria, hill stations, and coastal retreats. The most prominent of these were situated in elevated alcoves, known as "hill" or "altitude" stations. These hill stations arose from 1830s to combat the disturbingly high mortality rates among military populations in British India and in the French Caribbean. They were designed to alleviate the ills associated with tropical environments according to the logic of climatological disease transmission. That is, they provided respite from the seasonal heat and humidity in colonial territories, at a time when scientific writing was asserting the negative effects of the tropics upon white bodies.[6]

Western expatriates in China were late in their exploration and use of health resorts, compared with their counterparts in more predominately tropical

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July 1919) in Mark Kitto, *China Cuckoo: How I lost a fortune and found a life in China* (London: Constable, 2009), p. 17.

[4] "It was always beastly hot in Hangchow [Hangzhou] and I could not wait to go. Going to the canal by rickshaw, we got on the houseboat with baggage and food for the overnight trip. It was lovely and peaceful on the small deck in the evenings, our feet trailing in the canal, the green rice fields, the fishermen with cormorants on their wrists, the squeak of the oars as we slept under the mosquito nets." Anon. quoted in Tess Johnston, and Deke Erh, *Near To Heaven: Western Architecture in China's Old Summer Resorts* (Hong Kong: Old China Hand Press, 1994), p. 12.

[5] Johnston; Erh, *Near to Heaven*, p. 12.

[6] A typical example of contemporary ideas was Westenra Sambon's paper read at the Royal Geographical Society in London in 1898. Westenra L. Sambon, 'Acclimatization of Europeans in Tropical Lands', *The Geographical Journal*, 12.6 (1898), 589–599 (p. 589). For secondary literature, see: Anderson, 'Climates of Opinion', p. 136-137; Mark Harrison, '"The Tender Frame of Man": Disease, Climate and Racial Difference in India and the West Indies, 1760-1860', *Bulletin of the History of Medicine*, 70.1 (1996), 68–93 (p. 70).

climates, such as in India and Malaysia. Further afield, health resorts were also a nineteenth century European phenomenon, being a popular social and political summer haunt for the European cosmopolitan aristocracy.[7] Foreign China's delay in the use of health resorts resulted from the fact that the Western powers arrived later into the Middle Kingdom and, once there, were disallowed by treaty stipulations from keeping standing armies stationed on Chinese soil. Equally, such sites often occupied disputable political claims, falling beyond the remit of treaty ports and formal colonial territory.[8] As a result, health resorts initially stumbled in China, despite continuous comments from private and municipal doctors expressing the need for such spaces.

Health resorts in China, then, emerged from different desires, a pattern which will be explored in this chapter. Yet like similar sites in the British Empire, Chinese health resorts soon grew to represent far more than a prophylactic retreat. Dane Kennedy has argued hill stations were fundamental in the epistemological construction of boundaries and definitions of them and us, coloniser and colonised, through their functions as military, political and administrative centres, and as places of escape and recreation.[9] As this chapter expands, health resorts formed a cultural sphere of familiarity and domesticity, and, through this, healthiness, especially for gendered populations.[10] Hills were, however, just one geography of the health resort which exhibited this dynamic. Water was the other primary natural feature with therapeutic associations.[11] In China, there were not "spas" in the therapeutic sense. There were only those settlements designed to take advantage of sea waters, one of which will be discussed in this chapter: Cheung Chau. These settlements also held cultural significance, further showing the importance of childhood in imperial contexts. I seek to show here how European children were safe guarded in the colonial context through spheres of cultural familiarity in health resorts.

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[7] Marina Soroka, *The Summer Capitals of Europe, 1814-1919* (London: Routledge, 2017), pp. 1-8.
[8] Robert Nield, *China's Foreign Places: The Foreign Presence in China in the Treaty Port Era, 1840-1943* (Hong Kong University Press, 2015), p. 36.
[9] Kennedy, *The Magic Mountains*, pp. 11-13, 226
[10] McClintock has shown how the European middle class constituted and defined their middle class through colonialism. Hill station lifestyles were a similar manifestation of this pattern. McClintock, *Imperial Leather,* p. 99.
[11] Eric T. Jennings, *Curing the Colonizers: Hydrotherapy, Climatology, And French Colonial Spas* (Durham: Duke University Press, 2006), pp. 1-2.

This chapter first examines health resorts in colonial Hong Kong, tracing policies of racial segregation as a means of creating effective resorts. I focus particularly on the founding of the Peak Reservation in 1904 and the Cheung Chau Reservation in 1919. In doing so, I seek to indicate the continuity in colonial logic and the staying power of racial exclusivity as a determinant of health, which were revitalised by appeals to anxieties concerning the youth. The second half of the chapter moves focus to the hill station of Moganshan, the most culturally significant health resort contributing to the Western lifestyle in treaty port Shanghai. I expound how themes like childhood, the picturesque, and informal racial exclusion made the resort a desirable destination for Shanghailanders and eventually also Chinese tourists.

Utilising the colonial Archipelago

The first places designed for retreat in Hong Kong were purpose-built sanatoria, rather than full blown health resorts. Constructed by the *Missions Étrangères de Paris* (Paris Foreign Missions Society) and finished in 1875, Béthanie Sanatorium claims to be the first sanatorium built in Hong Kong.[12] It was designed as a place of recluse and recovery against tropical diseases for missionaries based in Asia. In the first decade from its opening, the institution suffered high mortality rates from tuberculosis (11 deaths), but then ran effectively until the Second World War.[13] The sanatorium was nestled on the hillside of Pokfulam in a sparsely built area away from Victoria, providing separation from the city's sanitary deficiencies.[14] The sanatorium thus arose from the missionary community in East Asia, as opposed to governmental or military channels. This missionary route, indeed, appears to have been more common in East Asia than in colonial South Asia.

[12] In fact, the Peak Military Sanatorium (discussed below) was the first purpose-built institution of this nature in Hong Kong. Yet the institution's extremely short period of opening makes the Béthanie Sanatorium's claim tenable. The sanatorium was Based on the hillside of Pok Fu Lam Road on the far Western portion of Hong Kong Island. The institution was spearheaded by Pierre-Marie Osouf, making it fairly unique as a French project in British colonial territory.

[13] The institution came to have two main subsidiary functions, it developed a small printing press and a dairy farm founded by Sir Patrick Manson. Alain Le Pichon, *Béthanie & Nazareth: French Secrets from a British Colony* (Hong Kong: Hong Kong University Press, 2007), p. 50.

[14] At under 500 feet above sea level, the structure was still lowly situated in comparison with fully fledged hill stations in the British Empire.

The next and most culturally important "sanatorium" for Hong Kong, the Peak, defied this route. The Peak, the highest portion of Hong Kong Island, with its legendary views over Victoria Harbour and a more temperate climate than the rest of the city below, was the most celebrated of the colony's health retreats. Although short-lived, the first official sanatorium in the area was the Peak Military Sanatorium.[15] What followed its closure was a string of buildings in the Peak district mislabelled as "sanatorium." These were in fact summerhouses for the wealthy, intended as individual escapes from the summer's humid heat to give rest and relaxation.[16]

As the colony's population quickly climbed in the 1880s, pre-existing racial tensions and anxieties within the European population manifested in increasingly public circles forcing the government's hand. In particular, discomfort with the purchasing power of Chinese elites reached new heights. [17] In 1888, the colony's Governor, Sir William Des Vœux and his Legislative Council implemented the "European Hill District Reservation" Ordinance which prohibited "Chinese tenements" in certain areas, namely the Caine Road District. The ordinance suggested a pattern of residence characterised by the unsuitability of Europeans and Chinese living in close proximity, due to differences in their constitution and inclination. [18] This was justified, then, in terms of tropical health and racial difference, supported by ideas of property speculation.

Beset by vagaries in its definition of Chinese housing types and not explicitly banning Chinese inhabitation in European areas, the ordinance failed to prevent wealthy Chinese purchasing real estate, particularly in the Midlevels.[19] This precedent of loopholes preventing full-scale segregation continued, with the

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[15] The Peak Military Sanatorium first opened in 1862 with 17 patients initially sent to the site. After seeing no signs of recovery and likely experiencing difficulties in accessing and supporting the institution, the military swiftly chose to abandon the site. The building, which subsequently became known as the Mountain Lodge, served numerous purposes including a private residence, a picnic site, and the governor's residence.
[16] Richard J. Garrett, 'Hospitals on the Peak', *Journal of the Royal Asiatic Society Hong Kong Branch,* 51 (2011), 103–114 (p. 103).
[17] 'The European Reservation Ordinance', *HKT* (4 April 1888), p. 4.
[18] "The health and comfort of Europeans in a tropical climate demand conditions which are inconsistent with the neighbourhood of houses crowded with occupants and otherwise used after the manner customary with the Chinese inhabitants, and whereas the influx of Chinese into the Colony tends constantly to narrow the area of the City of Victoria where such conditions are attainable, and it is desirable to reserve by law a district wherein such conditions may be secured." HKGRO: GA 1888: Legislative Council Report (27 March 1888).
[19] If the housing style mirrored European standards, it was officially termed a "lawful tenement." Chu, 'Between Typologies and Representation', p. 269, 277.

Colonial Office becoming a major obstacle. In 1901, for instance, a "European Reservation" was established in a disused portion of land on the Kowloon Peninsula. Once more, the racial definition of housing was vague and exploitable. Furthermore, it was only two years later that the Colonial Office sanctioned the Reservation, but with the caveat that persons of "good standing" would be eligible to purchase and inhabit property in the area.[20] Evidently, the Colonial Office wished to keep property values and tax incomes high whilst avoiding friction with the Chinese community, factors which supplanted the prejudicial values of the local European community .

By 1904 the Peak had developed to resemble an embryonic hill station, yet this was matched by the growth of Chinese economic power which was to threaten the district's European character.[21] By then international circumstances had created a mixed appraisal for racial segregation in the colony and a need for delicacy in the treatment of Asian populations.[22] Besides, as Pomfret has argued, Hong Kong represented an anomaly in the colonial context where the transplantation of "cantonment" praxis from India was ill-suited. Its colonized population had an unusually wealthy and influential Asian elite that would be risky to alienate through discriminatory legislation.[23] Thus when Acting Governor May brought forward a proposal to the Colonial Office for a "Hill District Reservation Ordinance," it fell on the deaf ears of the Colonial Secretary Oliver Lyttelton.[24] Aware that the tropes of Chinese insanitation were inapplicable given that "coolie" tenements would never be built, the brunt of the argument for the Peak

[20] TNA:CO129/322: May to Lyttelton (21 May 1904), p. 779.
[21] Kennedy, *The Magic Mountains*, p. 5. There were new roads and ornate villas dotted around the mountain top, alongside a church, hotels and a police station. As such, the Peak continued to be the most prized neighbourhood for Europeans in the colony. Carroll, 'The Peak', p. 91; Pomfret, *Youth and Empire*, p. 151. Hong Kong's neighbourhoods have historically been known by geographical levels of elevation, the "Midlevels" being the most prominent area labelled in this way. The Midlevels are an area of Hong Kong, sandwiched between the Peak above and Central below. Historically, they have been characterised by the residency of affluent Chinese and European professionals. What might be called the "lowlevels," by contrast, tended to be known for their poorer more crowded qualities, or, alternatively for major governmental and business sites close to the harbour.
[22] Joseph Chamberlain had overseen the transition to a policy stance in the sub-Saharan African colonies which officially supported racial segregation. Curtin, 'Medical Knowledge and Urban Planning in Tropical Africa', p. 613. There were other factors including the recent Anglo-Japanese Naval agreement and the controversies of Chinese indentured labourers for mining in South Africa, both of which brought into question imperial Briton's relationship with Asian populations – an issue plainly at stake with segregation in Hong Kong. Auerbach, *The Chinese Puzzle*, p. 28.
[23] Pomfret, *Youth and Empire*, p. 151.
[24] 'The Peak Reservation Question', *HKWP* (16 May 1904), p. 3.

Reservation was economic, stating that unconstrained Chinese capital would rapidly and unscrupulously purchase real estate in the area.[25] With the bankruptcy of these old tropes, advocates of the Peak Ordinance begun to appeal to connected ideas of youth and vulnerability.

As Pomfret has insightfully demonstrated, the argument for the Peak Reservation was unable to gain any significant leverage until it "invoked the hyper-vulnerable, racialised body of the European child."[26] This involved entrenched anxieties over tropical environments alongside a continued sense of faith in the therapeutic effects of heights, which enmeshed with contagionist ideas about Chinese bodies.[27] Secondly, there were lifestyle considerations. Children were expected to have a fulfilling and proper childhood, something which the colonial locale was thought to hinder, if not entirely preclude.[28] Childhood on the spot, much in the same way metropolitan working-class children were viewed as degenerative by the middle classes, was bastardised. The malleable body and mind of the child risked being swayed by others, like *amahs* or Chinese children.[29] Equally, the colonial setting was believed to necessitate the separation of children and parent, as most children were sent to the home nation for schooling.[30] It was this discourse of the body of the European child which came to create the European reserved "fairyland" of the Peak.[31]

In the second reading of the Bill, the tone shifted from economic to familial. The Peak was to be reserved as an enclave for the domestic sphere, where "wives and their families" would be protected by segregation.[32] It was to be a space that would alleviate the expense and "anxiety of a separation" necessitated by the intemperate climate."[33] With climatological orthodoxies of health occupying the background, the Bill now latched onto youth and women.

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[25] TNA:CO129/327: Blake to Lucas (17 April 1904).
TNA:CO129/323: May to Lucas (19 June 1904).
[26] Pomfret, *Youth and Empire*, p. 151.
[27] Pomfret, *Youth and Empire*, p. 30, 149.
[28] Pomfret employs the term "true childhood" to describe the idealised vision of healthy play and discipline youth. Pomfret, *Youth and Empire*, pp. 25-26.
[29] *Amah* was the term given by Europeans to Chinese woman employed to perform domestic tasks and look after children.
[30] Crossette, *The Great Hill Stations of Asia*, p. 9.
[31] Pomfret, *Youth and Empire*, p. 153.
[32] TNA:CO129/443: Legislative Council Minutes (19 April 1924), p. 19; TNA:CO129/443: *Hongkong Government Gazette* (19 April 1904), p. 20, 25; Pomfret, *Youth and Empire*, p. 152.
[33] TNA:CO129/443: *Hong Kong Government Gazette* (19 April 1904), p. 20.

This struck a chord in the metropole, where the youth were increasingly seen as a barometer for the health of the imperial nation.[34] On this second reading, the Bill had already passed through the Legislative Council with even the two Chinese members of the Council, Dr Ho Kai and Wei Yuk, giving approval.[35] Ho Kai approved of the Bill on precisely these terms of the European argument, childhood and health.[36]

The Peak Ordinance reified the district as the cultural heartland of colonialism in Hong Kong, one that was intimately framed through protection of the domestic. Its prestige overshadowed, but ultimately set a precedent for a smaller, less well-known European Reservation in Hong Kong - the island of Cheung Chau.[37] Similarly taking advantage of the topography of the colonial archipelago, this "dumbbell" shaped island possessed both the intimate heights and the coastal geographies prized for health resorts.[38] The tone of the debate in Cheung's Chau formal segregation closely mirrored that of the Peak, with economic overtones concealing old tropes of European climatological vulnerability in relation to women and children, coupled with a pathologized sense of predatory Chinese investment capital.

The first traces of Cheung Chau as a health resort occurred in 1909.[39] The colony's press treated Cheung Chau as meeting the special needs of humble missionaries, with most "unaware of its potentialities as a health resort."[40] The resort grew in popularity amongst missionaries operating in the region after the petition of missionaries to government allowed patrons to build there in mid-

[34] The Boer War was the most pronounced instance, as vast proportions of the working-class males did not meet the militaries' minimum requirements for entry, leading to a widespread degenerationalist discourse. Anthony S. Wohl, *Endangered Lives: Public Health in Victorian Britain* (London: Dent, 1983), p. 332.
[35] For a discussion of Ho Kai's position on the Bill, see Pomfret, *Youth and Empire*, pp. 152-153.
[36] Indeed, Ho Kai noted it was "necessary for the health of Europeans… especially the children." An Ordinance for the Reservation of a Residential Area in the Hill District" in HKPRO: GG (29 April 1904), p. 752; HKGRO: HH (19 April 1904), p. 18.
[37] Cheung Chau is situated around 10 kilometres (6.2 miles) southwest of Hong Kong Island.
[38] To the Western populations of Southern China, Cheung Chau was also known as Dumbbell Island for the characteristic slopes at either end of the island and the stretch of lower terrain with its much-lauded beach connecting the two.
[39] Before this there is relatively little evidence of the island in governmental papers. The island was included in an ordinance entitled 'Trespassers on Crown Land' in 1900 which stipulated: 'any person in occupation of the places hereunder specified... shall be deemed trespassers as against the Crown unless such occupation is authorized [by government authority].' HKGRO:GA 1900: New Territories Land Court Ordinance (18 August 1900).
[40] 'Cheung Chau as a Health Resort', *HKDP* (29 May 1909), p. 2.

1909.[41] Early on then, we can see that this East Asian health resort began not with British imperial administrators, but with the foreign enterprise (in this case American) of the Christian missionary community.

With its missionary origins, the Cheung Chau resort took on a particular character as a regional retreat for South China, rather than being framed exclusively for British Hong Kongers.[42] Unlike the Kowloon or the Peak Reservations which sought protection from Chinese in Victoria, Cheung Chau was portrayed with a narrative of escapism drawn in contrast to the Chinese mainland and mainland resorts.[43] Colonists in Hong Kong always constituted the territory in dichotomy to a backward mainland China.[44] Cheung Chau took this further, it was envisioned as both an escape from the mainland and Victoria itself.[45] For its proponents, Cheung Chau offered advantages over all other regional alternatives. It was more affordable than Hong Kong's pre-existing reservations, meaning it could more cheaply offer that which mainland resorts could not: a change in jurisdiction. Separated by the sea, Cheung Chau presented a bounded experience that was conveniently accessible to the Western populations of South China through Hong Kong. Furthermore, as the island fell under British colonial territory, it represented an opportunity for segregation that could be pursued and legitimised through that colonial power.

The feature of resort life at Cheung Chau which surfaced most readily was bathing. In news media, promotional materials and governmental sources, the quality of the bathing experience was recognised as "excellent," though sources

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[41] 'A New Health Resort', *HKDP* (6 September 1909), p. 3.
'Cheung Chau as a Health Resort', *HKDP* (29 May 1909), p. 2.

[42] "One or two men belonging to American missions in Canton and vicinity [were] anxious to secure a place more convenient than the missionary resort at Kuling in North China where they could recuperate and at the same time escape the sweltering summer in Chinese cities, sought for a suitable locality in the neighbourhood of Hongkong. Their search took them to Cheung Chau, with its high elevation, its lovely valleys, and its beautiful stretches of beach with their bathing facilities." 'A New Health Resort', *HKDP* (6 September 1909), p. 3.

[43] This included mainland resorts, such as Kuling or Peitaiho. These resorts were increasingly expensive and crowded by this period.

[44] For a discussion of this pattern, see: Yiching Wu, 'Prelude to Culture: Interrogating Colonial Rule in Early British Hong Kong', *Dialectical Anthropology*, 24.2 (1999), 141–170 (pp. 162-163).

[45] The mainland, in this respect, was tantamount to the 'plains' in the colonial Indian experience. Cheung Chau was drawn in a similar to motif to that demonstrated by Kennedy, that of escaping the plains, the heat, and the burdensome complexities of quotidian colonial society. Kennedy, *The Magic Mountains*, pp. 5, 37-38,

give little detail as to why.[46] Such dialogues instilled the seawaters with rejuvenative or, at least, purifying effects and pictured it in conjunction with the relaxing picturesque experience provided by the island:

> Just when the sun begins to drop in the west and its slanting rays are intercepted by the little headland, there may be some men and women attired in bathing costumes and toes accompanied by their children, also ready for the water, wending their way down the slopes of the island to the beautiful little stretch of white sand, which is now recognised and reserved as the foreign bathing place."[47]

This aquatic focus represents an anomaly in British spas, where hydrotherapy extended mainly to fresh water springs.[48] In the metropolitan case, the shift from the spa toward the seaside resort marked also a transition from "therapy to leisure, from health to pleasure."[49] Nonetheless, seaside resorts did have health-giving benefits in the British imagination because of the fresh air and, predictably, the sunshine.[50] Cheung Chau, evidently, held similar appeal to foreigners in the South China region.

Another aspect of the littoral visions of life in Cheung Chau was the active usage of its water in the form of exercise as swimming.[51] The use of waters for

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[46] "Absence of fever, excellent bathing, and the abundance of good building sites on ridges overlooking the sea form the chief attractions." HKGRO: AR 1913: 'Report on the New Territories for the Year 1913' (1913); Dr. J. W. Noble, 'Cheung Chau a Health Resort', *The Hong Kong Telegraph* [Henceforth *HKT*] (5 June 1914), p. 4; "Cheung Chau: Seaside health resort. Within easy reach of Hongkong. Bathing, boating, walking, invigorating breezes." in 'Advertisement: Cheung Chau', *HKT* (28 May 1917). See also: Christopher Dewolf, 'Hong Kong's Other Peak – and the City's Overlooked History of Segregation', *Zolima City Magazine* (24 May 2017) <https://zolimacitymag.com/hong-kongs-other-peak/> [accessed 20 January 2020]. For the HKRS's primary collection on Cheung Chau in this period, see: HKRS58-1-87-8.

[47] It is interesting that this quote also appears to indicate that this beach of Cheung Chau was already formally reserved along lines of race. This may have been more informal than the quote suggested, as there was no legal evidence of this beach segregation in Hong Kong's colonial law by this point. 'A New Health Resort', *HKDP* (6 September 1909), p. 3.

[48] Thalassotherapy, the use of seawater for therapeutics, as a medical methodology never reached widespread popularity on the British Isles, nor did it receive any significant backing in contemporary scientific literature.

[49] Annick Cossic, 'Introduction', in *Spas in Britain and in France in the Eighteenth and Nineteenth Centuries*, ed. by Patrick Galliou and Annick Cossic (Newcastle: Cambridge Scholars Publishing, 2006), xiii–xx (p. xix).

[50] "To inhale its fresh breezes laden with health-giving ozone." 'A New Health Resort', *HKDP* (6 September 1909), p. 3; John Hassan, *The Seaside, Health and the Environment in England and Wales since 1800* (Aldershot: Routledge, 2003), p. 82.

[51] "It does one good to see so many happy folks, and when one has enjoyed a swim there […] then one has tasted something of the joy which Cheung Chau offers to the visitor." 'A New Health Resort', *HKDP* (6 September 1909), p. 3.

"bathing" was not simply the act of washing in water, but included immersion and movement. Sources framed swimming there as wholesome for all, regardless of age and gender, though promoted it as especially beneficial towards women and children. [52] Positive attitudes to swimming correlated with metropolitan developments, though the extent to which this informed the Cheung Chau case is unclear. From the late-nineteenth century in Britain, swimming was an important activity in visions of youth, being linked with both health and cleanliness.[53] Likewise, swimming assumed an important gendered role as the "ideal" women's exercise.[54] In any case, populations and their governments in both the metropole and the colonies sought to provide time and space for swimming.[55] Such uses of local water resonated with how broadly defined health was in this period, often taking popular cues from the features of the natural environment.

The healthful qualities of Cheung Chau were unusually aquatic, this brings into question whether the reservation exemplified colonial hydrotherapy in the British Empire, something which has seldom occurred in the historiography.[56] Colonial hydrotherapy has been explored in the French colonies by Jennings. Here, spas were a cradle of imperial identity and health, with Vichy serving as a model for emulation in the colonies.[57] These water sources figured largely in contemporary French medical mesology, allowing users to forestall

[52] "Others merely kick of their shoes and rush into the water, and soon the tones of childish glee mingle with the happy laughter of the older folks as they all disport themselves in the briny." 'A New Health Resort', *HKDP* (6 September 1909), p. 3. Governmental perspectives similarly zoned in on parents and children, see: HKGRO: HH 1919: 'Cheung Chau (Residence) Ordinance' (28 August 1919). Postfactual recollections, likewise, reminisce about swimming and its centrality to life at Cheung Chau. Denis Bray, *Hong Kong Metamorphosis* (Hong Kong: Hong Kong University Press, 2001), p. 3.

[53] Christopher Love, *A Social History of Swimming in England, 1800-1918* (London: Routledge, 2015), pp. 126-139.

[54] Swimming was seen as accessible and not threatening to the established social order, see: Claire Parker, 'Swimming: The "Ideal" Sport for Nineteenth-Century British Women', *The International Journal of the History of Sport*, 27.4 (2010), 675–689 (pp. 685-686); Veronica Raszeja, *A Decent and Proper Exertion: The Rise of Women's Competitive Swimming in Sydney to 1912* (Campbelltown: Australian Society for Sports History, 1992), pp. 16-25.

[55] F. H. A. Aalen, 'Lord Meath, City Improvement and Social Imperialism', *Planning Perspectives*, 4.2 (1989), 127-152 (p. 136).

[56] Rotorua in New Zealand is one exception. Phil Long and Nicola J. Palmer, *Royal Tourism: Excursions Around Monarchy* (Bristol: Channel View Publications, 2008), p. 131-133. As Walton notes spa resorts developed in white settler colonies, particularly South Africa, with non-settler colonies focusing on the hill station as a distinctive sociocultural resort. John K. Walton, 'Health, Sociability, Politics and Culture. Spas in History, Spas and History: An Overview', *Journal of Tourism History*, 4.1 (2012), 1–14 (pp. 4-5).

[57] Jennings, *Curing the Colonizers*, p. 5-6

"degeneration and creolization."[58] In short, prevention and recovery were psychosomatically linked to re-Francisation.[59] Jennings' argument about the milieu created in these French colonial spas paralleled how hill stations offered healthiness through not only environmental change, but differing social structures and a culture of domesticity.[60]

Cheung Chau, for various reasons, did not reflect colonial hydrotherapy. Colonial writers did not expound the benefits of hydrotherapy as they did with tropical acclimatization and elevational enclavism. Metropolitan evidence (the expansion of spas and seaside resorts in Victorian Britain) appears simply correlational, since it mainly resulted from the increasing ease of travel and greater leisure time.[61] Besides, local perspectives on Cheung Chau were not formally linked with the regional or metropolitan medical establishment, as in the French case.[62] Nor, for that matter, was there a strong institutional basis of formal hydrotherapy at Cheung Chau, aside from the legal reservation of the main beach for foreigners. As such, this was not hydrotherapy or thalassotherapy being incorporated into Hong Kong's expression of colonial medicine.[63] The resort at Cheung Chau was more a localised expression of a popular belief in the health benefits of water and bathing. The picturesque and the pastoral setting surely also played into this rationale, aligning with common attitudes towards hill stations of the period and how they suited particular populations along the lines of gender and age.

The popular argument for the resort centred on separation, beauty, and the use of its environment, being mapped especially onto the family. In the formal legislative debate and eventual founding of the Reservation on the island, these promotional features combined with economic rationales. This legislative debate over the Reservation was effectively a formality, as legislators sought to mirror

[58] Jennings, *Curing the Colonizers*, p. 27, 35.
[59] Jennings, *Curing the Colonizers*, p. 35.
[60] Kennedy, *The Magic Mountains*, p. 226.
[61] John K. Walton, 'The Demand for Working-Class Seaside Holidays in Victorian England', *The Economic History Review*, 34.2 (1981), 249–65 (p. 249).
[62] We might consider Dr Noble's article in the *Hong Kong Telegraph* an exception. See, Noble, 'Cheung Chau: A Health Resort', *HKT* (5 June 1914), p. 4.
[63] Cossic, 'Introduction', pp. xix-xx.

the success of the Peak Reservation.[64] During its first reading in the Legislative Council on 17 July 1919, British members enveloped the Cheung Chau Bill in a discussion of the difficulties apparently suffered by married Europeans being priced out of housing by local Chinese and thus forced into insanitary areas.[65] At the outset was an emotive figure of the religious married man as a bread winner, seeking familial protection.[66] Nonetheless, the rhetoric employed revealed how racial issues undercut administration in the colony, even long after such logics were already considered dubious in 1904. Colonial society was driven by vulnerabilities of race and gender, cast on both the coloniser and the colonised. The Cheung Chau Reservation arose from racial arguments about white acclimatisation and domesticity, just as much as it did from portrayals of economically predatory Chinese. This corresponds to what numerous historians have recently begun to explore, how it was the coloniser's sense of their own vulnerabilities that drove colonial rule, perhaps even more so than that of colonised populations. [67]

Competing claims over land and property were at the very heart of the colonial encounter and were to be expected in the cramped geographical confines of Hong Kong. Predictably, the two dissenters from the Bill in the Committee were Chinese. Lau Chu Pak and Ho Fook, both "unofficial" members of the Legislative Council, requested an amendment to the Bill whereby it would be delayed until such time as the new full time Governor, Sir Reginald Edward

[64] In late August 1919, one of the opening remarks in the Legislative Council's second debate over the Cheung Chau (Residence) Ordinance stated: "This Bill has been modelled, roughly, on the Peak District Reservation Ordinance which passed through this Council last year without any opposition or comment." HKGRO: HH (28 August 1919). The Bill was a formality because the Legislative Council was already stacked toward European interests. Besides, it seemed unlikely that the request of a small community of missionaries who already inhabited the island would have been denied, especially given that the probable increase in land prices and tourism would only serve to benefit the colonial government who heavily relied on the former for revenue.

[65] This "housing problem" referred to married men with lower incomes ($600 to $700 monthly salary). It was said that with such an income "married men… cannot get houses at present of the size and convenience essential to health." HKGRO: HH (17 July 1919), p. 49.

[66] There were also generalised pragmatic arguments which downplayed the size and importance of the proposed reservation. HKGRO: HH (28 August 1919). The second reading of the Bill followed with an even more pronounced tone of familial concern. 'A Bill Instituted' in HKGRO: GA (7 July 1919), pp. 322-323.

[67] Mark Condos, *The Insecurity State: Punjab and the Making of Colonial Power in British India* (Cambridge: Cambridge University Press, 2017), p. 220; For an elaboration of how anxiety fuelled colonial rule, see also: Fischer-Tiné, *Anxieties, Fear and Panic in Colonial Settings*; Peckham, 'Panic', pp. 9-12; Stoler, *Along the Archival Grain,* pp. 2-3.

Stubbs, could properly review it.[68] Lau Chu Pak defended Chinese rights of land purchase and residency.[69] For Lau, the island's current residents (the petitioners), existing government powers and private enterprise could already purchase or protect the land in the case of any particularly egregious claims.[70] The implication here was that the colonial land system already favoured European residents. But Lau noted, with blatant irony, that he wished to avoid that "which will involve unpleasant discussions," or "to recall the history of the Peak Reservation Ordinance."[71] Mentioning the unmentionable, the fragile and imbalanced race relations in the colony, called into question how the Bill would be interpreted and its potential for backlash. In his most politely scathing comment, Lau questioned the values of the petitioning missionary community for pursuing thinly veiled segregation.[72] Lau, effectively, was exposing the contradictions at the heart of British imperial liberalism by employing this very language so often touted by colonial officials. This was a familiar story of British officials promoting a policy of exclusion under the auspices of equality.[73] That is, using the British colonial legal apparatus to ensure European purchasing power at the expense of wealthier Chinese.

The Bill highlighted ongoing contradictions and racial inequalities in colonial society at a moment when such attitudes seemed at odds with the international political climate after the First World War.[74] Ho Fook pursued this line of argument. Perhaps owing to his Eurasian heritage, he more directly

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[68] Like Fung Chi Ming, I use the term "Chinese Unofficials" to encapsulate unofficials of both Chinese and Eurasian descents. Chi Ming Fung, 'Governorships of Lugard and May" Fears of Double Allegiance and Perceived Disloyalty', In *Colonial Hong Kong and Modern China: Interaction and Reintegration*, ed. by Pui-tak Lee (Hong Kong: Hong Kong University Press, 2005), 69–88. (p. 226). [Reference in footnote].

[69] Pak had a mixed legacy of supporting Chinese rights. For instance, in Hong Kong's first major incidence of industrial action, the seaman's strike, Pak condemned the actions of the strikers as "selfish." Carroll, *A Concise History of Hong Kon*g, p. 98.

[70] HKGRO: HH (28 August 1919), p. 63. In this point, Pak was in all likelihood correct, Cheung Chau's land was noted for its affordability. The *Daily Press* praised the island for "[it] has cheap building sites and it has good water. What more is wanted?" 'A New Health Resort', *HKDP* (6 September 1909), p. 3.

[71] HKGRO: HH (28 August 1919), pp. 63, 64.

[72] "To deprive their follow citizens of their civic rights and give such to them is unfair and unreasonable. But I cannot believe that, of all people, they could have made such a request – preachers and teachers of equality and fraternity that they are." HKGRO: HH (28 August 1919), pp. 63-64.

[73] Marilyn Lake, 'Equality and Exclusion: The Racial Constitution of Colonial Liberalism', *Thesis Eleven*, 95.1 (2008), 20–32 (p. 29-30).

[74] This immediately hopeful and optimistic context was quickly tarnished. The May Fourth Movement exposed the way the European imperial powers continued their "scramble for China," despite China's allied position and the overlooked role of its labouring population during that conflict.

addressed the "unpleasant discussions" to which Lau had feigned avoidance.[75] Ho acerbically argued that "in view of the fact that the war has been won by all races in the Empire I cannot be a party to the passing of this Bill which, in my opinion, is nothing more or less than racial legislation."[76] By this argument, the colonial government could have been similarly opportunistic and appease the tensions built up by the Peak Reservation and other discriminatory policies. Indeed, these tensions would have felt increasingly palpable in official circles, as from the turn of the century Hong Kong's Chinese population proved increasingly well organized in offering counter-colonial resistance to the state.[77] Whilst Ho and Lau would have been fully aware of the futility of their objections, their arguments nonetheless exposed the discriminatory status-quo and could, perhaps, have caused hiccup with the Colonial Office who might have balked at the contemptuous label of "racial legislation."[78] The fact that the Bill passed in spite of this international political context, the declining scientific credibility of racial pseudoscience, and the obvious local racial tensions was testament to the enduring quality of old rationales of health and enclavism.

Gendered ideas, in particular, revitalised seemingly outdated medical rationales. The European members of the Legislative Council Committee had few detailed answers to these objections.[79] Chaloner Grenville Alabaster, one of the premier figures in Hong Kong's legal history from the turn of the century and a wartime Sanitary Board Member, led the debate whilst overtly denying any racial overtones of the proposed reservation.[80] Yet, with the benefit of historical hindsight, he enunciated precisely that issue most clearly. For Alabaster, it was the innocence of the island's "small" population, who, as missionaries, gave

[75] Ho was a prominent Eurasian and brother of the famous "the grand old man of Hong Kong," Sir Robert Hotung. Straddling the European and Chinese communities, it seems likely that Ho was more at ease addressing obvious racial tensions and injustices than others prominent unofficials.
[76] HKGRO: HH (28 August 1919).
[77] Jung-Fang Tsai, *Hong Kong in Chinese History: Community and Social Unrest in the British Colony, 1842-1913* (New York: Columbia University Press, 1993), pp. 1-3; Jung-Fang Tsai, 'From Antiforeignism to Popular Nationalism: Hong Kong between China and Britain, 1839-1911', in *Precarious Balance: Hong Kong Between China and Britain, 1842-1992*, ed. by Ming K. Chan and John D. Young (Abingdon: Routledge, 2015), 9-26 (p. 16).
[78] The potential delay they requested might have caused something of a stir in the colonial office, given that it may have flagged the Bill's racial components, which could have offered some hope to the two unofficials.
[79] A remark by the Attorney General summed up the rest of the Council's simplistic retort: "[i]t is an entirely economic question and not a racial question at all." HKGRO: HH (28 August 1919), p. 65.
[80] "They selected Cheung Chau because they hoped to obtain the protection of the British flag and it is not a case of racial competition but of economic competition." HKGRO: HH (28 August 1919), p. 64.

credence to the merit of the legislation.[81] In short, their religiosity implied humble, pure, and pragmatic motives thus excluding racial biases. Impressionistically, then, the Bill was linked to Christian and white values.[82] More explicitly, Alabaster employed white acclimatisation in favour of segregation:

> Cheung Chau is an island which has been developed solely by residents who belong to a race which finds it necessary to take their children to the seaside as much as possible in the summer and who are forced by circumstances to separate themselves from their children by sending themselves from their children.[83]

These ideas of racial belonging and environmental alienation, framed in terms of necessity, differed little to those employed fifteen years earlier.

The nuance in this instance was that the children of missionaries were especially vulnerable to the combined threats of separation anxiety and the intemperate climate. The argument held that missionary work entailed travel and thus parental absence was framed in emotional terms. It was against this situation, the European view held, that the missionary community innocently

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[81] Alabaster, likewise, endeavoured to point out the potential similarity of Cheung Chau to health resorts on the Chinese mainland which enabled missionaries to spend the greatest length of time with their children before sending them back to school. HKGRO: HH (28 August 1919), p. 64.

[82] The linkages between missions, race, and empire has a complicated colonial literature. This literature has traditionally bifurcated between interpretations of missionaries as "ideological shock troops" for empire, as agents of imperialism, against an interpretation stressing their positive autonomous side, particularly in the case of American missions. David J. Silverman, "Indians, Missionaries, and Religious Translation: Creating Wampanoag Christianity in Seventeenth-Century Martha's Vineyard," *William and Mary Quarterly*, 3rd Series, 61.2 (2005), 141-174 (p. 144); Brian Stanley, *The Bible and the Flag: Protestant Missions and British Imperialism in the Nineteenth and Twentieth Centuries* (Leicester: Apollos, 1990), p. 12. A regrettable consequence of these schools, Edward Andrews has argued, is the lost voice of "native" missions and indigenous Christians. Edward E. Andrews, 'Christian Missions and Colonial Empires Reconsidered: A Black Evangelist in West Africa, 1766–1816', *Journal of Church and State*, 51.4 (2009), 663–691 (pp. 663-665). In this instance, it is clear that missionaries were drawing from colonially exclusionary ideologies and methodologies, placing them more firmly in line with imperial designs. Missionaries forwarding segregationist ideas had analogies in other dependencies, for instance Fiji. Kirstie Close-Barry, *A Mission Divided: Race, Culture and Colonialism in Fiji's Methodist Mission*, Race, Culture and Colonialism in Fiji's Methodist Mission (Canberra: ANU Press, 2015), p. 17-36, 161-178. Another interpretation would be to see this attempt to create a missionary zone within Cheung Chau to be an assertion of localised missionary identity rather than one tied to the nation, which might fit the mixed nationalities of the missionaries themselves. Their appeal to the "British flag", however, suggested otherwise.

[83] "Cheung Chau is an island which has been developed solely by residents who belong to a race which finds it necessary to take their children to the seaside as much as possible in the summer and who are forced by circumstances to separate themselves from their children by sending themselves from their children." As with previous accounts of Cheung Chau in the Press, Alabaster's comments of development belied the existence of pre-existing Chinese communities on the island. HKGRO: HH (28 August 1919), p. 64.

"desire protection […] for themselves and their children."[84] In this sense, the Bill responded to the paternal instincts of the colonial state, showing once more how its protective biases operated through race, gender, and youth. Moreover, the vulnerable body of the child proved an effective motive for segregation, highlighting how a medicalised vision of youth elongated the relevance of old scientific discourses of acclimatisation and environmentalist paradigms of disease.

The argument for the Cheung Chau Reservation reproduced motifs common in European and American imperial expansion. The idea that the island had been developed by European missionaries belied the reality of existing Chinese communities, something which the local press routinely ignored.[85] Various missionary reports and personal accounts from the 1880s and 1890s refer to existing populations on the island, especially the favourable reception missionaries received from the women of the island.[86] Cheung Chau, by this myopic narrative, was undeveloped prior to the arrival of foreigners and, as such, it was land that belonged to and needed to be utilised by them.[87] In skirting over the local community, this European discourse was a microcosm of those employed toward the wider historicization of Hong Kong and other colonies. Early colonial historians of Hong Kong and more recent public histories consistently ignored or belittled pre-existing Chinese communities as small fishing villages.[88] As was the case in many formations of Empire in the modern period, the island's land was not adequately developed, civilized, or utilised. Reflecting the idea of religious purity already mentioned in Alabaster's argument, it is astute, perhaps, to link the Cheung Chau health resort with the civilizing mission.

Whilst some aspects of the colonial past were ignored, others were prioritised in the argument for segregating the Cheung Chau health resort. These

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[84] HKGRO: HH (28 August 1919), p. 64.
[85] HKGRO: HH (28 August 1919), p. 64.
[86] See: Presbyterian Church in the U.S.A, *Woman's Work for Woman and Our Mission Field*, 4 (Madison: Women's Foreign Missionary Societies of the Presbyterian Church, 1889), p. 132. Southern Baptist Convention, *Annual*, 27 (1882), p. 66.
[87] Terra nullius, empty land or land without sovereignty, was the legal phrase commonly used to acquire land in the British Empire. From the onset of settler colonialism in the Americas, Europeans had considered themselves as having a divine or natural right to underdeveloped lands, despite the presence of native populations.
[88] A good example of such literature is Frank Welsh, *A History of Hong Kong*, 2nd Edition (London: HarperCollins, 1997), p. 105.

arguments were further drawn into a colonial vision of the future, a future characteristically plagued with anxieties about longevity. The European arguments in favour of segregation in Cheung Chau rested upon the economic nature of the Bill, something which they alleged made it racially neutral. Alabaster's statements at the Bill reading were again emblematic of the logics behind segregation and colonial rule in Hong Kong:

> They desire that their children should play on these beaches and if they are driven out by economic pressure, not by racial pressure, in the same way that persons in similar positions have been driven out of level after level of this Colony, they will simply have to go from there and find new places.[89]

Alabaster was asserting a narrative about the past, as much as a contention of the status quo and future of the colony. The repetition in "level after level" implied notions of uncontrollable threat, framing the Hong Kong experience as uniquely negative in both past and future. This vision of economic development, particularly as it related to property, was far from neutral – it was heavily racialised. [90] Chinese economic behaviour was innately characterised as predatory and aggressively all consuming, whilst European economic claims were negatively mirrored as moderate and meek. Taken together, visions of the past, present, and future were defined in relation to a Chinese threat, one that had and still loomed large, and was constituted from economic power and epidemiological danger. As such, the Cheung Chau Reservation neatly inserts into a colonial narrative that made risk a central motif in discussions of the Chinese. In Alabaster's argument, unbridled Chinese capital left Europeans vulnerable, requiring protection. To him, British imperial power needed to be enforced, as reserving Cheung Chau for Europeans would represent "protection of the British flag."[91]

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[89] HKGRO: HH (28 August 1919)
[90] Colonial law ascribed racial qualities to building typologies, with buildings being typified as "Chinese" or "European." This determined the kinds of people who could purchase and reside. Chu, 'Between Typologies and Representation', pp. 266-267; Chu, 'Combatting Nuisance', p. 25.
[91] HKGRO: HH (28 August 1919)

Ultimately, the European members of the Council got their way. Ordinance No. 14 of 1919, the Cheung Chau (Residence) Ordinance, passed into law by the end of the year, though worded with the same loophole as the Peak in 1904: "An Ordinance to provide that no person shall reside within the southern portion of the Island of Cheung Chau (CHINESE)[sic] otherwise known as Dumbbell Island without consent of the Governor in Council."[92] Meanwhile, a "non-Chinese" social club was also sanctioned on the island.[93] Little needs to be said of the future development of the Cheung Chau health resort, which was a largely an uneventful story. It grew to possess its own hospital, police station and a number of other public services. Most interestingly, in the 1920s Cheung Chau had a brief stint in which the island was referred to as a "gambling den."[94] Whilst amusing, the *Daily Press* heavily dramatized account of the police raid against the Chinese gambling houses on the island indicated that a Chinese presence did make itself felt from an early stage. This was coincidentally one of the few acknowledgements of the Chinese population on the island in non-governmental publications.[95]

The residency records of the island illustrate that the resort did not become a missionary haven as intended, with few lot owners having connection to religious organisations.[96] Nonetheless, the ordinance effectively created a European reservation as no Chinese names appeared on the list. Aside from these small blips, the resort continued to function successfully until at least the late 1940s, retaining some of its initial character from the turn of the century as an advertisement labelled it a "quaint island" with "a mixture of modern and ancient."[97] The reservation, by the time of this advertisement, had been repealed. Following an argument similar to that Ho Fook had put forward in 1919, both the Peak and Cheung Chau reservation ordinances were overturned in 1946 as the

[92] HKGRO: GA (31 December 1919), p. 528.
[93] HKGRO: GA 1919 'The Cheung Chau Summer Resort Association exempted from registration under the Societies Ordinance' (12 September 1911).
[94] 'Cheung Chau as a Gambling Resort', *HKDP* (6 December 1923), p. 5.
[95] Internal government sources, however, indicated an awareness and acknowledgement of this population from an earlier juncture.
[96] David Bellis, 'Cheung Chau's European Reservation', *Gwulo: Old Hong Kong* (03 July 2012) <https://gwulo.com/node/12725> [accessed 09/07/2018].
[97] 'Cheung Chau Mixture of Modern, Ancient', *The Hong Kong Sunday Herald* (26 September 1948), p. 3.

Attorney General commented "it would be out of harmony with the spirit of the times to retain the Ordinance."[98]

In summary, what does the story of the Cheung Chau reservation ultimately demonstrate? Creating European reservations in Hong Kong came off the back of deeply felt fears (which in their moment seemed to hold true) about the contagiousness of the Chinese. This sense of contagiousness extended not only to concepts about sickness and plague, but as a propensity to gobble up property and space, leaving Europeans to miscegenate and risk the climate. Likewise, these concepts were magnified in the context of the family. Women and especially children retained the well-worn colonial pseudo-science and popular folk knowledge from India that emphasised these populations' acute sensitivity to intemperate climates – most of all with the ideas of degeneration. Therefore, logics primarily from early nineteenth century British India continued to hold sway for colonial populations in destinations further East and less climatologically tropical. Hong Kong was not necessarily a place where these logics ought to apply, but they served a convenient role in supporting discriminatory policies backed by the colonial legality.

Escape from the city: Moganshan and Shanghai

Shanghai was not considered especially healthy from the perspective of guidance literature. Before the 1920s, contemporary writers tended to be unimpressed with the place; the climate was bothersome, its environment was dull, and it could entail uncomfortably close contact with Chinese people. Shanghai's foreign community not only wanted to escape the hot and humid summers, where indulgence risked illness, but also the trials and tribulations of urban livelihood.[99] For both Shanghai's western and its middle-class Chinese

[98] South China Morning Post, *Hong Kong Hansard: Reports of the Meetings of the Legislative Council of Hong Kong, Session 1946* (Hong Kong: South China Morning Post, 1946), p. 64.
[99] "The burden laid upon us has often been heavier than we could comfortably bear…. The Shanghailander is determined to get away from the Settlement if he can and longs for Chefoo sands or the hills of Japan as eagerly as the cockney craves the shrimps and the Ethiopian serenaders of Margate." Anon. quoted in Kitto, *China Cuckoo*, p. 146.

population, the city's modernity could be overwhelming, needing to be replaced by more laid-back pastoral modernities.[100]

To combat these problems, there were some limited options within the city itself. The most prominent institution used for the purposes of a sanatorium was Victoria Nursing Home, which became a municipal institution in 1897.[101] The building was grand, its staff were constantly the subject of municipal praise, and it incorporated ample space for a pleasant garden. The institution was sufficiently beloved that it was the subject of a six-page commemorative poem that nostalgically traced its pleasant features.[102]

> Where if you are sick,
> You can go very quick,
> And know that you soon will feel perfectly well.
> […]
> There are gardens and parks
> Where the children have larks.
> […]
> But of all there is nothing – you will not deny,
> To equal our Nursing Home stately and high.[103]

Unfortunately, things were not always so rosy. Whilst the nursing home was always envisioned as a place that should be given over to the domestic sphere, it was often unable to follow this remit and keep up with the demands of the rapidly expanding city.[104] Official Municipal Reports indicated that the Home invariably tended to be used as a general treatment hospital for the whole

[100] Dong, Madeleine Yue, 'Shanghai's China Traveler', in *Everyday Modernity in China*, ed. by Madeleine Yue Dong and Joshua L. Goldstein (Washington: University of Washington Press, 2006), 195–226 (pp. 196-198).
[101] It was presented to the Municipal Council as part of the celebrations for Queen Victoria's Diamond Jubilee in 1897, the site had previously been used for as both an isolation hospital and general hospital.
[102] The poem, held in the Shanghai Municipal Archives, is unfortunately mostly illegible. SMA:U1-16-572: Victoria Nursing Home Poem, pp. 383-389.
[103] SMA:U1-16-572: Victoria Nursing Home Poem, p. 383.
[104] Dr Marshall, for instance, wrote to the Municipal Secretary in 1910 to express his concerns over lacking facilities to keep children healthy. SMA:U1-16-556: Minutes of meeting of medical practitioners (20 December 1910), p. 997.

population.[105] In short, Victoria Nursing Home could not be the recluse for sick women and children that it was hoped to be. For Shanghai's municipal authorities, this was a disconcerting state of affairs demonstrating how imperial states and societies exhibited such deep anxieties towards these gendered populations.

The answer was further afield. Most medical writers held that sanatoria were ideally situated outside of urban centres and in better climates. In the absence of appropriate institutional facilities in the city proper, a remedy seemed to lie in encouraging summer vacations to a health resort. Visitors to these areas exercised both their agency and their capabilities to mesh with white elite society. By doing so, the Westerners of Shanghai emulated, wittingly or not, a custom of summer holidaying in the Empire. The summer escape provided precisely what many viewed as lacking in the city: scenic beauty, fresh air, a slow-paced lifestyle, and a sense of racial exclusivity.

Outside of Shanghai, there were several options for health resorts. These tended to be based around mountain ranges, assuming the traditional roles of imperial hill stations. Leshan, Kuling and Moganshan were the most popular destinations within China.[106] Before this, Chefoo [Yantai] was nominally held as a potential health resort being visited by men, women and children from the 1860s.[107] Further afield, Japan had the foremost choices in East Asia.[108]

For my purposes, Moganshan forms the case study of Shanghai's health resort culture. The Moganshan resort, the subject of an underutilised collection of sources in the Shanghai Municipal Archives, was a frequent destination for Shanghailanders, being so closely and beautifully situated as it was. It presented an example of the desirable qualities for a health resort in East Asia, but with its own peculiarities resulting from the treaty system and colonial models. Moganshan was uniquely integrated as part of the medical landscape and therapeutic apparatus of Shanghai. Its sanatorium was not only the Municipal

[105] SMA:U1-16-558: Victoria Nursing Home: Preliminary Memorandum (1925), pp.1088-1089.
[106] The name Kuling was a deliberate pun. In any case, this list was by no means exhaustive, as areas considered for the purposes of health resorts and sanatoria were interspersed throughout the region of East Asia. Nield, *China's Foreign Places,* p. 150.
[107] Kitto, *China Cuckoo*, p. 145. Chefoo quickly declined as a healthful destination in the coming decades, however, as is shown by the increasingly negative health reports which drew attention to the insalubrious environment and high rates of fever. W. W Myers, "W. W. Myer's Report on the Sanitary Condition of Chefoo', *Customs Gazette, Medical Reports*, 13.3 (1872), 37-42 (pp. 37, 39-40).
[108] Gordon, *China From A Medical Point of View*, p. 463-464.

destination for the Council's sick employees, but the area was also an annual summer resort dominated by thousands of the International Settlement's foreign residents. As such, Shanghai and Moganshan were powerfully linked and mutually informed one another's medical culture.

Moganshan, or Mokanshan in most sources, was a shaded hill station nestled around the bamboo forestry of Mount Mogan - a mountain located in present day Deqing County, Zhejiang Province – was roughly 37 miles northwest of Hangzhou and 124 miles from Shanghai.[109] The resort was originally set up in the late nineteenth century. According to the official historian of the resort, Reverend J. M. W. Farnham, his missionary colleague Reverend E. N. Fletcher discovered Moganshan in 1891 or 1892.[110] The resort quickly drew municipal interest as a convenient summer sanctuary within reasonable proximity to Shanghai. Farnham noted that in 1897 that a Mr Mason in Shanghai was one of the first to draw attention to Moganshan as a suitable place for a summer resort, subsequently backing up his favourable words by making himself the first purchaser of land in the area by a Westerner.[111] The resort's governing body, the Moganshan Summer Resort Association, was formed the following year. From plodding initial interest, the hill station progressed to the point where several thousand people visited the resort each year during Shanghai's muggy summers of the 1920s and 1930s.[112] It even attracted a number of celebrity guests before the Japanese occupation of the resort in December 1937.[113] Clearly, the population of Shanghai favoured the Moganshan resort, finding it attractive for healthy sojourns.

One of the appeals in the model of care offered by the Mokanshan sanatorium, mostly for the International Settlement's municipal workforce, was the way the area enforced a lifestyle of moderation. Moderation was a quality prized by contemporary medical professionals, who, as in chapter 1, feared the

[109] The area remains a tourist attraction today.
[110] J. M. W. Farnham, *Historical Sketch of Mokansan* (Shanghai: Shanghai Commercial Press, 1916) in SMA:U1-16-674, pp. 393-346.
[111] Farnham, *Historical Sketch of Mokansan*, p. 399.
[112] Dong, 'Shanghai's China Traveler', p. 206-207.
[113] These guests included the leader of the Republic of China, Chang Kaishek, and his wife Song Meiling during their honeymoon in 1927. The infamous Shanghai gangster Du Yueshng was another guest of high stature. Later, after the Communists took power, Chairman Mao and several other prominent members of the Communist Party visited the resort.

ill effects of excess and hedonism in non-temperate climates.[114] This was not just an issue of following contemporary medical advice, however, and there were also economic and logistical reasons for the dietary moderation in Mokanshan.[115] Food was obtainable from general stores in the resort but in a more limited and humble variety than in the city, whilst being more expensive and sometimes irregularly supplied.[116] More important than pragmatic constraints on supply was the socio-political dynamics of the resort, particularly its leadership.

The resort was run by its Mokanshan Summer Resort Association, with some supervision by the Shanghai Municipal Council. The two bodies did not always see eye to eye. The Association, an organisation dominated by American and British missionaries, was highly conservative, which sometimes encouraged nominally healthier lifestyles. According to Shanghai's Municipal Health Officer, Dr Stanley, Mokanshan possessed a strong advantage as a sanatorium because consumption of alcohol was almost entirely prohibited. This, he argued, made the resort particularly suitable for Shanghai, given that alcoholism was noted to be "a frequent cause of loss of service" for the "lower ranks" of the Municipal workforce, especially the police.[117] If Municipal records are anything to go by, public health officials were correct to worry about alcohol consumption which indeed accounted for large numbers of staff absences and transgressions.[118] In the sanatorium specifically, beer was the only available alcoholic beverage and this was under the control of the matron, so "little harm can arise."[119] Reading between the lines, the Matron did not seem a particularly soft or amiable character. Dr Stanley noted the Matron was not popular with her subordinates or

[114] Henderson, *Shanghai Hygiene*, p. 65.
[115] "Fresh meat, and other necessities for convalescents, very difficult to transport" SMA:U1-1-206: Stanley to Municipal Secretary (28 August 1906), p. 205; SMA:U1-1-206: Stanley to Municipal Secretary (17 May 1907), p. 239. This supply-chain is unfortunately the only real information we can gather about dietary habits in the resort and the municipal sanatorium.
[116] Municipal records indicate new food supplies tended to be delivered only once or twice as a week, usually with new visitors and patients. Deliveries were potentially less frequent during the resort's less popular seasons. As time passed, too, the resort placed an increasing emphasis on growing its own produce, which tended to be humble root vegetables. SMA:U1-16-674: Dr Stanley, 'Report on Moganshan Sanatorium' (1907), p. 111, 121.
[117] SMA:U1-16-674: Dr Stanley, 'Report on Moganshan Sanatorium' (1907), p. 114.
[118] SMA:U1-16-674: Dr Stanley, 'Report on Moganshan Sanatorium' (1907), p. 114.
[119] SMA:U1-16-674: Dr Stanley, 'Report on Moganshan Sanatorium' (1907), p. 114.

patients.[120] Beer, we can surmise from this, was probably kept in short supply. With Moganshan's enforced sense of moderation, its rehabilitation corrected, at least on a temporary basis, the wanting aspects of treaty port lifestyle which was often perceived as debauched and excessive. This raises the question of the kinds of treatments available at the sanatorium and the resort more generally, a point not enlightened by the sources. Sources employed vague and generalised notions of the environment as rejuvenative, with the comforting amenities available also providing for rest, recuperation and enjoyment.

This life of moderation and abstinence from alcohol did not always produce uniformly positively effects- not least as it seems that many sojourners often found themselves bored with the monotony of life there. The resort in its early days was almost exclusively the recluse of China's Western missionary population. Perhaps rather predictably, then, the resort gained a reputation amongst Shanghai's Western population as being a place where visitors could experience a rather uninteresting, if placid, lifestyle.[121] This staid image as a place for Protestant puritanical recuperation tended to discourage early visitors from Shanghai. Seeing the need for an image makeover, the Municipal Council can be seen to have actively sought to increase the popularity of the resort by making it appeal to a wider demographic and likewise to establish its own amenities and spaces. Its efforts in the latter direction were often fruitless, however. The Municipal launch, for instance, was introduced by 1906 but it was unable to accommodate a large number of visitors travelling from Shanghai to Moganshan.[122] Yet the Council did ultimately manage to purchase lots for recreational facilities, including tennis courts and a swimming pool.[123] Only a combination of circumstance and private enterprise brought increasing numbers of visitors to the mountain resort.

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[120] "The present Matron, Nurse Fletcher, is very keen on her work but her want of popularity among the nurses rather militates against the success of the Sanatorium from the point of view of providing a holiday resort for the nursing staff." SMA:U1-16-674: Dr Stanley, 'Report on Moganshan Sanatorium' (1907), p. 116.
[121] This reputation was such that in the Municipal Health Officer Dr Stanley's appraisal it would "be necessary to try to increase the popularity of the place and remove the stigma of its being a resort for Missionaries only by helping those who go there to have a good time and by rendering access easy." SMA:U1-16-674: Dr Stanley, 'Report on Moganshan Sanatorium' (1907), pp. 114.
[122] SMA:U1-16-674: Dr Stanley, 'Report on Moganshan Sanatorium' (1907), p. 112.
[123] SMA:U1-16-674: Letters from Moganshan Association to SMC, p. 216, 229.

To begin with the pragmatic, trips further afield were becoming increasingly unaffordable. Japanese health resorts were becoming out of reach to the average municipal employee who made up a large percentage of Shanghai's less affluent Western population.[124] This allowed the resort market to expand in China in the early twentieth century, among which Moganshan was uniquely situated to benefit from Shanghai's foreign populations. Alternate resorts, like Kuling, involved long journeys, usually completed on cramped houseboats in the summer heat, an unpleasant prospect that Shanghailanders were already trying to escape. Likewise, other resorts quickly became overcrowded whilst property was notoriously competitive.

First-hand accounts show that, realistically, the main competitive advantage of Moganshan over other health resorts was its proximity to Shanghai. Whilst most resorts were days away, the journey to Moganshan, on average, lasted a comparatively concise 19 hours on the chartered boat designed explicitly for the purpose.[125] This journey also shrank as time went on, most notably with the introduction of the Shanghai-Hangchow-Ningpo Railway service in 1909. The relatively easy access to Moganshan from Shanghai meant that visitors could travel there with minimum discomfort and luxury.[126] In a favourable press commentary on Moganshan in the *Shanghai Mercury*, these comforts meshed with evocations of the scenic beauty:

> The first stage of the journey lies across two or three miles of plain, along pathways bordered by wild flowers, winding past peaceful hamlets, over quaint and pretty bridges spanning crystal streams, until at last, the travellers finds himself among the foothills of the range. Now the ascent begins, the route leading along the banks of a rippling mountain stream; then a pleasant valley is crossed, and then the traveller arrives at the base of a great series of steps.[127]

[124] Bickers, 'Who were the Shanghai Municipal Police, and why where they there?', p. 187. These Japanese resorted included, but were not confined to, Nagasaki, Kobe, Osaka, and Yokohama.
[125] SMA:U1-16-674: Dr Stanley, 'Report on Moganshan Sanatorium' (1907), p. 112.
[126] SMA:U1-16-674: Anon, 'Mokanshan. An ideal Summer Resort', *Shanghai Mercury* (14 July 1906).
[127] SMA:U1-16-674: Anon, 'Mokanshan. An ideal Summer Resort', *Shanghai Mercury* (14 July 1906).

Such evocations of the pastoral, precisely one of the qualities Shanghai was routinely bemoaned as lacking, played into nostalgic images of healthy rural England, with its "quaint" meadows and hamlets—thus likely contributing to Moganshan's appeal to homesick westerners.[128] Likewise, tonal shifts toward the grand and impressive topographical features stylistically portrayed a sense of purity and beauty. Applying aesthetic models of health, we can see that Moganshan symbolised a salubrious bubble—a potent counterpoint to the very things which Shanghai itself lacked. Aesthetic concerns, as sources continued to show, were fundamental to the residents' vision of resort.

The *Mercury*'s commentary above was selected and presented with the Moganshan Association's report for 1906. Given the positivity of the piece, this was not surprising. It was chosen alongside other forms of media, which together reify the significance of aesthetic sensibilities. Contemporary photographs of Moganshan were a consistent feature of the Association's documents, being used for promotional purposes.[129] Photographs were captured and used to directly portray the salubrious qualities of the resort, with two themes powerfully occurring - verticality and forestry. To address the first, it is notable that the majority of photographs were taken from the perspective of looking upward toward the resort. From this angle, the height of the mountain peak was magnified, suggesting the significant environmental change from the plains. This perspective also contrasted the mountain against pristine cloudless skies, suggesting the air quality so sought after for temperate escapes. Dotted in these scenes, the villas of the foreign community were spaciously situated around the circumference of the hill, nestled in the bamboo forestry. The mountainside was never made to look overdeveloped or overpopulated. Photographs which deviated from this upwardly framed perspective, whilst rarer, tended to either feature detailed architectural views of specific villas or provided a sense of the landscape views one might expect looking out from the resort. In the former case,

[128] The "quaint" qualities of the British countryside were an important feature of English romanticism in the period. Henry A. Beers, *A History of English Romanticism in the Nineteenth Century* (London: Kegan Paul, Trench, Trubner & Co, 1898), p. 24.

[129] Unfortunately, due to the administrative restrictions of the Shanghai Municipal archive, I have not been able to reproduce the contemporary photographs of Moganshan. These photos are primarily found in SMA:U1-16-674.

villas were framed as a microcosm of the wider resort, as spacious and ornate, and intimately surrounded by well-maintained vegetation. It is noteworthy that nearby vegetation was often framed in such a way as to occupy a portion of a photograph's foreground, which gave a sense that the environment and its beauty once more surrounded the onlooker. Moganshan was steep where Shanghai was flat, it was densely lush where Shanghai was sparse. This sense of contrast, brought about in photographs and descriptions of Moganshan, provided many salubrious features of life which the city lacked.

The Annual Reports of the Moganshan Summer Resort Association stated the constitutional changes to residential rules over the years. The conservative rule-bound culture again illustrated the profound concern with beauty and related perceptions of healthiness. Moganshan's Sanitation Committee's Annual Report for 1916 emphasised "renewed zest should be given to the effort of each householder to rid the place absolutely of flies and other nuisances if our beautiful hill is to remain in fact as well as in name a health resort."[130] Alongside everyday sanitary minutia, like the proper disposal of waste in bins, rules and guidelines displayed unusual interest in botanical matters. General rules were outlined such as, "around the houses the grass and bushes should be kept cut clean" and "each lot-owner, for sanitary reasons, should cut the underbrush from his lot each year."[131] Residents were also asked to plant a wide variety of species to give the resort colour and spectacle, though with the caution not to overplant and to overgrow to the extent that the mountain's view of the surrounding landscape might be obscured.[132] As discussed in chapter one, all of these ideas of beauty and the natural environment could be intimately related to perceptions of healthiness and, in the resort setting, towards therapeutics. The Association's members seemed keenly aware of this connection and wished to cultivate an image that would chime with visitors. Natural beauty, colour, and ordered space were strong points of focus in the Association's depictions of Moganshan and in the way they sought to control its residents.

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[130] SMA:U1-16-674: The Mokanshan Summer Resort Association Bulletin (1916), p.344.
[131] SMA:U1-16-674: The Mokanshan Summer Resort Association Bulletin (1906), p. 248.
[132]SMA:U1-16-674: 'Mokanshan: An Ideal Summer Resort' enclosed in The Mokanshan Summer Resort Association Bulletin (1907), p. 280.

The therapeutic landscape of Moganshan was created not solely from its topography but also comparatively, not just in contrast to Shanghai, but to other health resorts in China. Kuling, Moganshan's most obvious competitor, was the most frequent example. Drawn against Kuling, Moganshan was less city-like and more like an idealised European village. It was less crowded, leafier, and had greater architectural merit "producing the most pleasant effect imaginable."[133] Green and not barren, Moganshan offered botanical abundance. In these descriptions, there were clear parallels to the British imperial narrative of the greening of Hong Kong.[134] In remarkably similar terms, Moganshan was held to be healthier than Kuling with its superior natural and built environment.

Inevitable in imperial accounts of hill stations, the experience of being elevated and connected to mountainous terrain was deeply associated with the area's therapeutic value.[135] In some sources, the mount Mogan possessed even further advantages. Both municipal reports and the Association's paperwork on the resort noted the presence of springs and natural sources of water on the mountain. The impressionistic therapeutic value of the water in Moganshan could be equated with a British expression of colonial hydrotherapy.[136] Municipal notes tended to be more pragmatic than homeopathic in their concerns, focusing on the availability of clean drinking water, avoiding the romanticism of "springs."[137] In the first major report on the resort by the Municipal Health Officer in 1907, Dr Stanley made clear the springs were pooled from rain on the hill above.[138] Still, he noted the possibility of bathing in these mountain streams.[139] Non-Municipal sources, by contrast, treated the waters promotionally with romantic prose:

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[133] SMA:U1-16-674: 'Mokanshan: An Ideal Summer Resort' enclosed in The Mokanshan Summer Resort Association Bulletin (1907), p. 280.
[134] Patricia Lim, *Forgotten Souls: A Social History of the Hong Kong Cemetery* (Hong Kong: Hong Kong University Press, 2011), p. 5-6; Peckham, 'Hygienic Nature', pp. 1180-1181.
[135] Kennedy, *The Magic Mountains,* pp. 39-62.
[136] Jennings, *Curing the Colonizers*, pp. 62-63.
[137] SMA:U1-16-674: Dr Stanley, 'Report on Moganshan Sanatorium' (1907), pp. 108-116.
[138] "These "springs" which occur in many parts of the mountain, are in reality outflows of water derived from rain on the hill above, which is absorbed by the soil and the sub-soil and makes its way down the side of the hill over the rock bed. It is the shape of the rock bed which determines the appearance of water on the surface in places lower down and gives rise to "springs."" SMA: U1-16-674: Dr Stanley, 'Report on Moganshan Sanatorium' (1907), pp. 110-111.
[139] Whilst bathing was not heralded as it was at Cheung Chau, the water source nonetheless conferred positive therapeutic qualities on the hill station. SMA:U1-16-674: Dr Stanley, 'Report on Moganshan Sanatorium' (1907), p. 133.

> At the height of about 2,000 feet above the level of the sea innumerable springs of crystal clear water burst forth from the clefts of the rocks. The water is perfectly pure, almost ice-cold, and it seems to come from some deep reservoir hidden in the heart of the mountain. This wonderful provision of nature is a precious boon indeed, and goes far to make Mokanshan what it is, a perfectly ideal place for a summer resort.[140]

Here the water had special advantages. It had excellent drinking qualities, being without impurities, but also, in this quote, a mythic sense of energy. The water was active, it could not be contained, possessing a rejuvenative vigour provided by the anthropomorphised "heart of the mountain."[141] Unlike Dr Stanley, the water was presented rising upwards, preserved and only attainable to those lucky enough to mirror this journey up to the resort. As with all things in colonial resorts, the environment was imbued with a sense of difference and exclusivity.[142] "This wonderful provision of nature" highlighted how resort spaces, like Moganshan, were imbued with a unity of place and action, whereby simply performing everyday actions in these spaces - like walking, washing, and drinking – a person would be rejuvenated.[143]

The experience of Moganshan, however, was not wholly akin to colonial hydrotherapy. Water, unlike in Cheung Chau, was not framed as the most prominent feature of the resort, even if its descriptions could be steeped with romanticism. Nor were references ever made to any form of colonial medicine in the usage of its water. Dr Stanley pragmatically only noted that it was safe to drink. Regardless, the "springs" of Moganshan contributed to the informal culture of health in the resort. Waters underwrote both the sense of close proximity to nature and its impressive beauty, as well as the ease of life in the space, all reinforcing Moganshan's therapeutic value.

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[140] SMA:U1-16-674: 'Mokanshan: An Ideal Summer Resort' enclosed in The Mokanshan Summer Resort Association Bulletin (1907), p. 281.

[141] The quote represented a very literal description of the "mythology of the quotidian." As Federica Tamarozzi has shown, spa settlements were especially medicalised, through the concern with place and everyday behaviour. Federica Tamarozzi, 'Retour aux sources: Flux et reflux du tourisme thermal à Salsomaggiore', *Ethnologie francaise*, 32.3 (2002), 415–427 (p. 423); Jennings, *Curing the Colonizers*, p. 44.

[142] Kennedy, *The Magic Mountains*, pp. 6-9; Jennings, *Curing the Colonizers*, p. 5.

[143] Tamarozzi, 'Retour aux sources', p. 423; Jennings, *Curing the Colonizers*, p. 44.

The final point worth mentioning in the construction of Moganshan in the public's imagination was its architecture. Municipal and Association dialogues again differed. The former were dry and technical in their detail, noting the salubrious architectural features.[144] The materiality of the built environment was the standout feature in Dr Stanley's appraisal. After all, before sending municipal employees- and in often cases their families – to the Moganshan sanatorium, late Victorian sensibilities about health, safety, and practicality had to be fulfilled. The stones, muds, woods, and bamboos making up the sanatorium structures were of good quality. This was, it should be noted, in spite of their "Chinese" character and building methods.[145] Stanley expressed that if further building work were to be done, more modern "Western" building methods and materials should be used, but this was ultimately not necessary given the sizable cost of bringing appropriate workmen and materials from Shanghai.[146] Instead, it sufficed that "the ideal workman understand mud best."[147]

The Resort Association's presentational approach stressed architectural aesthetics, a notion which was almost wholly absent from the Municipal account. Association sources placed no emphasis on Chinese designs, materials and practicalities, rather accentuating the European quality of the buildings – always called villas in non-Municipal discourse. This tendency speaks to the public-facing image that the Moganshan Association and its proponents sought to foster. In their discourse, the resort was portrayed as a European escape with all Chinese features downplayed.[148] For them, Moganshan stood out with its wide assortment of modern and European buildings, from the "verdure and foliage."[149] Such portrayals of architectural aesthetics emphasised a synergistic quality of the natural and built environment, whilst making explicitly positive cultural comparisons. This was a key selling point for most early twentieth century visitors

[144] SMA:U1-16-674: Dr Stanley, 'Report on Moganshan Sanatorium' (1907), pp. 108-109.
[145] SMA:U1-16-674: Dr Stanley, 'Report on Moganshan Sanatorium' (1907), p. 108-109.
[146] SMA:U1-16-674: Dr Stanley, 'Report on Moganshan Sanatorium' (1907), p. 108-109.
[147] SMA:U1-16-674: Dr Stanley, 'Report on Moganshan Sanatorium' (1907), p. 109.
[148] SMA:U1-16-674: The Mokanshan Summer Resort Association Bulletin (1907), p. 280.
[149] "In the matter of building everyone has followed his own taste, and the result is a great and pleasant variety of architecture. Here a Swiss cottage meets the eye of the wayfarer, there an Italian summer house perched on what seems to be an inaccessible pinnacle, which proves, however, to be easily accessible by pathways leading through the bamboo groves." SMA:U1-16-674: The Mokanshan Summer Resort Association Bulletin (1907), p. 280.

from Shanghai. Monganshan's appeal, therefore, rested upon many practical and visual elements.

These elements were equally revealing in what they lacked, as in most accounts of the resort Chinese people were conspicuously absent. [150] Moganshan, like the loftier parts of Hong Kong and unlike the Shanghai landscape, created a bubble of salubrity based on a leisurely lifestyle, aesthetic appeal, and racial exclusivity. Over time the racial exclusivity of the resort inevitably declined, curbing its popularity for foreign expatriates. In an underappreciated part of extraterritoriality in China, the Municipal Council was careful not to offend local Chinese authorities, given the dubious quality of land-tenure at Moganshan.[151] As Madeline Yue Dong has shown, from the 1920s Moganshan and other Chinese health resorts became popular destinations for the Shanghainese (Chinese residents of Shanghai) tourist which was predictably met with hushed disappointment and declining interest from the resort's foreign clientele.[152] This pattern seems to have been a universal feature of imperial health resorts. Kennedy has demonstrated that the microcosmic societies constructed in Indian hill stations also lost their appeal to many European visitors as they became more popular with a growing "native" clientele.[153] As early as 1910, sources show that Western sojourners were more sporadic in their annual attendance of the resort, even the "regulars."[154] Whilst sources only mentioned the mounting encroachment of Chinese provincial authorities on the resort, there is a speculative possibility that this could have related to the arrival of early

[150] Municipal perspectives were exception, since the Chinese were a governmental reality for the day-to-day administration of the resort.

[151] ""The Council thinks that the Municipal flag over the Mokanshan Sanatorium may give offence to the Chinese, with whom we ought to be on good terms, particularly in view of the enlargement of the Sanatorium, and the possibility of difficulties of land transfer and tenure." SMA:U1-1-306: Stanley to Municipal Secretary (15 April 1909), p. 339. The study of extraterritoriality in China, quite rightly, has largely been dominated by the ways in which it functioned as a deeply "unequal" system, and how it was recurrently breached by the foreigner powers. Moganshan itself shows this pattern, but this small instance of care gives some indication to the ways foreign powers in China had to operate with tact in matters of land. For more on the few instances of dissention from aggressively expansionary extraterritoriality in China, to which Cassel identifies a need for more research, see: Pär Cassel, 'Extraterritoriality in China: What we know and what we don't know', in *Treaty Ports in Modern China: Land, law and power*, ed. by Robert Bickers and Isabella Jackson (London: Routledge, 2016), 23-42 (pp. 32-36). For the practice as a whole see: Pär Cassel, *Grounds of Judgment: Extraterritoriality and Imperial Power in Nineteenth-Century China and Japan* (Oxford: Oxford University Press, 2012), pp. 39-62.

[152] Dong, 'Shanghai's China Traveler', pp. 206-209.

[153] Kennedy, *The Magic Mountains*, pp. 175-222.

[154] Dong, 'Shanghai's China Traveler', p. 209.

Chinese tourists.[155] Even so, pre-1920 sources displayed a sense of optimism about the Moganshan's prospects, where foreign expatriates would inevitably return for the healthy environment and the coveted sense of racial exclusivity that, at this juncture, the resort still provided.[156]

Later sources revealed the decline of Moganshan among China's Western population. Describing the experience of growing up in an American Missionary family in Shanghai, John Espey's memoir reflected upon his childhood summers at Moganshan. Interestingly, the Chinese were the unspoken factor that made old Shanghailanders leave:

> This general desertion of Mokanshan has always interested me. Our summers there were always peculiarly non-Chinese… Some persons mumble that Mokanshan was very hot, that they liked sea-bathing or golf better than the mountains. It was not until years [later] [...] that I penetrated the mystery and reached the truth. No, it was none of the excuses that were brought forward.... For a very dreadful thing had happened: *the Chinese were beginning to intrude!*[157]

The tension at the heart of this source, the exodus of foreigners from Shanghai as the Chinese begun to arrive was juxtaposed by the hushed racism of the old Shanghailander community. Contemporary Chinese travel literature likewise whitewashed the evacuation of foreigners from China's health resorts. [158] In Dong's argument, these racial tensions sat uncomfortably with the way Shanghai's Chinese tourists attempted to use travel literature as a frame for their

[155] "Even now when the Chinese Provincial Government is raising questions affecting the tenure of land, some are going up. And what of the people who come? Well, many of them do not tire of the waving green of the bamboos and the cool breezes, but year and year are found in their accustomed places: though of course there is always a proportion of casual visitors who come once or twice or at long intervals." SMA:U1-16-674: The Mokanshan Summer Resort Association Bulletin (1910-1911), p. 294. This was earlier than the period of decline that Dong posits, which she closely links to the attempts of the Nationalist government to reclaim illegal foreign enclaves. Dong, 'Shanghai's China Traveler', p. 209.

[156] "Most seasons some of the "regulars" are missing: they drop out for a year or two when they go home on furlough, or, inconstant, go off to sample other places; but after a while they reappear in their former haunts, to the delight of their old friends." SMA:U1-16-674: The Mokanshan Summer Resort Association Bulletin (1910-1911), p. 294.

[157] John J. Espey, *Minor Heresies* (New York: Alfred A. Knopf, 1945), p. 84.

[158] Dong, 'Shanghai's China Traveler', p. 209.

cosmopolitanism and modernity.[159] The presence of Chinese people, then, undermined Moganshan as a health resort specifically for foreigners. As late as the 1930s, the presence of "native" populations was a fault line in European attitudes to healthiness. In the context of informal empire in China, racial segregation could not be assured as it was in Hong Kong's equivalent resorts or as in colonial town planning more widely.

For a long period of the Moganshan resort's existence, its demographic composition comprised a small proportion of Chinese people, especially compared with Shanghai itself. Population figures provided by the Association and the Municipal Council show a strikingly different quotidian reality. A census of Moganshan conducted by the Summer Resort Association in 1907 noted that in the 66 houses occupied on the mountainside, there were 197 adult foreigners and 113 foreign children.[160] The largest proportion of this population were American, the second largest group were the British. Meanwhile, the population of Chinese servants and employees numbered 241.[161] This was striking. Not only did Moganshan contain abnormally high proportions of women and children, this was also a permanent population of foreign nationals who outnumbered the native Chinese population in the area. Furthermore, these census figures omitted the visiting population of the resort, which at least until the Nanjing Decade (1927-1937) was overwhelmingly foreign, reinforcing the sense of racial exclusivity fostered in the resort.

Municipal reports, where available, provide information on the visiting population among the Council's workforce.[162] In 1913, Moganshan received 87 visitors (72 adults and 15 children), a decrease from figures for the previous year when 108 visitors were recorded.[163] In later years, Moganshan Municipal Sanatorium produced more detailed statistics, indicating the occupations of the employees, as well as categorising their families. The records of the 1916 season,

[159] Dong, 'Shanghai's China Traveler', pp. 207-209, 220.
[160] SMA:U1-16-674: Census of Moganshan (31 July 1907), p. 279.
[161] SMA:U1-16-674: Census of Moganshan (31 July 1907), p. 279.
[162] The visitor status of these people is questionable, given many of the so-called "visitors" were sent to Moganshan after consulting a physician. Those sent to Moganshan were usually men on the Municipal workforce, who would have their families accompany them to the resort.
[163] The decrease in visitors was attributed to local rebellions SMA:U1-16-674: Report on Sanatorium Transport (1913), p. 129.

running 24 June to 15 November, showed that the vast majority of Municipal employees came from the substantial police force department, alongside indicating the important function of Moganshan as a sanatorium for women and children.[164] Data for the following year showed similar patterns in more detail (Fig. 2.1).[165]

Fig. 2.1 Visitors to Moganshan by SMC department in 1917 season.[166]				
Department	Men	Women	Children	Totals
Police	36	16	29	81
Health	1	8	0	9
P.W.D	3	2	3	8
Electricity	1	1	0	2
Band	1	2	2	5
Schools	0	2	0	2
Secretariat	2	1	0	5
Finance	1	0	0	1
Fire	1	0	0	1
Total	46	32	34	112

For the general public (that not solely composed of municipal employees) visitor numbers continually increased until the 1930s to a point where the mountain received thousands of visitors each year, before subsequently declining on the back of Chinese claims over the territory.[167] Up to this point, residential and visiting patterns signified that the area was dominated by China's foreign population, with women and children being unusually prevalent.

Contextually there were some surprises in this data. First and foremost, imperial projects of the nineteenth century were routinely dominated by adult males.[168] Foreign populations were employed namely in civil, trading, and military roles whilst colonised populations were largely employed in labouring migrant work - roles which were conducted in the public sphere. As such, there was unquestionably strong irony in the creation of this white enclave for Shanghai's Western population. The project of Moganshan clearly preferred to

[164] There were a total 106 municipal staff visitors, including 55 men, 25 women and 26 children. 78 of the total visitors were from the police force (or police force family). P.W.D refers to the Public Works Department of the Shanghai Municipal Council. SMA:U1-16-674: Sanatorium Report (1916), p. 133.
[165] SMA:U1-16-674: Sanatorium Report (1917), p. 135.
[166] SMA:U1-16-674: Sanatorium Report (1917).
[167] Dong, 'Shanghai's China Travellers', pp. 207-209.
[168] Perry, 'Colonialism in British Columbia', p. 145; Stola, 'Rethinking Colonial Categories,' p. 139.

exclude Chinese visitors. Yet, at all stages, the creation of this bubble relied upon Chinese labourers. Moganshan's relaxing amenities relied upon Chinese labourers, whether they be serving staff, porters, cleaning staff or cooks. Despite this, domestic spaces would come to represent huge symbolic meaning from the 1880s, and arguably, earlier.[169] It was from this time children and women traversed the routes from metropole to empire and from colony to colony in ever increasing numbers.[170] Even so, given that over a third of Moganshan's population were children, the hill station stood out amongst most foreign enclaves in mainland China and other colonial settlements.[171] Rather than its adult female population, it was the young that socio-culturally dominated visions of Moganshan.[172] As in Hong Kong, potent notions of an idealised "home" abroad negatively mirrored the perceived problems of an imperial locale like Shanghai for childhood development.

When confronted with childhood, and its associated ideas of helplessness, innocence and purity, British colonists responded in myriad ways. From the 1890s onwards, popular anxieties related to the supposed weakness of racial stocks were plaguing British imperialists.[173] The idea that the youth and the young were being spoiled by urban environments was rife among social Darwinists and social imperialists in the period. To address the problem, campaigners and politicians attempted to carve out open areas in cities.[174] These areas were envisaged as oases of green, as breathing space.[175] That is, they were designed to mix the rural environment with the urban. The tropical environment, as discussed, was portrayed as even more lethal, meaning that hill stations operated on similar logics.

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[169] Blunt, 'Imperial Geographies of Home', pp. 421-422. David, 'Imperial Chintz', pp. 569-570.
[170] Pomfret, *Youth and Empire*, p. 2.
[171] Only areas specifically with topographies designed as hill stations displayed similar demographics. Pomfret, *Youth and Empire*, p. 152.
[172] This may have partially functioned as a form of advertisement toward parents.
[173] Dorothy Porter, *Health, Civilization, and the State: A History of Public Health from Ancient to Modern Times* (London: Routledge, 1999), p. 175.
[174] Aalen, 'Lord Meath, City Improvement and Social Imperialism', p. 134, 140; Joyce, *Rule of Freedom*, pp. 175-176.
[175] Peter Clark and Jussi S. Jauhiainen, 'Introduction', in *The European City and Green Space: London, Stockholm, Helsinki and St Petersburg, 1850-2000*, ed. by in Peter Clark (Aldershot: Ashgate, 2006), pp. 1–29 (p. 17); Edmond, 'Returning Fears : Tropical Diseases and the Metropolis', p. 190; David A. Reeder, 'The Social Construction of Green Space in London Prior to the Second World War', in *The European City and Green Space: London, Stockholm, Helsinki and St Petersburg, 1850-2000*, ed. by in Peter Clark (Aldershot: Ashgate, 2006), 41–67 (p. 42).

Moganshan attracted families from Shanghai because its downfalls were exacerbated in the context of raising children. Even though Shanghai was not tropical, the discourse of its environment was still frequently framed through risk, danger, and acclimatization.[176] Children, more than any other group, extenuated to extremes the vulnerabilities that already existed in relation to European bodies in foreign climates.[177] Shanghai was no exception. When consulted on the most urgent medical questions in the treaty port in 1912, Dr Marshall advised "hospital accommodation for children is the most crying need of the sort in Shanghai."[178] Moganshan was a popular response to similar anxieties, concerned with creating a culturally and medically appropriate environment for children.

Both the Moganshan Summer Resort Association and the Shanghai Municipal Council endeavoured to assure amenities for children's enjoyment and protection. The resort's municipally owned buildings catered for separate children's dining and recreation rooms.[179] Likewise, the Municipal Council provided outdoor recreational facilities and kept them available to youths.[180] Seasonal activities were organised including: "an annual tennis tournament, a field day, picnics, ballgames, swimming, diving and lifesaving lessons, amateur dramatic productions and singalongs, boy scout hiking and wilderness camping trips."[181] The outdoors served dual purposes, as a source of pleasure and physical benefit to children. There were, however, provisos in the creation of nurturing environments for children at Moganshan. Municipal areas and facilities were still prioritised for employees, with these facilities being used for wives and children when not otherwise fully accommodated by employees. Likewise, in a mutually beneficial arrangement, families were housed in separate and distant villas from single men and couples without children.[182] Children, then, were the locus of major initiatives to keep their summer holidays happy and healthy. In a

[176] For more on how environmental concerns affected Municipal ideas of sanitation in Shanghai, see: MacPherson, *Wilderness of Marshes*, pp. 15-66.
[177] Pomfret, Youth and Empire, pp. 24-30; Laura Victoir, 'Hygienic Colonial Residences in Hanoi', in *Harbin to Hanoi: The Colonial Built Environment in Asia, 1840 to 1940*, ed by Laura Victoir and Victor Zatsepine (Hong Kong: Hong Kong University Press, 2013), 232–271 (p. 237).
[178] SMA:U1-16-556: Minutes of meeting of medical practitioners (20 December 1910), p. 997.
[179] SMA:U1-16-674: Sanatorium Report (1918), p. 141.
[180] SMA:U1-16-674: The Mokanshan Summer Resort Association Bulletin (1906), p. 248.
SMA:U1-16-674: Letter from Moganshan Association to SMC (23 September 1921), p. 216, 229.
[181] Johnston and Erh. *Near To Heaven*, p. 13.
[182] SMA:U1-16-674: Report on Sanatorium (1917), pp. 137.

space lauded its health-giving benefits, it is unsurprising that such a profound focus on sport and competition arose, for these initiatives formed an imperial expression of the "cult of manliness" and "muscular Christianity" in the nineteenth century.[183] This highlights how everyday behaviours were linked with imperial success and imperial health.[184]

Aside from the practical concerns, youth was fundamental to the overall space, experience, and culture of the hill station. These aspects of the culture of Moganshan, and how it constituted healthiness, were metaphysical, discussing youth through memory, familiarity, and nostalgia. A pertinent contemporary example was a collection of short poems that the Moganshan Association commissioned in 1910, fittingly entitled "Recollections." The poems focused on the idyllic healthy lifestyle at Moganshan, centred on leisurely idleness, breezy sunshine, and particularly vicarious childhood memories.[185]

> Happy and gay this concourse on the lawn,
> Where joyous peals of childish mirth resound:
> On twinkling feet the boys and girls are borne
> Over the ground.[186]

Children must have enjoyed their summer sojourns to Moganshan. The countryside enabled a sense of freedom. Not only was it away from the rigours of regular schooling, it escaped the various routines, societal judgements, and dangers of urban living. While lifestyle was less sophisticated and could lack the most modern of amenities enabled by urban settings, this could in the shared paternal ideology of imperial rulers and citizens enhance childrens' summer holidays. Health resorts, by popular medical understandings, were able to restore

[183] For Mangan, the obsession with competitive sports in public schools drove what he calls 'Muscular Christianity' which developed muscle and enshrined boys with masculine virtues. Mangan, and Walvin, *Manliness and Morality,* p. 3. See also: Mangan, *The Games Ethic and Imperialism,* pp. 1-3.
[184] MacKenzie, *Propaganda and Empire,* pp. 2-3.
[185] The poems relayed the idea of leisure, as word choice impressed notions like weightlessness, the loss of worries, good air, and a fit body. In Moganshan, a person was to "lounge," "play," "glide," "float," "soar," and "radiate." When the poems did deviate from these airy sentiments, it was in the context of more strenuous healthy activities, like climbing and particularly tennis. SMA:U1-16-674: C. B. B, 'Recollections' in The Mokanshan Summer Resort Association Bulletin (1910-1911), p. 291.
[186] SMA:U1-16-674: The Mokanshan Summer Resort Association Bulletin (1910-1911), p. 291.

semblance to a proper childhood, "borne" away from the risks of excessive summer heat and degeneracy.[187]

The idealised vision of Moganshan employed metaphors of paradise. The "twinkling" children of Moganshan can be interpreted as a reference to the language of children's stories, a motif seen elsewhere. Hong Kong's Peak, for instance, was likened to a "fairyland."[188] Discursively, fairylands are idyllic or heavenly places of happily ever afters, masking the common worries of tropical degeneracy for parents and colonial medical professionals.[189] This was far from the frank and visible reality of child mortality in Shanghai. [190] Otherworldly metaphors extended to adulthood, the idea of hill stations as heavenly places featured in British India and Malaya. [191] Moganshan, too, was equated with this popular religious imagery, chiming the narratives of ascension described earlier. The "Old China Hands" publication on Western architecture in China's summer resorts, for instance, is titled *Near to Heaven*.[192] Likewise, the *Daily News* in Shanghai frequently referred to Moganshan as a "paradise for children."[193] Whether fairylands or heaven, these idyllic metaphors of place carried beautiful, peaceful, and salubrious environmental associations, separated from the climatological fears so common in European visions of empire.

Beyond the scant materials from the period, much of the history we have today of the Moganshan summer resort is based on hazy (and often rose tinted) personal recollections and folk history, of the sort just mentioned. Predominately written after the exodus of foreign expatriates from China after 1949, the literature on Moganshan relies heavily on personal and collective memory. With these retrospective sources, childhood remains a pivotal theme. This is to be expected, and common in the wider literature on hill stations, given that most records are written by people who grew up attending such resorts or is a representation of their lineage through family and friends.[194] *Near to Heaven* powerfully shows

[187] SMA:U1-16-674: The Mokanshan Summer Resort Association Bulletin (1910-1911), p. 291.
[188] For more on this see: Pomfret, Youth and Empire, p. 153, 159.
[189] Endfield, 'Through Marsh and Mountain', p. 65.
[190] Childhood mortality was, after all, a shockingly common feature of life in Shanghai with coffins littering the local area or dead bodies commonly abandoned in the city. Henriot, *Scythe and the City*, p. 17.
[191] Kennedy, *The Magic Mountains*, p. 228.
[192] Johnston and Erh, *Near to Heaven*.
[193] Kitto, *China Cuckoo*, p. 155.
[194] Kennedy, *The Magic Mountains*, p. 2.

such nostalgic tendencies. The section on Moganshan opened with a popular ditty sung by the children who regularly visited the resort and a photograph of some of those children.

> Raise a cheer for Mokanshan,
> Shout 'til the hilltops ring,
> Stand and lift your voices once again,
> Let every loyal heart now sing.
>
> For the birds, for the bees,
> For the summer its beauty and loveliness,
> For the boys, for the girls,
> For the glory of nature surrounding us.
>
> Raise a cheer for Mokanshan,
> Sing for the happy days,
> Sing for our dear Mokanshan,
> The mountain of our hearts always![195]

The reproduction of the song alone points to the importance of nostalgia in this account and as such its subjectivity, but equally gives some impression how nostalgia was built into the lived experience of the resort even in the early twentieth century.[196] Annual visits backed by poems and ritualised folk songs all attest to an attempt to memorialise a certain feeling toward Moganshan. This came across strongly in Johnston's introduction to the resort, which opened with childhood mirth and closed with healthiness and homeliness, fundamentally associating the ideas, much like contemporary sources.[197]

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[195] Johnston and Erh. *Near To Heaven.*

[196] Linda M. Austin, 'Children of Childhood: Nostalgia and the Romantic Legacy', *Studies in Romanticism*, 42.1 (2003), 75–98 (p. 75).

[197] "Even now, as you walk along the bamboo-shaded paths, the sound of children's voices wafts up to you. But these are Chinese children, and they never heard of this song, sung by other expatriate children so many years ago. Nor do they know that their lovely mountain village was built by foreigners and for foreigners, primarily from the gigantic coastal city of Shanghai and from nearby Hangchow. There the shimmering heat of the summer made their foreign communities long for a cooler, healthier clime, something more like "home."" Johnston and Erh, *Near to Heaven*, p. 11.

The way modern-day children were contextualised and naturalised as part of a lineage of youth and enjoyment, even for someone with first-hand experience in Moganshan's heyday, is interesting. It parallels what Cyril Collony identified as a Victorian obsession with making men nostalgic for boyhood.[198] Johnston's own prose and impression, through imagining what the joys of Moganshan would be like as a child, drew upon and identified with other people's nostalgia.[199] As such, Moganshan had a unique tone compared with other summer resorts in the book, where childhood seldom featured as a prominent theme in the text.[200] It appears retrospective authors embraced the historical memory of Moganshan as it existed for former visitors, and allowed it to inform their own perspectives. This vicarious nostalgic image of Moganshan as a childhood idyll informed their own narratives and experience of that place as modern-day visitors, instilling the space with an ongoing special childhood verve.

The other key text that retrospectively examined Moganshan, Mark Kitto's *China Cuckoo*, was yet more palpable in its mixed use of past and present to shape the author's perception of place.[201] Kitto repackaged the old Shanghailander communities' experiences into his narrative, as childhood again assumed focus. He framed the retreat through parenthood and masculinity.[202] Echoing contemporary discursive patterns, he juxtaposed urban and rural life:

> I was still reeling from the joy of discovering Moganshan, this tiny and forgotten piece of Europe hidden in the hills so close to Shanghai. It was

[198] See: Cyril Connolly, *Enemies of Promise* (London: Routledge, 1938), p. 51.
[199] Johnston and Erh, *Near to Heaven*, p. 11.
[200] Johnston first came to Shanghai in 1981 to work for the American consulate. Therefore, in that community's discussions of foreign expatriate life in the treaty port, Moganshan must have featured largely in both textual and oral recollections of childhood experiences, though one would imagine this would be the case in similar resorts.
[201] For context, Mark Kitto worked successfully as an author-cum-journalist in Shanghai before deciding to move himself and his family to Moganshan. *China Cuckoo* represents his memoirs on that journey. The book is also peppered with popular and archival history of the hill station.
[202] Kitto also presented the themes of childhood already discussed recounting the experiences and memories of historical visitors. The most prominently positioned set of recollections used come from a visitor, Rena Krasno, one of the many Russian Jewish exiles who came to Shanghai after the Bolshevik Revolution, who paid annual visits to Moganshan as a child in the 1930s. She gave happy recollections. As Kitto put it "She remembers hiking, swimming, "inventing adventures"… and more eating [sic.]." Kitto, *China Cuckoo*, p. 153.

> the perfect antidote to the frantic life I had started in the city and I was determined to come back whenever I could. I did not want to spoil it.[203]

Shanghai, then, was framed as a hectic and unhealthy public sphere, against which Moganshan represented a forgotten remedy.[204] The pattern of agency was significant here. Shanghai life was framed as a problem for which Kitto could provide the solution: Moganshan. In his words, it was ‘‘somewhere to unwind and recharge. Somewhere healthy.”[205] In this sense, the author very much reflected the paternal thought and behavioural patterns of expatriates across the Empire. By removing his family to the hills, Kitto would be able to take an active role in minimising the negative effects of the city and the summer climate, ensuring their health and happiness in the process. For foreign expatriates in the period, a summer stint in the resort was protective, effectively an everyday form of popular preventative medicine. This is not, of course, to rob women of their historical agency, many women attended Moganshan entirely of their own volition.[206] Though as many, if not more, were ushered to the resort on the whims of husbands and fathers, or, indeed, at the behest of municipal medical personnel, the vast majority of whom were men. Regardless, the medical power dynamic displayed here, operating often through family relationships, related to masculine ideologies of paternal protection and agency through leadership. The utilisation of hill stations by foreign populations in China and elsewhere represented a gendered as well as a medicalised interaction.

The envisioned lifestyle of pastoralism and domesticity, much touted by Moganshan’s contemporary proponents and former visitors alike, subtly

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[203] The notion of despoilment implied that the mountain was a pure place, unfettered by urban life, which made it the perfect place to seclude himself and his family. Kitto, China Cuckoo, p. 16.

[204] This played on the familiar tropes of adventure and pioneering spirit in the prose of personal and published records of imperialists. Richard Phillips, *Mapping Men and Empire: Geographies of Adventure* (London: Routledge, 2013), p. 13. Kitto appeared to view himself like the intrepid early missionaries who initially pursued and founded the resort, rediscovering what they initially discovered almost a century prior. Kitto, *China Cuckoo*, p. 16.

[205] Kitto, *China Cuckoo*, p. 53.

[206] Municipal sources, however, did not make this clear. They only alluded to female staff being sent to the sanatorium at Moganshan. Perhaps more tellingly, Municipal sources only specified the presence of accommodation for couples and single men, begging the question of any facilities designed exclusively for single women. SMA:U1-16-674: ‘Report on Sanatorium’ (24 May 1917), p. 136. Fittingly, evidence from a 1910 meeting noted that the Nursing Home at Moganshan was given over entirely to women and children. SMA:U1-16-556, ‘Minutes of meeting of medical practitioners’ (20 December 1910), p. 997.

reinforced this gendering of hill station therapeutics. In lieu of contemporary patriarchal voices, Kitto's mimesis of the Shanghailander's summer escape was again telling. With a self-aware romanticism, Kitto recalled his vision of family life at the former Western sanctuary:

> In my dreams she [his wife, Joanna] was going to live a life of healthy country leisure, make a home of our big house while I made books in the small one. She was going to lay out a garden, grow vegetables, raise chickens, collect eggs, walk a dog, play with the children, bring me cups of coffee and cook me lunch. Do the shopping in the market. Keep busy.[207]

A noteworthy distinction here was that the author's pictured lifestyle was propped up by the prosaic domestic labour of his wife, compared with contemporary accounts that relied on native labourers and servants (a reliance that often went without acknowledgement). This deeply domestic and pastoral account of "healthy country leisure" encompassed the therapeutic value of happy family life. It was a patriarchal vision which implicitly naturalised traditional domestic patterns of labour and lifestyle on the basis of gender and age, whilst crucially equating them to health.

Contemporary and retrospective voices displayed a preoccupation with white women and children demonstrating that these populations were portrayed as being particularly "at home" in health resorts. Around the turn of the century, fears of degeneracy drove anxieties that acclimatization was fundamentally unachievable, meaning that races could never fully adjust to alien environments and thus required re-immersion in their home climate and culture.[208] The function of hill stations as enclaves of domesticity served to provide this re-immersion for many who could not afford to return to their home country. This culture of belonging, as Jennings and others have shown, was thought to rejuvenate.[209] What the various sources on Moganshan together show with their interrelated themes of temperance, pastoralism, and domesticity, was that the health benefits

[207] Kitto, *China Cuckoo*, p. 234.
[208] Endfield, 'Through Marsh and Mountain', p. 65.
[209] Jennings, *Curing the Colonizers*, p. 27, 35.

provided by this homely oasis were, I argue, especially pertinent when applied to white women and children.

It is worth adding that both of these implicit assumptions about gender and age were not confined to the common people of empire. With some nuances, these synergistic logics of active protection -through prevention and rejuvenation, and through homeliness or belonging- reflected the colonial state's goals and actions. Though the Shanghai Municipal Council did not initially establish the health resort at Moganshan, it nonetheless endeavoured to monitor, improve, fund and utilise the hill station. Shanghai's facsimile of colonial administrators, represented by the cadre of staff working in the Municipal Council, identified a problem – urban and tropical environments - and a corresponding problem population – women and children – for whom provision was required. Considering the Municipal Council, like other governing structures in formal colonial territories, was dominated by white men, it is difficult not to imbue this process with the same patriarchal tone of expatriates moving their families to the hills to alleviate the harsh summer and their mutual encouragement of competitive exercise.[210] Such an argument is bolstered as the medical rationales that drove the popular belief in the salubrious effect of hill stations spread outward from a core of colonial tropical medicine, directed at military populations.[211] Colonial administrators and medical personnel, moreover, continued to expand this branch of medicine, applying it ever more keenly to the populations they saw as most vulnerable whilst extending it ever more heuristically to rejuvenative cultures. [212] This goes further to demonstrate how colonial manifestations of the state were influenced by race, gender, and age and how these interrelated categories overlapped and shaped one another in the imperial setting. [213]

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[210] It was precisely these everyday practices and thought patterns of colonial officers that, as Jonathon Saha has argued, were crucial in the gendering the colonial state, enacting it as masculine. Jonathan Saha, 'The Male State: Colonialism, Corruption and Rape Investigations in the Irrawaddy Delta c.1900', *The Indian Economic & Social History Review*, 47.3 (2010), 343–376 (pp. 373-374).

[211] Pratik Chakrabarti, *Medicine and Empire, 1600-1960* (Basingstoke: Palgrave Macmillan, 2014), p. xv.

[212] There was no decisive break in medical explanations that held illness derived from environmental causes to theories that saw bodies harbouring and spreading disease. Even if this change in aetiological theory was not clearly observable, it nonetheless meant that imperialists had to reformulate the logic behind hill stations. In effect, they had to once more make clear that the stations provide protection from those features which colonial society deemed as pathological, namely "native" populations. Pomfret, *Youth and Empire*, p. 148.

[213] Ann Laura Stoler, 'Making Empire Respectable: The Politics of Race and Sexual Morality in 20th-Century Colonial Cultures', *American Ethnologist*, 16.4 (1989), 634–660 (pp. 651-652).

Conclusion

This chapter has sought to argue that health resorts, discursively and practically, far exceeded their initial purpose as a place of healing. Even though the first major health resorts in China emerged almost sixty years later than those in India, the desired areas for such a function were topographically similar. They were foremost places that shielded the European body from the unfamiliar climate. But alongside these practical concerns, there were more heuristically recuperative features, such as the picturesque landscape, and cultural factors including escapism and decompression. This all reflects what Roy Macleod has shown, namely that scientific knowledge in everyday medicalised contexts often simply amounted to technical language disguising social messages.[214]

A discourse which painted the Chinese as contagious, both as infective agents and economic agents, was a nuance to these debates in Hong Kong. The Western representation of the Chinese was as a population which spread uncontrollably. In Hong Kong, the debates from colonial law-makers made this publicly visible. Similar themes were latent in Moganshan, though they increasingly appeared as Chinese tourism expanded from the mid-1920s. Equally, it is worth noting that both locales were discussed with the idea of escapism in relation to an always inferior Chinese area, be that the city itself or China as a whole. Thus, we can see that the tropes of the white man in the tropics continued to exert strong influence for both common people and the medically qualified in East Asia, despite the increasing dubiousness of such logics, whilst also incorporating further racial nuances in relation to Chinese agency and economic power.

These dated colonial logics found most vitality in visions of gender and youth. In both locations, what unquestionably came to the fore of the colonial culture surrounding health resorts were assumptions about domesticity. The family were imbued with greater sensitivity to the tropical setting as negative themes of vulnerability, risk, and developmentalism prevailed. Women and children needed to be enclaved to be protected, whether by topography or by

[214] Macleod, 'Introduction', p. 1.

artificial political and economic barriers. This gendered idea of protection was shared by both the state and the average colonial citizen, so too were their endeavours to create a sense of the home isles, of familiarity, and a bourgeois life. As a result, while not only providing a climate where folk knowledge stated that the environment would not be as deleterious to the malleable discursive figure of youth, health resorts were enclaves for happiness. Supporting the arguments of David Pomfret, both Cheung Chau and Moganshan indicated the centrality of visions of childhood in empires.[215] Metaphors of "Fairyland," the constant motifs of play, joy, laughter; the parental discourse of concern, and obsessive nostalgia indicated the importance of childhood in both the founding of new resorts and their ongoing appeal as healthy destinations.

All of this continues to show the way in which popular cultural mediations of healthiness were crucial drivers for imperialism. Health resorts stemmed from the desires of individual groups - like property owners and, especially in the case of China, missionaries - who wished to create spaces of recuperation. Building on the work of Christian Henriot, the case of Moganshan demonstrates another way popular desires for health enabled continued breaches of treaty stipulations and was an important tool of empire in East Asia.[216] Hong Kong's health resorts, meanwhile, indicated how popular ideas of health, when mapped to particular parts of the white population, could stifle barriers to racial governance. Health resorts showed how the common sojourner impacted the construction of ideas of culture, space, climate, and race in pursuit of healthiness.

Health, then, worked to carve out specialised spaces in both imperial contexts. Returning to a persistent theme in this thesis, health resorts further highlight the nuances that emerged from the different forms of imperialism in each city. While British colonial power from the metropole only reluctantly agreed to racial segregation in Hong Kong, it remained an option in a city backed by that power. For the Peak and Cheung Chau to be truly satisfactory health resorts for white populations, they needed to legally exclude Chinese residency. In Moganshan, only backed by the Municipal power of the International Settlement,

[215] Pomfret, *Youth and Empire*, p. 280.
[216] Henriot, *Scythe and the City*, p. 204.

formal racial segregation was all but impossible, especially when recalling Shanghai's porous boundaries and rapid population growth. The advantage of the colonial system in China, however, was its flexibility. Promising spots of land, like Mogan, could be negotiated through informal processes and purchases. To Moganshan's early residents and exponents secluded on the mountain, it might have seemed they would be unsusceptible to outsiders. The reality was that there were no stringent parameters in China's colonial arrangement that effectively enabled such formalised policies of segregation.

CHAPTER THREE

Epidemic responses: bubonic plague in Hong Kong and Shanghai's International Settlement

> In spite of the state of things I have so often called attention to, there is no question that of late years the health of the Colony has very much improved and so my remarks on the insanitary state of existing things are now received as a standing 'chestnut' and only afford amusement for the public press, for, like the shepherd in the old story, I am regarded as crying wolf where no wolf exists, still the trial of the wolf is seen in this report.[1]
>
> Phineas Ayres, Colonial Surgeon at Hong Kong, 1894.

Introduction

On 10 May 1894, the port of Hong Kong was declared infected. This declaration was made two days after Dr James Lowson made the first diagnosis of bubonic plague in the Government Civil Hospital.[2] The worst fears of the Colonial Surgeon, quoted above, had come true. The bubonic plague, "the Black Death," proved virulent in the city's Chinese neighbourhoods, sparking a draconian response from the colonial government and its recently established Sanitary Board.[3] For sixteen years, China's other great trading city, Shanghai, avoided the same fate. In Shanghai, the first two confirmed human casualties of bubonic plague occurred in late October 1910.[4] The plague-victims were discovered in the Ewo Press & Packing Company go-down on Alabaster Road

[1] TNA:CO131/23: P.B.C Ayres, *The Colonial Surgeons Report for 1893* (11 July 1894).
[2] The first diagnosed patient was one the hospital's ward boys, named A. Hung.
[3] The "Black Death", referring to the global pandemic of bubonic plague, was a recurring motif in 1894. It frequently featured in press headlines and taglines in the colony itself, and further afield. Likewise, the medical community in the colony occasionally adopted the phrase, "black death" or "black plague" as terminology to describe the disease. TNA:CO129/263: Robinson to Robinson (17 May 1894), p. 51-53.
[4] There are some records of a human case earlier, but not a casualty. These earlier cases were localised in a plague isolation station near to (but not in) the city proper. Richard Feetham, *Report of the Hon. Mr. Justice Feetham, C.M.G. to the Shanghai Municipal Council*, 3 vols. (Shanghai: North-China Daily News and Herald, 1931), pp. 55-56.

in Hongkou, which fell into the fourth Northern Sanitary Sub-District of the International Settlement. The Shanghai Municipal Council quickly responded in a similar fashion to their earlier colonial counterparts. Both epidemics, despite their differences, fostered disruption and social tensions showing how the contestation of medicine, culture and space were powerfully linked. When faced with plague, both the European and Chinese community turned to stereotypes and speculation, which were reflected in public debates and physical confrontations. In the colonial encounters discussed throughout, the "sanitation syndrome" about plague mapped onto pre-existing racial tensions, directed at not only the level of medical knowledge and understanding, but reaching into questions of the domesticity, the body, and even religious morality.[5]

In the European psyche, few diseases have had the cultural resonance of bubonic plague.[6] The disease has sown panic and provoked frantic reactions from local medical authorities and inhabitants wherever it has been found. In these moments of crisis, societal tensions come to the fore. Epidemics, a term often synonymous with "plagues," allow historians to gain a glimpse into the mentalities of the state, medical practitioners, and local people, revealing the weakness of authority in the colonial enterprise and the contested places and realms of knowledge within it.

This chapter shifts focus from the previous two by probing how these ideas of healthiness, space, and the body already discussed mapped onto and affected governmental interactions between foreign rulers and Chinese people. To do so, this chapter comparatively assesses the cities' first outbreaks of bubonic plague. It is comprised of two thematic sections. One focuses on the cultural exchange that permeated the two societies, particularly in terms of discursive formations of racial and medical alterity. The second section shifts towards the physical confrontations at the heart of the Western medical intervention against the plague, both by the state and the colonised population. In so doing, the chapter raises

[5] Swanson's idea of the "sanitation syndrome" is useful for this analysis. It shows not only another example of *cordon sanitaires* in the colonial setting, but it expounds how the official mind became enraptured by the linkages between black settlements and threats to public health and security, which served to rationalise prejudicial policy. Maynard W. Swanson, 'The Sanitation Syndrome: Bubonic Plague and Urban Native Policy in the Cape Colony, 1900–1909', *The Journal of African History*, 18.03 (1977), 387–410 (p. 387-391).
[6] Sheldon J. Watts, *Disease and Medicine in World History* (London: Routledge, 2003), p. 103.

and seeks to answer several questions. How did the different actors in each city respond to the infection? What made Shanghai, the city far less affected by the plague, more prone to rioting? How did the distinct cultural and geopolitical conditions in each locale shape the popular and medical response to these epidemics?[7] What do the epidemics tell us about the interaction between race, medicine, and power in the context of British imperialism?

The chapter makes three principle arguments. Firstly, that the Chinese community's strongest anxiety toward anti-plague measures in both cities centred on the body and the private sphere, suggesting a universal concern with corporeal inviolability across cultures. Second, the imperial geopolitics of each city were a crucial determinant of the course of actions taken during the period of crisis, where actors in Hong Kong were obsessed with the nature of plague, their counterparts later in Shanghai were more focused upon issues of social order and violence. Finally, the distinctions in Western discourses that permeated the two cities corresponded directly to the forms of resistance they received from the local population. For the state this justified coercion, highlighting the increasing priority of subjective medical discourses in governance.

The occurrence of these two outbreaks within a relatively short period demonstrated the steadfastness in the methodologies of imperial medicine at a time when medical theory was rapidly changing and developing. This timeline resulted in further similarities and differences worth detailing. Most stark, Hong Kong suffered far higher mortality from the disease, with official estimates at over 2,500 deaths, whilst Shanghai saw only 8.[8] The outbreak in the port colony was a more panicked affair, partly because it was starkly unprepared.[9] In contrast,

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[7] By geopolitics I am particularly referring to the nature of imperialism in each city, but also the geography and political territories of the region.

[8] Government estimates placed the death toll at 2,500, though their mortality figures excluded the numerous deceased bodies found on the colony's streets and the deaths that may have resulted among the 10,000 people who took exodus from the colony. Unofficial estimates in the press placed the figure higher at 3,000 deaths. Myron Echenberg, *Plague Ports: The Global Urban Impact of Bubonic Plague, 1894-1901* (New York: New York University Press, 2007), p. 29, 34.

[9] For contemporary administrators in Hong Kong a lack of preparedness did not indicate a lack of signposts that an epidemic might occur in the port. Carol Benedict, the foremost historian of bubonic plague in late imperial China, has shown the trail of bubonic plague from Yunnan towards the trading hub of the Pearl River Delta. Benedict, *Bubonic Plague in Nineteenth Century China*, p. 62. Hong Kong's medical personnel and interested colonial officials had been aware from despatches and reports produced by foreigners from southern China in the early 1870s that an infectious disease, a plague, was ravaging the region, though its exact nature and proportions largely remained a mystery. The Customs Medical Reports - particularly the colonial concession in Beihai (Pakhoi) which first reported outbreaks of plague in 1867 - sporadically

Shanghai's International Settlement, with its medical professionals cognisant of the various scientific advances on bubonic plague and having taken measures to combat rat populations, could draw on the experience of other British imperial locales in dealing with the disease. Even so, both cities shared the insanitary low-rent housing which could act as a conduit for the spread of infection. The core of the anti-plague programme implemented by the British authorities in the two sites focused upon the same area. Despite this, local Chinese resistance to the anti-plague measures imposed by the authorities tended be more forceful and violent in Shanghai. Whereas in Hong Kong, the Chinese whispered or fled, in Shanghai they rioted. The racial undercurrents remained similar on both sides, however.

What a comparative approach demonstrates is the continuity in the interaction between race, power, and medicine which perpetuated draconian quarantine and disinfection measures over time. The history of the epidemics and the response to them demonstrate how medical practice was powerfully shaped by the specific cultural parameters of colonialism, with the concerns over race, the body, and the home being paramount. European desires, when faced with plague, were for a very colonial form of public health, driven by coercive cleansing and isolation programs against native neighbourhoods and communities. The local population mounted cultural resistance against the authorities, in the form of rumour and public messaging. The secondary Chinese-literature scholarship in turn shows how moral concerns drove widespread violent physical resistance (something which colonial sources also alluded to). On the one hand, then, I am asserting the commonalities in the basic ideological responses to plague on behalf of both the European and Chinese communities between these two cities. On the other, I argue that the extent to which these

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reported outbreaks through the 1890s and onwards. Likewise, various missionaries and travellers had noted "plagues" in Southern China as early as the 1870s. Emily Rocher's account of the Yunnan epidemics was known in Hong Kong as it was used as evidence to suggest the epidemic had its origins in that region. Benedict, *Bubonic Plague in Nineteenth Century China*, pp. 43-45, 49. The significance of these reports only became apparent in Hong Kong when the city began to suffer its own outbreak. One report noted the way the Chinese linked rats to the plague and, with usual insight, compared undrained houses to the hills of Yunnan in their ability to harbour rats. TNA:CO129/265: 'Bubonic plague South China' (10 August 1894), p. 228. Most indicative of unpreparedness was the slow realisation in early 1894 that a major epidemic was taking place nearby in Canton. Rumours, news, and reports of the state of affairs had been circulating since at least the Chinese New Year on 6 February 1894, if not earlier. The first noted treatment by a Western physician was in late January, though it was wrongly diagnosed as typhus fever. A public notice about an epidemic first appeared in a Chinese newspaper in March 18. Word reached Hong Kong on 26 April 1894, but its authorities were slow to respond. Echenberg, *Plague Ports*, p. 26.

similar cultural foundations were able to drive European and Chinese desires depended on the different systems under formal and informal empire. The formal colonial system in Hong Kong tended to enable its British rulers to enact the practices they wished, whilst the limits of informal empire in Shanghai appeared to empower the Chinese communities to mount more effective resistance to its municipal authorities. In turn, too, subtle changes in Western governmental discourse were reflected from these differences. In Hong Kong's medically unclear context, the Chinese were scapegoated for plague, where in Shanghai the focus was Chinese crowds as a cause of crime and social unrest. This shows how health was a malleable value, even in the context of a major epidemic. But the influence that this idea of health could exert depended upon imperial power structures in a given context.

Before beginning the analysis of the two epidemics, it is worth briefly outlining the pathogenic parameters of the bubonic plague. Bubonic plague refers to one of the three bacterial infections with the causative organism, *Yersinia pestis*, named for the Franco-Swiss bacteriologist who identified the bacillus in Hong Kong in 1894.[10] Primarily a zoonotic disease affecting rodents, the disease is usually transferred to humans by a flea vector. Affecting the lymphatic system, the symptoms include severe fever, delirium, and the formation of buboes. Several types of anti-biotics effectively treat the bubonic plague. When untreated, it results in death in up to 90% of those infected with death typically coming within ten days. For my purposes, what is important is that both Western and Chinese medicine could not treat the plague, though many of the important aetiological and nosological characteristics of bubonic plague were

[10] The controversy over accreditation of the plague bacillus discovery has dominated the historiography on the 1894 Hong Kong outbreak. This stemmed from whether Kitasato Shibasaburō or Alexandre Yersin first (and correctly) described the bacillus. For further information, see: Echenberg, *Plague Ports*, p. 35; Mary P. Sutphen, 'Not What, but Where: Bubonic Plague and the Reception of Germ Theories in Hong Kong and Calcutta, 1894-1897', *Journal of the History of Medicine and Allied Sciences*, 52.1 (1997), 81–113 (pp. 94-98); Björn P. Zietz and Hartmut Dunkelberg, 'The History of the Plague and the Research on the Causative Agent Yersinia Pestis', *International Journal of Hygiene and Environmental Health*, 207.2 (2004), 165–178 (pp. 173-174). One of the most novel analyses of the episode centres on Yersin's makeshift laboratory in a matshed. A hut with a matted roof standing on poles of bamboo, the structure enveloped a discourse of modernity and medicine in the context of Yersin's research. It was originally castigated as a porous native dwelling that emanated disease and criminality, but later became wrapped up in the Yersin mystique and associated with airiness, a working life, and medical revolution. Robert Peckham, 'Matshed Laboratory: Colonies, Cultures, and Bacteriology', in *Imperial Contagions: Medicine, Hygiene, and Cultures of Planning in Asia*, ed. by Robert Peckham and David M. Pomfret (Hong Kong: Hong Kong University Press, 2013), 123–147 (pp. 129-133).

uncovered around 1900.[11] Sean Hsiang Lei argues that the 1911 outbreak of pneumonic plague (a far more contagious strain of plague as it can spread through respiration) in Manchuria necessitated the use of the microscope to determine infection, as well as strict quarantine protocols towards infected persons.[12] The Chinese communities of both cities could challenge the narrative of the imperial authorities because the bubonic variant of plague did not spread so easily, was a more straightforward diagnosis, and most importantly contemporary treatment was ineffective. These communities were perhaps acting rationally in seeking the conditions of treatment which they found most comfortable.

Cultural exchange, racial discourse, and rumour

Rumour, mutually propagated by Chinese and Westerners, surrounded the plague epidemics, bringing to the fore the cultural disputes underlying colonialism. Central to these rumours were discourses of medical alterity; that is the idea that other races were fundamentally different from a medical point of view. If colonial sources are anything to go by, which the research of Chinese-literate historians does tentatively suggest, rumours showed continuity between the two imperial sites.[13] Hong Kong and Shanghai's Chinese populations saw the anti-plague measures as unnatural and its practitioners as demonic.[14] Local

[11] A definitive medical understanding that bubonic plague spread from rats to humans was made when the disease struck Bombay in 1896. The vector role of the rat flea, *xenopsylla cheopis*, was demonstrated by the Pastuerian Paul-Louis Simond in 1898, being confirmed by various others in the coming years. Nathaniel Charles Rothschild in 1903 gave the rat-flea its final name, *xenopsylla cheopis*, for the Pharaoh Cheops, in a homage to his plague research in Egypt. John Frith, 'The History of Plague Pt 2. The Discoveries of the Plague Bacillus and Its Vector', *Journal of Military and Veterans' Health*, 20 (2012), 4–8 (pp. 4-7).

[12] Sean Hsiang-lin Lei, 'Sovereignty and the Microscope: Constituting Notifiable Infectious Disease and Containing the Manchurian Plague (1910-1911)', in *Health and Hygiene in Chinese East Asia: Policies and Publics in the Long Twentieth Century*, ed. by Angela Ki Che Leung and Charlotte Furth (Durham: Duke University Press, 2011), pp. 73-106 (p. 86). William Summers estimates that between 45,000 to 60,000 people were victims of the Manchurian plague outbreak. William Summers, *The Great Manchurian Plague of 1910-11: The Geopolitics of an Epidemic Disease* (London: Yale University Press, 2012), p. 78.

[13] On this, see: HKMMS, *Plague, SARS and the Story of Medicine in Hong Kong*, pp. 26-34; Lei, 'Soveireignty and the Microscope', pp. 86-91. Benedict, *Bubonic plague in nineteenth century China*, pp. 110-121; Yuki Fukushi, 'Public Health and Urban Society in Modern China: Focusing on the "Shanghai Plague Riot", 1910', in *Epidemien und Pandemien in historischer Perspektive*, ed. by Jörg Vögele, Stefanie Knöll, and Thorsten Noack (Fachmedien Wiesbaden: Springer VS, 2016), 139–148 (pp. 143-146). Yip, *Health Policy and Disease in Colonial and Post-Colonial Hong Kong*, pp. 18-19. Sinn, *Power and Charity*, pp 161-186.

[14] Rumours also circulated with more practical complaints against Western medical approaches. For example, the lengthy transportation of patients from the place they were found to hospital. James A. Lowson, *Report on the Epidemic of Plague from 22nd February to 16th July, 1897* (Bombay: Royal College of

Chinese complaints focused on the sacrosanctity of the body and the home, offering a wide variety of specific accusations against Western medical praxis. The accusations were gruesome, claiming that foreign doctors spooned out eyes, cut open pregnant women's stomachs, and ground up body parts for use in foreign medicine.[15] The rumours chimed with the anti-Western discourse against foreign medical missionaries in China.[16] The following extract from the Shanghai Consular despatch to Beijing documented the rumours, contrasting treaty port society with the ignorance of the interior:

> It became apparent as time went on that a great deal of apprehension had been stirred up in the minds of the native population, and the most extravagant rumours became prevalent, many of them apparently unconnected with the new anti-plague measures. To give an instance, it was rumoured that the Municipal Council were endeavouring to get hold of a large number of Chinese children for the purpose of gouging out their eyes to be used as medicine; an ideal familiar in the history of missionary work in the interior but hardly to be expected in this community even among the most ignorant. It sprang no doubt from a malicious perversion of the endeavours of the Sanitary authorities to induce parents to have their children vaccinated."[17]

As colonial documents and Chinese historians corroborate, the rumours that circulated in both Hong Kong and Shanghai demonstrated a deeply-held concern with the body, particularly those of women and children. Corporeal inviolability was likewise part of the Third Plague Pandemic in India, where a concern with post-mortem examination and slicing featured prominently in Indian protestation

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Physicians of London, 1897), p. 26. Corresponding to an idea of the Chinese hospital as a place to die, these rumours did not capture the same fervour as those engaging with the body. Sinn, *Power and Charity*, p. 80.

[15] TNA:CO129:265: 'Bubonic Plague South China' (10 August 1894), p. 221; SRM:HKPC; Fukushi, 'Public Health and Urban Society in Modern China, p. 143.

[16] Thoralf Klein, 'The Missionary as Devil: Anti-Missionary Demonology in China, 1860-1930', in *Europe as the Other: External Perspectives on European Christianity*, ed. by Brian Stanley and Judith Becker (Göttingen: Vandenhoeck & Ruprecht, 2014), pp. 119–48 (p. 129). From the Chinese side, it is worth noting that supposedly Western "scientific" medicine was likely indistinguishable from missionary medicine. Lei, *Neither Donkey Nor Horse*, pp. 45-50.

[17] TNA:FO228/1763: Warren to Muller (17 November 1910), p. 501.

against colonial medicine.[18] Furthermore, there are clear discursive parallels with the anti-vaccination movement in the metropole, as the Consular despatch above suggested existing vaccination programmes may have contributed to plague disturbances in Shanghai.[19]

Women, as noted, appeared to be a major focus of Chinese complaints over anti-plague measures. This was seemingly not without reason. Hong Kong's medical and military reports, as well as the colony's press mention controversy around the military personnel used in house inspections. The men's behaviour, subject to lesser than usual military discipline and liberally lubricated with rum (which they drank from their water bottles as they worked, supposedly for prophylactic purposes), could be "rough and ready."[20] The press noted the parties contained "some members who have no respect for the miserable people they are dealing with and neither in fact, discretion or common kindness."[21] Such bad characters were overly violent and destructive:

> Against these house-to-house visits, the Chinese rose up in arms and made bitter, though mostly false complaints to the authorities. Complaints were made that the privacy of women's apartments were being invaded and that women and children were being "frightened out of their wits" by the daily visits of the military and police. Then it began to be rumoured that the "foreigners" had sinister and unspeakable designs on the women and children.[22]

[18] Richard Harris and Robert Lewis. 'Colonial Anxiety Counted: Plague and Census in Bombay and Calcutta, 1901', in *Imperial Contagions: Medicine, Hygiene, and Cultures of Planning in Asia*, ed. by Robert Peckham and David M. Pomfret (Hong Kong: Hong Kong University Press, 2013), 60–78 (p. 75); Arnold, *Colonizing the Body*, pp. 1-6; Echenberg, *Plague Ports*, pp. 63-65.
[19] Nadja Durbach has demonstrated that anxieties surrounding military excess, the vulnerability of women and children, and domestic space were a recurrent features of smallpox vaccination in England. Nadja Durbach, *Bodily Matters: The Anti-Vaccination Movement in England, 1853-1907* (Durham: Duke University Press, 2005), pp. 201-202.
[20] TNA:CO129/265: *Bubonic Plague South China* (10 August 1894), p. 223-224.
[21] TNA:CO129/265: Quote from *HKDP* (1894), p. 223-224.
[22] SRM:HKPC: Letter by KSLI Officer, Lt. P.D. Hooper, p. 3. Sanitary staff in Shanghai, known as 'disinfecting gangs' under the direction of the Municipal Council were also noted to use 'rough and inconsiderate methods', but were also charged with falsely fining residents and conducting their work during illegal hours. SMC Minutes (24 March 1909), p. 43.

The particulars of Chinese grievances, with their focus on women and daughters, suggest sexual assault.[23] Largely, however, the controversy was quickly hushed by the British population. Nonetheless, the Chinese drew upon ideas of the vulnerability of the private sphere and the gendered body to object to medical interventions. A possible reason for the protectionist tone toward the bodily mutilation of women and children may relate to the demographic impact of plague. Traditional Chinese culture kept women (and to a lesser extent children) confined indoors, to the inner most parts of the home.[24] This meant that in the time of plague, women could be held in closer proximity to the source of infection. Though by 1894 Hong Kong was still primarily a male society and the statistics are limited, anecdotal evidence suggests that plague incidence and mortality was especially high amongst women and children.[25]

The protection of the female body manifested itself in other ways, reinforcing the importance of the inviolable body in the context of medical advancement. Chinese women in both Hong Kong and Shanghai barricaded themselves and their families in their homes, as others hid or were hidden away.[26] In the treaty port, many more Chinese women escaped to the jurisdiction of the French concession in order to circumvent medical inspection.[27] By contrasting the traditions of Chinese medicine and the measures implemented around the Shanghai Plague Riots, Yuki Fukushi has demonstrated that the right to "choose medicine" was fundamental to Chinese tradition.[28] Independent choice by the individual or family was practiced, for which the Chinese in

[23] Sinn, *Power and Charity*, p. 165; Echenberg, *Plague Ports*, p. 39.
[24] Women were subservient to men and were not expected to have a public presence. Maria Jaschok and Suzanne Miers, 'Introduction' in *Women and Chinese Patriarchy: Submission, Servitude and Escape*, ed. by Maria Jaschok and Suzanne Miers (Hong Kong: Hong Kong University Press, 1994), 1-24 (p. 7).
[25] Various scholars have shown how colonial societies were demographically dominated by young white males. See: Adele Perry, 'Colonialism in British Columbia', in *Bodies in Contact: Rethinking Colonial Encounters in World History*, ed. by Tony Ballantyne and Antoinette Burton (Durham: Duke University Press, 2005), 1443-1463 (p. 145); Stoler, 'Rethinking Colonial Categories', p. 139. On the point of mortality, Dr James Lowson suggested how the spatial divisions in Chinese familial culture adversely effected women and children during the epidemic: "This heavier female mortality was only to be expected when it is remembered that women and children were practically confined to the houses in the infected areas every hour of the twenty-four, whilst the men were generally absent during the day, and in many cases slept in the streets at night – a thing which the women, as a rule, are not accustomed to do." J. A. Lowson, 'The Epidemic of Bubonic Plague in Hongkong, 1894', *Indian Medical Gazette*, 32.2 (1897), 87-91 (p. 87).
[26] SRM:HKPC: Report by Regiment Medical Officer Lt. PD Hooper, p. 3; Sinn, *Power and Charity*, p. 164; Goodman, *Native Place, City, and Nation*, p. 154.
[27] Fukushi, 'Public Health and Urban Society in Modern China', p. 147.
[28] Fukushi, 'Public Health and Urban Society in Modern China', p. 143.

Shanghai had many options in the city, being a contributor to the opposition to the direct imposition and de facto powers of the Shanghai Municipal Council. A female Chinese doctor, Zhuang Zhu-jun, for instance, penned an open letter in the *Shibao* noting that locals should have the right of decision over medical care and hospitalisation.[29] Chinese women typically sought to put space between their bodies and medical inspectors. Yet as Zhuang Zhu-jun's actions showed, they also contributed to a wider process of institutional intercourse with the foreign Municipal authorities.

Shanghai was also notable because it was only by actively using female medical participation that the Municipal Council, upon the suggestions of the *huiguan* and the Chinese Chamber of Commerce, settled negotiations.[30] After the settlement, Chinese doctors were used for medical inspection whilst being accompanied by female Western doctors.[31] Likewise, the Municipal Council made clear in Chinese-language public notices that isolation wards provided separate quarters for men and women.[32] The use of female medical professionals ties into a wider trend within medicine and the British empire of women utilising imperialism to gain opportunities they lacked at present.[33] Representing a less threatening form of medical power, women doctors could negotiate domestic spaces extending the scientific arm of the state.[34]

Rumour thrived in the panicked conditions of the Hong Kong epidemic, and it proliferated in the colony because the aetiology of the bubonic plague, despite the identification of the bacillus during the outbreak, remained muddy.[35]

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[29] *Shibao* (17 November 1910) in Fukushi, 'Public Health and Urban Society in Modern China', p. 147.
[30] The *huiguan* were native-place associations binding together immigrations from the same place in their new urban environment. Goodman, *Native Place, City, and Nation*, p. 2.
[31] SMC Minutes (18 Nov 1910), p. 501.
[32] The notice, addressed to "Brothers!", made clear that food (and medical treatment) was free in these hospitals. SMA:U1-16-2865: Translation of public notice (21 November 1912), p. 362.
[33] Antoinette Burton, *Burdens of History: British Feminists, Indian Women, and Imperial Culture, 1865-1915* (Chapel Hill: The University of North Carolina Press, 1994), pp. 1-31; Angela Woollacott, *To Try Her Fortune in London: Australian Women, Colonialism, and Modernity* (Oxford: Oxford University Press, 2001), pp. 2-17; Procida, 'Good Sports and Right Sorts,' pp. 455-457.
[34] Narin Hassan, *Diagnosing Empire: Women, Medical Knowledge, and Colonial Mobility* (London: Ashgate, 2011) pp. 63-70; Sean Lang, 'The Control of Birth: Pupil Midwives in Nineteenth Century Madras' in *Public Health in the British Empire: Intermediaries, Subordinates, and the Practice of Public Health, 1850-1960*, ed. by Ryan Johnson and Amna Khalid (New York: Routledge, 2012), 32-50 (p. 41); Kristine Swenson, *Medical Women and Victorian Fiction* (Columbia: University of Missouri Press, 2005), p. 109.
[35] The descriptive "muddy" is a deliberate choice as a widely-held belief in Hong Kong was that the soil harboured plague and other diseases. Cecilia Chu, 'Combating Nuisance', p. 31. Jerome J. Platt, Maurice E. Jones, and Arleen Kay Platt, *The Whitewash Brigade: The Hong Kong Plague of 1894* (London: Dix Noonan Webb, 1998), pp. 20-25. Various Westerners and Chinese noticed rat epizootics preceded the

Though in both cities rumour spread through word of mouth and in the press, it was their unique expression through anti-government placards throughout the Chinese areas of Hong Kong and Canton that indicated a strong counter-colonial voice.[36] In general, the placards suggested that Western medicine was dangerous and shared remarkably specific and paternal concern with the sanctity of the human body. The placard's content suggested that their writers felt women and children's bodies were most at risk: "These posters attributed the most ghastly cruelties to the English doctors, charging them with cutting open pregnant women and with scooping out the eyes of children in order to make medicine for the treatment of plague-stricken patients."[37] In the face of sudden medical interference, the fear was that the foreign devil invaded homes and pursued the vulnerable. Men were also advised to avoid Hong Kong: "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 go to Hong Kong. Those who don't believe this make a great mistake."[38]

It is unclear the extent to which these examples represented the grassroots Chinese population of Hong Kong. The question of who wrote the placards and propagated rumours eluded the colonial authorities, as it does historians today.[39] Foreign officials in Hong Kong linked the rumours to powerful Chinese institutions attempting to destabilise society and undermine the authorities.[40] The uncertainty on behalf of the colonialists demonstrated their vulnerability as an outnumbered population and the anxiety that pervaded

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plague epidemic, reasoning that the rats were dying in large numbers because they were close to the ground. Colonial doctors also suggested that people living closer to the ground were usually the first to become infected. BL:L/PARL/2/277 *Plague Papers:* J. A. Lowson, *Epidemic of Plague* (1897), p. 12. One of Hong Kong's most celebrated medical practitioners, Dr James Cantlie, noted "the miasma of infection seems to be soil produced and to flourish in filth." James Cantlie, 'The Plague In Hong Kong: Clinical And Pathological Characteristics', *British Medical Journal,* 2.1756 (1894), 423-427 (p. 425). A translation of a statement by Yersin showed worries that residual plague germs had seeped into the ground: "Yes, if you could be certain to remove all the germs; but, who is to say whether *all* the soil of Hong Kong is infected or not? The rats tainted with the plague did not die *only* in the houses, but everywhere around." TNA:CO129/263: Robinson to Robinson (30 August 1894), p. 742. Even after the identification of the plague bacillus, the bacillus was merely part of the soil's miasma.

[36] Peckham, 'Panic', p. 1.

[37] SRM:HKPC: Letter by KSLI Officer Lt. P.D. Hooper.

[38] TNA:CO129/265: Bubonic Plague South China (10 August 1894).

[39] The originators were not clear from English or Chinese sources. Though the Consular authorities in Canton did report making some arrests, they did not record the details of those arrested.

[40] In Hong Kong, community interests were centred around the Tung-Wah Hospital and Man-Mo Temple. As such, the colonial government blamed these institutions for posting the placards and inciting the rumours. Sinn, *Power and Charity*, p. 166.

everyday life in the empire. During moments of insecurity, white populations throughout the British Empire suspected the activities of a ubiquitous but amorphous Chinese authority, and this anxiety formed a central pillar of "Yellow Peril" discourse.[41] The scapegoating of local Chinese institutions represents merely another kind of rumour brought about by the epidemics, though one employed systematically throughout the British Imperial system in the face of the frictions stemming from the presence of Chinese communities. In any case, rumour was a form of anti-colonial discourse that effectively undermined the authority of Western medical power.

The overlap between the spread of the Third Plague Pandemic and the rise of a Sinophobic discourse was no coincidence.[42] The idea that Chinese residents of foreign cities spread disease and immorality certainly preceded the pandemic, emerging particularly in Australia in the 1870s and 1880s.[43] The Third Plague Pandemic, however, gave coincidental credence to fears that had previously been based mainly in spurious racial subjectivities and sanitary complaints. Spreading to various port cities, from the Cape to Glasgow and from Honolulu to San Francisco, the origins and spatial patterns of the disease were fairly obvious, it was closely linked to British imperial trade routes and the Chinese diaspora, emerging from Hong Kong outwards.[44] Through modern technologies and demographic patterns, diseases such as plague and influenza were brought home globally as issues of interest; as the rise of these diseases matched up with the advent of the telegraph, photography, and increasing consumption of news media across classes.[45] This pattern combined with these technological advancements, whilst other events also worsened the global perception of China and overseas Chinese communities, particularly the Sino-

[41] Auerbach, *The Chinese Puzzle*, p. 190; Frayling, *The Yellow Peril*, pp. 120-124; Munn, *Anglo-China*, p. 320; Hamilton, *Watching Over Hong Kong,* pp. 67-69.
[42] That is to say, the global incidence of plague amongst Chinese diaspora communities in the early twentieth century is likely an understated part of the rise of the "Yellow Peril." Echenberg, *Plague Ports,* p. 304.
[43] Auerbach, *The Chinese Puzzle*, pp. 20-27; Frayling, *The Yellow Peril*, p. 262.
[44] Echenberg, *Plague Ports*, p. 5, 304.
[45] Robert Peckham, in particular, has expanded our understanding between imperial networks, technologies and the reception of plague. Robert Peckham, 'Infective Economies: Empire, Panic and the Business of Disease', *The Journal of Imperial and Commonwealth History*, 41.2 (2013), 211–237 (p. 213); Peckham, 'Panic Encabled', pp. 135, 152-153; Peckham, 'Hong Kong Junk', pp. 52-53; But as Peckham points out in his recent monograph, plague photography generally served to reinforce an especially powerful and forceful form of public health administration in the colonies. Peckham, *Epidemics in Modern Asia*, p. 84, 88.

Japanese War and Boxer Rebellion.[46] However coincidental, the pandemic may reasonably have amplified subtle associations between plagues and Chinese communities.[47]

The cultural disputes and medical debates represented through rumour were still present in Shanghai. There were, nonetheless, certain differences in manifestation, contents and translation between the rumours circulating the two port cities. Most obviously, there was no mention of placards or anti-government posters being displayed in Shanghai. Rumours seem to have been an oral phenomenon in the city. Another difference was that the Municipal Government's reports refer to questioning the protesting Chinese as to their attitudes. "Persons in these crowds when *asked* what was the trouble, cried out that the Inspectors were hunting for infants 'to grind up as medicine."[48] The governmental response was largely the same, however. It was taken to be a feature of the "Chinese mind" that the Chinese would abandon these views of Western medicine, if they were merely informed of what was "right." Both the imperial presence in Hong Kong and Shanghai thought that proclamations against rumour and disorder were sufficient to combat it. For instance, the Shanghai Municipal Council sought a public meeting where they hoped to quell resistance by using the support of leading Chinese by giving lectures, distributing leaflets and explaining to the protesting communities the necessity of anti-plague measures.[49]

British authorities in China encountered the same difficulties as Chinese modernizers, in that the translation of biomedical nomenclature into the Chinese language was laden with existing meanings.[50] Pamphlets and lectures were

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[46] Thoralf Klein, 'The "Yellow Peril"', *EGO* (2015) <http://ieg-ego.eu/en/threads/european-media/european-media-events/thoralf-klein-the-yellow-peril> [accessed 22 August 2019]

[47] Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco's Chinatown* (Berkeley: University of California Press, 2001), pp. 174-177, 251-258; Peckham, 'Critical Mass', pp. 372-373; See also, Christos Lynteris, 'Yellow Peril Epidemics: The Political Ontology of Degeneration and Emergence', in *Yellow Perils: China Narratives in the Contemporary World*, ed. by Franck Billé and Sören Urbansky (Honolulu: University of Hawaii Press, 2018).

[48] TNA:FO228/1763: Warren to Muller (17 November 1910), p. 500.

[49] The previous week the municipal authorities had also been re-issued of the Municipal Gazette of 2 February 1909, known as the "Plague Gazette," again to explain Western medical paradigms. SMC Minutes (9 Nov 1910), p. 492.

[50] [50] Rogaski, *Hygienic Modernity*, p. 95-135. Liu has labelled this problem as "translingual practice," meaning the way existing meanings were unintentionally brought into attempts to create modern terminologies. Lydia H. Liu, 'Translingual Practice: The Discourse of Individualism between China and the West', in *Formations of Colonial Modernity in East Asia*, ed. by Tani E. Barlow (Durham: Duke University Press, 1997), 83–112. (pp. 83-85).

unlikely to be effective calming tools in this context. Worse still, their paternalistic tone may have served to reinforce anti-foreign attitudes among the Chinese. It is perhaps unsurprising then that the Shanghai Municipal Council had to call of a major meeting with the local community aimed at mediating the tensions between the parties, which itself failed. In the face of disturbance from "a noisy and hostile mob who by hooting and interruptions," the meeting became "impossible" and "it broke up in confusion."[51] In Dr C. Noel Davis' recollection of the meeting, when the medical officer entered the building "uproar arose, amid cries of 'this is the man, kill him, kill him.' He was set upon, and dragged to the ground."[52] Even the "well dressed, respectable Chinese" who had been admitted to the meeting were unwilling to cooperate without epidemic control policies being limited.[53]

Attempts to lecture and educate were ill-fated in the context of distinct cultures where there was ample ground for disagreement. Colonialism already relied on an enduring language of difference, of which medicine was a constituent aspect.[54] Medical language, with its complexity, was especially alienating. Both the esoteric knowledge barrier and the tribulations of translation meant that when the legitimacy and efficacy of rule was bound up in medical questions, Chinese voices were even more likely to be excluded as most lacked the linguistic structure with which to contest colonial rulers.[55] Concurrently, absence of

[51] TNA:FO228/1763: Warren to Muller (17 November 1910), p. 508.
[52] SMA:U1-16-2628: Dr Davis, 'Note on plague riots in Shanghai' (November 1910) p. 1595.
[53] Goodman, *Native Place, City, and Nation*, p. 155.
[54] Arnold, *Colonizing the Body*, p. 13.
[55] The adherence to English in Hong Kong, as elsewhere, has been termed "linguistic imperialism." Originally coined by Robert Phillipson, linguistic imperialism refers to the idea that a cornerstone of colonial rule was the stringent advancement and imposition of the metropolitan *lingua franca* onto another cultural setting. Robert Phillipson, *Linguistic Imperialism* (Oxford: Oxford University Press, 1992), pp. 8-11. Boyle holds that the label of linguistic imperialism, due to the multilingual and multicultural nature of the territory, was only partially appropriate for Hong Kong. Joseph Boyle, 'Imperialism and the English Language in Hong Kong', *Journal of Multilingual and Multicultural Development*, 18:3 (1997), 169-181 (p. 179). True as this may be, there is little doubt of the government's reliance on English for British rule in colonial Hong Kong. This combined with a prevailing attitude against the Chinese language amongst the British of colonial Hong Kong, who held that the language lacked refinement. Alastair Pennycook, 'Language Policy and Docile Bodies: Hong Kong and Governmentality', in *Language Policies in Education: Critical Issues*, ed. by James W. Tollefson (New Jersey: Lawrence Erlbaum Associates, 2002), 91–110 (p. 101). English education, likewise, expanded significantly in Hong Kong from the 1880s. Boyle, 'Imperialism and the English Language in Hong Kong', pp. 172-176. It should also be noted that Hong Kong was the first place in which Chinese people begun to receive education and training to become physicians in Western medicine, at the Hong Kong College of Medicine for Chinese. It was established by the London Missionary Society in 1887, later becoming known as the Hong Kong College of Medicine in 1907 and becoming part of the new University of Hong Kong in 1911. Phillips, *The Epidemiological Transition in Hong Kong*, p. 22. A number of prominent public figures in Hong Kong and mainland China, most famously Sun Yat-sen, attended this institution. Whilst these figures could provide narratives for counter-colonial resistance on behalf of the local population, these physicians largely served as mediators between the government and the people. However, it was not

effective treatment for bubonic plague at the time meant that a total monopoly on the medical question of plague eluded colonial medical personnel, as much as it enabled resistance by the local population and Chinese elites.

The elite-level debates between the British authorities and prominent Chinese community organizations effectively illustrated both the interpretive chasm between the parties and how such resistance, through rumour and public opposition, unsettled colonial authorities at a local level. Whilst plague, rumour and riots raged in the two cities, Chinese elites helped legitimize cultural resistance through public statements. In a translated statement made by the Canton Dao'tai, the highest representative of the Qing authorities in the city, he listed measures employed by the Hong Kong authorities which he concluded resulted in "great numbers of perishing."[56] The measures the Dao'tai recounted - including the use of quarantine (particularly at the floating isolation hospital), whitewashing, and communal burnings and burials – represented the core of the colonial government's anti-plague policies and were accompanied by emotive statements. Their emotional character, focusing on the dead and their family, may be interpreted as an attempt to manipulate the locals into further resistance. That besides, the plague offered Chinese elites an opportunity for resistance against an imperial power, a play that was sure to be popular amongst local populations and much of the political hub in Beijing. It was the Dao'tai in Canton, rather than the elites based in Hong Kong itself, who was, in the end, able to exert the most sway over the colonial authorities gaining some minor concessions around the issue of native place burial and travel to the mainland for the sick.[57] There were certain incorrect details in the Dao'tai's description (ice

until 1914 that graduates of the College were able to register as medical practitioners and be officially referred to as Doctors. Hong Kong Museum of Medical Sciences Society, *Plague, SARS and the Story of Medicine in Hong Kong*, p. 152; Sinn, *Power and Charity*, p. 204.

[56] The full quote was as follows: "Any Chinaman taken with the plague is immediately seized and placed in a hulk or the 'glass room' (? Glass works) [Sic], fumigated with sulphur, and given lead water to drink. His relatives are not permitted to go to see him; and Chinese doctors are not allowed to treat his complaint. After death he is buried in lime; his family is not allowed to take the corpse away and bury it in a coffin. Two or three hundred persons are thus collected in a house, and sit on the bare ground helplessly awaiting death. The result is that great numbers are perishing" TNA:CO129/263: Robinson to Robinson (11 July 1894), p. 555. The "glass room" referred to the use of the Glass Works Factory in Kennedy Town being temporarily converted for as an isolation hospital during the outbreak. Lim, *Forgotten Souls*, p. 442.

[57] In Hong Kong it was only with the exit of the Governor William Robinson that plague measures in subsequent years became more compromised toward Chinese perspectives. Elizabeth Sinn argues that the plague epidemic enshrined the decline of the Tung Wah Hospital Committee's influence in the colony, largely due to their failure to express Chinese interests during the plague. Sinn, *Power and Charity*, p. 263.

water was used for a soothing treatment rather than lead water), but much of what was said was a vague statement of fact. Stating the measures broadly as they existed, without the scandalised rumour, laid bare the fundamental nature of the dispute. In 1894, the measures comprising the Hong Kong's anti-plague policy were inherently objectionable to the Chinese population.

In Shanghai, the Chinese at the higher stratum of society and in positions of power more effectively curtailed the medical programme of the Municipal Council and protected Chinese rights.[58] The particular concern was that the Western authorities would co-opt the occurrence of plague to impose a wider set of public health legislation, which would further increase the disruption of Chinese business and life. In any case, elite level dialogue shows how British medical power was contested at all levels of society. Furthermore, elite responses in Hong Kong and Shanghai indicated a more gradual process of co-option of foreign narratives by elite Chinese in the two cities, compared to contemporaneous Tianjin, as detailed by Rogaski.[59] In any case, elite dialogue shows how foreign medical power was contested at all levels of society for a variety of reasons.

Even in the case of Chinese elites, the majority of the sources on the Chinese attitudes and rumours filtered through the recordings and remarks of the foreign population. Invariably, then, these sources mirror the assessments of their writers and the way discourses were deployed to vindicate policy. In Western eyes, resistance and rumour among the Chinese was added proof of Chinese backwardness. Indeed, the plague epidemics in both cities only exacerbated the common view of British officials and residents that the Chinese and their environments were dirty and febrile, as writings recording and reporting the plague were peppered with remarks of derision and contempt.[60]

Typifying the scorn among most Westerners, one particularly sarcastic article in the *Hong Kong Daily Press* recounted messages from local placards and verbal rumours:

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[58] Goodman, *Native Place, City, and Nation*, p. 155.
[59] Rogaski, *Hygienic Modernity*, pp. 10-13.
[60] Rogaski, *Hygienic Modernity*, pp. 101-102.
Yip, *Health Policy and Disease in Colonial and Post-Colonial Hong Kong,* p. 14.

> One is to the effect that every Chinese who is caught with a scent bag or bottle (presumably for disinfecting purposes) in Hong Kong is fined $5. Another is that all the dead are thrown into one large pit full of lime (though, by the way, if it is "full" of anything, how can anything more be thrown in?) […] and there is yet another wild story that the Chinese are going to burn down Hong Kong. They often do try, in a small way, for the sake of the insurance money, and if they would extend operations and make a clean sweep of the plague-breeding rookeries it would be not an unmixed evil."[61]

As well as responding sarcastically, Hong Kong's British community called the placards and rumours "libellous", "malicious" and "defamatory", and described the Chinese as "malignant", "ignorant", and "accustomed to the grotesque absurdities of deep superstition."[62] Typical of his uncompromising attitude towards to the Chinese, the remark of Hong Kong's Governor Sir William Robinson that "the Chinese do not see things with European eyes" was indicative of the dismissiveness of Western elites.[63] Most common, however, were remarks towards filthiness, ignorance, and inscrutability. Among Europeans the bubonic plague was understood as a disease largely confined to the Chinese and as such, it was unequivocally "a disease of poverty and filth."[64] The latter phrase was closely mirrored in Shanghai before the outbreak of the bubonic plague, as the medical authorities in the Public Health Department repeatedly raised concerns about the risk of contagion from Chinese areas, particularly the bordering suburb of Zhabei.[65] Together this shows the racialisation of disease, not through its spread, but through a reaction to the Chinese populations' resistance of Western medical discourse and authority. In Shanghai, however, the connection of dirt

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[61] SA:6005/SHYKS/10/0882/1-2: News Cuttings: 'The Plague in Canton' (31 May 1894), p. 17
[62] SRM:HKPC: Report by Regiment Medical Officer Lt. PD Hooper, p. 3; Brenan 'Plague Report' (25 May 1984) enclosed in TNA:CO129/263: Robinson to Robinson (29 May 1894), p. 255; SA: 6005/SHYKS/10/0882/1-2: News cutting: 'The Plague' (24 May 1894), p. 14; SA:6005/SHYKS/10/0882/1-2: News cutting: 'The Plague in Canton' (31 May 1894), p. 17.
[63] BL:L/PARL/2/277: Plague Papers: Hong Kong Annual Report for 1894, p. 5.
[64] TNA:CO129/263: Anon., 'Black Plague in Hong Kong', p. 51; TNA: CO129/263: Anon., 'Quarantine', *Hong Kong Weekly Press* (24 May 1894), p. 197.
[65] Shanghai General Chamber of Commerce, *Report of Special General Meeting relative to Extension of Foreign Settlements,* pp. 2-9.

and disease entered the background in favour of an increasingly technical emphasis on rat control.[66] Nonetheless, it is unlikely that the pre-existing fears of febrile Chinese had disappeared among the majority of the foreign population in the International Settlement.

Describing the incidence of plague among the Chinese, Hong Kong's British populations drew on various themes and metaphors. This again showed the increasing centrality of the discourse of dirt and danger, as applied to the body and health of colonized peoples, as a structuring element of colonial rule. One specific metaphor in the medical men's discourse equated the local Chinese to animals.[67] The Chinese "herded" together "content to die like sheep."[68] Their tenement habitat, too, was a "rabbit warren." [69] The prevailing language dehumanized the colonised. The documents describing the grim work of eviction attested to this dehumanised gaze: "removing those poor creatures from the filthy hovels in Taipingshan to better quarters elsewhere."[70] In death, equally, Western commentators marked the passing of Chinese plague victims and their bodily disposal with pity and disdain: "The dead were collected and put into carts and as each cart became full the soldier driver took his pathetic load to a place where the bodies were burnt."[71] Such narratives of the Chinese dead firmly contrasted the descriptions of the few Western victims of the disease whose deaths were

[66] By 1910, plague measures in Hong Kong had likewise advanced significantly, focusing on the cleaning the urban environment whilst tracking and exterminating rats. Early on, the government encouraged the colony's residents to catch rats with financial incentives depending on numbers caught. The practice soon ended, however, as people began to import rats from the mainland. Law Yuen Han, 'Xifang yixue yu zhimin guanzhi: yi erci shijie dazhan qian Xianggang he Xinjiapo wei bijiao gean' [Western Medicine and Colonial Rule: Pre-WWII Hong Kong and Singapore as Comparative Cases] (Unpublished Ph.D. Thesis: Hong Kong Baptist University, 2007), p. 134. The implementation of a system of rat surveillance allowed the colonial authorities to track the rate of infection in rats and trace the locations at risk. Spatial awareness of the plague was gained through the dispersal of small covered bins throughout the City and its suburbs (attached to lampposts, telephone posts, and free standing in public areas), each of which had its own identification number. Twice per day, these bins were visited by rat collectors who transported any corpses to the Government Bacteriologist. The rats were labelled according to which bin they were found in before being examined. If any rat was found to be infected, an immediate survey was made of the premises in the proximity of the corresponding bin. HKGRO: AR Medical and Sanitary Report for 1913. When these rat bins first came into use is unclear, though the station for examining rat corpses was in place from 1904. Regina Ching, 'The Rat Bin', *Hong Kong Medical Journal*, 21 (2015), 384 (p. 384).
[67] Peckham, 'Hong Kong Junk', p. 44.
[68] BL:L/PARL/2/277: Plague Papers: Hong Kong Annual Report for 1894, p. 5.
[69] BL:L/PARL/2/277: Plague Papers: J. A. Lowson, Report (31 October 1897), p. 29.
[70] Anon., 'The Plague Heroes', *HKWP* (3 October 1894).
[71] SRM:HKPC: 'Hong Kong Plague', *Army and Navy Gazette*.

individualised, narrativized, and generally treated with much reverence and respect.[72]

Religion was another feature in the bemused remarks of Hong Kong's Westerners and was marked by a similar sense of inferiority: "The Chinese cannot appreciate the benevolent motives of foreigners, distrust their strange medicines, and prefer to appeal to their gods and fire-crackers to propitiate them."[73] Europeans who attempted to deal tenderly with Chinese feeling and religious convictions were hailed as having the "desire to sell our birth right in Hong Kong to the Chinese."[74] In the confused landscape of an unclear medical aetiology, Hong Kong's foreign population placed blame for the plague on Chinese habits and habitation. Even more sensitive accounts of the plague, like that of the Vice Consul in Canton F.S.A Bourne who stated "the Chinese possess a vivid mental picture of the foreign surgeon as a ruthless demon armed with steel delighting in slashing up the human body", created an image of the extremity which could validate government policy.[75]

Much as the Chinese drew on extreme images of Westerners, colonial authorities themselves spun their own facsimile of precisely these images. They sensationalised the objections of the Chinese and focused upon the most extreme of complaints. Dismissing these complaints immediately as nonsense enabled colonial commentators to justify and pursue greater control and coercion. This sensationalist focus within Western portrayals of Chinese attitudes mixed moral and medical discourses to reinforce their justificatory purposes. Religious imagery, of gods and demons, was dismissed as irrelevant and contrasted to the supposed objectivity of Western medicine. In the view of colonial administrators, Chinese objections on moral grounds automatically demonstrated their backwardness, against which a rational medical authority had to be imposed. Plainly, images of native backwardness meshed with a wider trope within imperial

[72] Reverential tones were especially marked in the case of Regimental Sanitary workers who contracted and died from the plague. They received posthumous awards for their efforts in fighting the plague. In a continuation of these colonial racial discrepancies, such awards were generally not given to Chinese persons who worked and died fighting the plague, or, for that matter, for those that did so and survived. Lim, *Forgotten Souls*, pp. 442-447. Platt, *Whitewash Brigade,* p. 64.
[73] SRM:HKPC: "Our Illustrations – The plague in Hong Kong", p. 89.
[74] TNA:CO129:265: Brenan, 'Bubonic Plague feelings at Hong Kong' (30 June 1894), pp. 272-273.
[75] TNA:CO129/265: Bubonic Plague South China (10 August 1894), p. 219.

dialogues, that of the "civilizing mission," whereby morality was used to justify colonial exploitation and control.

In Shanghai, Western discursive representations of the Chinese were subtly shaped by a different social, cultural and political context, even if Chinese attitudes themselves remained broadly similar, as did the means by which Western authorities attempted to combat the plague. Foremost, by 1910 the biomedical explanation for the plague had been successively demonstrated, which lessoned the blame on the Chinese for the outbreak. Additionally, in the International Settlement the dominant mode of anti-government agitation was rioting and violence. In the English-language Shanghai discourse, then, the prevailing theme was criminality and the propensity to riot, with dispersions towards filth and ignorance relegated to the background. The riots were widespread and felt intractable to the Municipal authorities given the exasperation with the speed that crowds of "rowdies" appeared to block plague prevention work.[76] The emphasis was on spontaneity, which corresponded to the sense of vulnerability that permeated imperial rule. The vulnerable mind-set probably had some grounds in or, at least, parallels to, the growing Sinophobic discourse developing in the period, due to its emphasis on a crowd mentality.[77] Descriptions of the "general readiness on the part of roughs to take advantage of the situation to give vent to animus against foreigners," "the tendency to form crowds in the streets on the least provocation," and that it was "extraordinary to note how quickly and with how little warning trouble can spring up," all attest to the colonial fears of being surrounded and outnumbered.[78] The racial discourse that developed in the imperial locale was shaped directly by the particular circumstance of the epidemic.

In Hong Kong, where the bubonic plague was new and confusing, the Chinese were a convenient scapegoat for the plague. Later in Shanghai, with the persistent rioting and clearer aetiology, the focus shifted towards crime and the danger of the crowd. This subtle shift in tone is interesting when contextualised within wider racial narratives in the British Empire. As Robert Peckham has

[76] TNA:FO228/1763: Warren to Muller (17 November 1910), p. 503-504.
[77] Frayling, *The Yellow Peril*, p. 215.
[78] TNA:FO228/1763: Warren to Muller (17 November 1910), p. 502, 507, 503-504.

shown, the narrative of the crowd when applied to Chinese and to Indians had notable differences. Whilst both were described in terms of fears of overpopulation, Indians were known more for their sense of threat toward social order, whereas "teeming" Chinese crowds were especially associated with disease.[79] In each case, European portrayals of racial extremity likely served to justify extreme measures. Additionally, it could be argued that this process of governmental control and the citizenry's resistance was cyclical, driving the severity of race relations in the sites.

Clearly Western racial and medical discourses were multifaceted in both cities. But such narratives were not always allowed to operate unchecked when Chinese medical agency was implied, as certain comments and events were subject to censorship in both Hong Kong and Shanghai. Western administrators on the spot and in the metropole attempted to control the narrative of plague, covering up mistakes and emphasizing Chinese irrationality. The way in which the plague was reported to the metropole likewise highlights the genuine fear of a loss of authority and the accompanying economic destabilisation in the Western narrative against the Chinese. When making texts publicly visible or available, officials in Hong Kong often sought approval from the Colonial Office in London on more fractious issues. Figures in the Colonial Office gave various directions towards censorship and editing, though the reasons were not always clear. The following extract of a *Hong Kong Daily Press* article, describing a supposed Chinese treatment was marked for omission:

> The patients under Chinese medical direction are treated with a decoction made from the root of an aquatic plant, which is said to have been wonderfully successful in dealing with serious cases at Canton. After being infused in hot water for some time the liquid is strained off and administered at regular intervals, while the pulp is applied externally to the buboes as a poultice.[80]

[79] Peckham, 'Critical Mass', pp. 372-373.
[80] TNA:CO129/263: Robinson to Robinson with enclosed article (23 May 1894), p. 182.

Evidently, the administrators in the colonial office thought it paramount that the Hong Kong government should be portrayed as having a monopoly on treatment of the plague. In the same document, administrators in London also requested the censorship of a host of other circumstances. For one, the death of a "coolie" employed on mess by the Royal Engineer's at Queen's Garden was likely taken to indicate too higher a risk in an area for European troops.[81] Other embarrassments and faux pas were earmarked including the overwhelming flight of labourers from the colony, the fining of a hawker near the Tung Wah Hospital, the proclamation of the Shanghai Dao'tai against vessels from the South, and lastly the debate on closing schools.[82] There were likely a range of individual concerns in each case.

Though there are fewer instances of censorship by the Shanghai Municipal Council, the institution nonetheless sought to speak with a certain voice. It too limited the references to Chinese autonomy when publishing the Council's minutes. The Councillors decided to omit references to a persistent leader in negotiations for the Chinese *huiguan*, Shen Dunhe, who had objected to any compromise on the community's demands at a meeting on the 18 November with the Councillors and Medical Department.[83] What the requested modifications and omissions show together is the concern with a particular narrative of plague, of Western medical ascendance rather than incumbency and the government effectively containing the crisis. Part and parcel of this narrative was that the Chinese acted irrationally. British imperial authorities could not be seen to report that the Chinese were seeking autonomy, whether that was by fleeing, rioting or pursuing Chinese medical treatment.

Space and power

Despite the medical discoveries of the intervening period, the core of the anti-plague programme in both Hong Kong and Shanghai remained largely the

[81] TNA:CO129/63: Robinson to Robinson enclosing *Hong Kong Daily Press* [*HKDP*] article (23 May 1894), p. 182.
[82] TNA:CO129/63: Robinson to Robinson (23 May 1894), p. 182.
[83] SMC Minutes (1908-1910), p. 502.

same.[84] House to house visitations were the chief means of tracking and curtailing the spread of infection in the urban environment. The colony's residents received little, if no, warning of the remit of the inspection and cleansing programme. Hong Kong's imperial authorities, led by the Sanitary Board, found it sufficient to issue proclamations that inspections would take place and that Chinese, by law, must comply. Unsurprisingly then, the streets were also the primary sites of resistance for the local Chinese population. Hong Kong's visitation and cleansing programme was heavy-handed and panoptic. At the beginning of the outbreak, it quickly became clear to the colonial authorities that their manpower to control the plague was insufficient. As a result, medical inspection was militarized. Over three hundred men from the King's Shropshire Light Infantry were enlisted as voluntary sanitary inspectors.[85] These military personnel became fondly nicknamed the "whitewash brigade." Thanks to a first-hand account of a nameless whitewash brigade officer, it is possible to piece together a remarkably detailed, if one-sided, account of the work of visitation and cleansing.[86]

The inspection work centred on the district of Taipingshan, the so-called "Chinatown" of Hong Kong, which was composed mainly of insanitary and overcrowded tenement buildings that served as both homes and as businesses.[87] Each building was handled by multiple groups, the first were sanitary inspectors who would enter a building to determine its sanitary state. If this was deemed unsatisfactory, any persons in the building, dead or alive, were

[84] The measures implemented in Hong Kong included chemical cleansing and closing of plague-infected areas, the isolation of patients, quarantine of the area, and communal burial. These policies exerted significant influence on other areas during the Third Plague Pandemic. For their knowledge and expertise, Lowson, Beveridge and Reade helped to orchestrate anti-plague policy in Bombay, becoming known as the "Hong Kong" doctors. Echenberg, *Plague Ports*, p. 57.

[85] Hong Kong stationed a relatively large number of troops, in comparison to similarly sized colonial possessions. Kwong Chi Man and Tsoi Yiu Lun. *Eastern Fortress: A Military History of Hong Kong, 1840–1970* (Hong Kong: Hong Kong University Press, 2014), pp. 4-36. The Shropshire Regiment had been stationed on Stone Cutter's island, close to the City of Victoria, since 1893. A number of other volunteers were enlisted from the Royal Navy and Royal Engineers. Edward Besly, *For Those in Peril: Civil Decorations and Lifesaving Awards at the National Museums & Galleries of Wales* (Cardiff: National Museum Wales, 2004), p. 22.

[86] SRM:HKPC: Officer's Report.

[87] The lower floors of these buildings often opened onto the streets where merchants and hawkers would sell products and services. Residences extended behind and above these shopfronts, where extra people and rooms were squeezed in using cocklofts and rudimentary walls were superimposed onto existing rooms. This form of residence was also common in colonial Singapore, for further detail see: Home, *Of Planting and Planning*, p. 104. Yeoh, *Contesting Space in Colonial Singapore,* pp. 143-162.

forcibly removed with the help of a Chinese police officer. If any of these persons were suspected of infection, they were immediately transported via ambulance to an isolation hospital.[88] The deceased were placed in a "dead box," a very basic coffin, and transported by cart or boat for communal burial on the Western most portion of Hong Kong Island.[89] There were complications in both cases, Chinese residents, fearing that their sick or dead would end up buried communally and estranged from their ancestral home, covered up, hid and dumped plague-infected bodies.[90] Likewise, transporting plague victims through the streets was challenging.[91] Once residents were removed, another visitation party was then sent to board up and close "all windows and openings of every description."[92] This group would subsequently move on to do the same in neighbouring houses. Meanwhile another team entered the prior building using fans to disperse chloride of lime to whitewash room by room, from the top-storey downwards. Frantically working to finish before the fumes became too strong, the men finished each building when the last door was closed, nailed shut, and marked "done."[93] During these processes, the parties removed, destroyed, and burned swathes of personal property from the tenements.

Robert Peckham has argued that the colonial authorities employed a one-size-fits-all approach to Chinese objects, characterising it as filthy "junk."[94] Encompassing all the materials and objects constituting Chinese spaces, the officer's report supports Peckham's contention: "If furniture was left in it was removed or latterly left in a cubicle. All the dirt and rubbish was then removed and the floors thoroughly cleansed. In some houses cartloads of filth and rubbish

[88] SRM:HKPC: Officer's Report.
[89] SRM:HKPC: Officer's Report.
[90] This was because of the Chinese belief in the native place. Crucially, a person's remains had to be buried in their ancestral home, otherwise the deceased spirit would be unsettled. B. D. Wilson, 'Chinese Burial Customs in Hong Kong', *Journal of the Hong Kong Branch of the Royal Asiatic Society*, 1 (1960), 115–123 (p. 115).
[91] Dr James Lowson noted on his experience of plague in Hong Kong and Bombay: "[h]ospitals must be situated as near as possible to affected areas in order that the difficulties of transport may be reduced to a minimum, and especially that the sick may be as little exhausted as possible by removal. The popular outcry which takes place when a long journey is necessary is certainly justified when a large number of patients die during removal to hospital under such conditions." British Library: L/PARL/2/277: Plague Papers: Dr James Lowson, *Epidemic of Plague* (1897), p. 52.
[92] SRM:HKPC: Officer's Report.
[93] SRM:HKPC: Officer's Report.
[94] Peckham, 'Hong Kong Junk', p. 34.

were brought out."[95] To the very walls which made up the tenements, all of the materials, however benign, were considered as insalubrious materials for governmental personnel. Chinese bodies themselves were similarly the locus of European anxieties about the plague.[96] European plague victims were strictly separated from their Chinese counterparts. It was only with the permission of Hong Kong's medical officer that Japanese victims were allowed in the same space of isolation.[97] Contemporary photographs depict the whitewash brigade removing and piling debris and furniture from buildings, which was then burned on the streets.

Fire was an important weapon against the plague and the areas harbouring it. Before the dead were transported, their clothes were removed (fearing they may convey disease) and transported separately by dinghy for burning at the communal burial site.[98] The British had also ordered the cremation of plague victims, though this incited further rioting and was abandoned.[99] Though the authorities trusted in the cleansing of fire in the immediate context of plague, in the subsequent years its cleansing efficacy was doubted. As the epicentre of the Hong Kong outbreak, the Taipingshan district was razed in 1895, as fire was seen as able to decontaminate the infectious topsoil.[100] Nonetheless, the concerns about the contamination of the ground of the former Taipingshan tenements remained strong. The perceived risk of plague was repeatedly an obstacle to building anything new on the site, despite the dire shortage of building space in the colony.[101] The indiscriminate use of a destructive totalizing force, fire, with its association with cremation and ritual cleansing, was symptomatic of

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[95] SRM:HKPC: Officer's Report.
[96] Sutphen, 'Not What, but Where', p. 113.
[97] William Hunter, *Report of the Governmental Bacteriologist, for the Year 1902* in HKGRO: AR: 1902, p. 212.
[98] TNA:CO129/263: Lowson Report (16 May 1894) enclosed in Robinson to Robinson (17 May 1894), p. 56.
[99] Even worse than communal burial, the idea of cremation in traditional Chinese culture precluded any removal of remains to the native place. James C. Mohr, *Plague and Fire: Battling Black Death and the 1900 Burning of Honolulu's Chinatown* (Oxford: Oxford University Press, 2004), p. 68.
[100] Chu, 'Combating Nuisance, p. 31. James Mohr has illustrated that the use of fire in the Hong Kong plague influenced the burning of residences in Honolulu in 1900. Mohr, *Plague and Fire*, pp. 89-90.
[101] During the planning of the Hong Kong College of Medicine and Hong Kong University concerns were raised about the former plague district. This related to anxieties about a return of the disease and both institutions also wanted to avoid any association with a formerly unhealthy locality. Peter Cunich, 'Making Space for Higher Education in Colonial Hong Kong, 1887-1913', In *Harbin to Hanoi: The Colonial Built Environment in Asia, 1840 to 1940*, ed. by Laura Victoir and Victor Zatsepine (Hong Kong: Hong Kong University Press, 2013), 181–205 (p. 190).
[101] Stephen J. Pyne, *Fire: A Brief History* (Washington: University of Washington Press, 2011), p. 47.

the sweeping colonial mentality towards Chinese bodies, possessions, and spaces, all of which were suspect in the context of the plague outbreak.[102] The panoptic cleansing of the Hong Kong colonial state further illustrates that racial ideas shaped the medical response to plague.

The Shanghailander community in the International Settlement was not so confounded when the Third Plague Pandemic was uncovered in the city, unlike Hong Kong's population.[103] Shanghai's foreign community had ruminated the potential damage that plague could reap since its arrival in Hong Kong and the Municipal Council had implemented some initiatives to decrease the likelihood of a plague outbreak.[104] In the early twentieth century, the city established a plague quarantine station on Chongbaosha with powers of detention against infected persons on ships.[105] The remaining measures were elective. In 1907, for instance, the Council encouraged residents to keep cats as pets, as they were regarded as hygienic animals for their rodent catching capabilities and more specifically as "exterminators of plague."[106] The Municipal Council similarly encouraged hygienic disposal of domestic waste. The Council advised that refuse and waste from humans and domestic animals be stored in covered rat-proof containers or at least in areas least accessible to rats.[107] The most 'hands-on' measure before 1910 was prompted by a bubonic plague epizootic in 1909 when the Municipal Council implemented a system of tabulation of plague-infected rats, using Chinese labourers, armed with large chopsticks, to count and

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[102] Pyne, *Fire*, p. 47.

[103] When the Municipal Council became aware of the Manchurian plague, it also tracked that epidemic to a great degree of interest and detail. Dr Stanley even attended the International plague Conference in Mukden, 1911. See: SMA:U1-2-1339; SMA:U1-16-2631; SMA:U1-16-2632.

[104] By 1910, Hong Kong had a major robust programme to prevent plague, though it was still annually visited by the plague until 1926, with infection usually beginning in February or March and being found through to August. Hong Kong Museum of Medical Sciences Society. *Plague, SARS and the Story of Medicine in Hong Kong*, p. 161

[105] Benedict, *Bubonic Plague in Nineteenth-Century China*, p. 152.

[106] SMCR 1908, p. 92. From 1908 to 1912, cats were an important feature of the Municipal Council's anti-plague program. See: SMA:U1-16-2865: Plague Reports (1908, 1909, 1912), p. 142, 144, 366, 378. The Shanghai Dao'tai also piggybacked this message of cat ownership: "measures for expulsion of rats consist principally of the two following which are the simplest, to prepare traps and to keep cats. In this country in the interior although not every family possesses traps for the catching of rats, it is certain that every family, for the catching of rats, possesses cats." SMA:U1-16-2866: Daotai to Senior Consul (21 January 1909), p. 948.

[107] There was also a host of regulations and advice for private and public sanitary work. For instance, the Council advocated that garbage collection depots have separate rooms holding refuse, the wheelbarrows and buckets used for collection, and another for disinfectant equipment, so as to prevent rats. SMCR 1908, p. 92.

dispose of the dead animals.[108] Therefore, the measures before 1910 were largely preventative and elective, it was only when plague claimed its first human victim in Shanghai that more robust measures were hastily put in place.[109]

Despite these initiatives, the Municipal Council's Public Health Department implemented a similar methodology of daily plague prevention work as had been used in Hong Kong. Unlike the latter, there are no first-hand accounts of the day-to-day work of house inspection and plague prevention in Shanghai. Municipal Council Reports, however, show that the house-to-house visitations had evolved from their form in Hong Kong, being much more sophisticated and focusing on dealing with rats.[110] They no longer involved the unscrupulous wholesale destruction or burning of vaguely "infected" property, though measures remained coercive. Municipal health officers and sanitary agents carried out daily inspections of all houses within the District, forcibly removing anyone suspected of carrying the disease, showing signs of illness, or those in association with them, to a dedicated isolation hospital.[111] Housing blocks surrounding these designated persons and places were subsequently evacuated for cleansing. There was a new focus upon areas that might encourage rats, so ceilings and foundations were removed. Whole housing blocks were surrounded by rat-proof barricades, usually constructed from iron wiring, and fumigated with sulphur.[112] There is also significantly less information on the kinds of people carrying out the work. Various reports mention the efforts of health officers, sanitary inspectors, police, and volunteers but it is difficult to ascertain who these people were.[113] The commonality that remained in both sites was entering private spaces and forcibly isolating the sick.

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[108] Goodman, *Native Place, City and Nation*, p. 154.
[109] The Municipal Council's plague programme continued to be robust and targeted toward the tracking and extermination of rat populations, even considering sophisticated techniques such as virology to epidemic masks. The last case of plague was reported in the city in 1924. SMA:U1-16-2627: Newspaper report (undated), p. 1924. On masks, see: SMA:U1-16-2626. Though viruses were never actually employed, their consideration shows how the Municipal Council was keeping pace with global developments in medicine. see: SMA: U1-16-2628: Laboratory Report (1935), p. 1613.
[110] In 1908 and 1909, the Public Health Department collated a wide variety of scientific and popular literature on how to prevent plague. The department ran their own tests to determine the efficacy of suggestions in this literature, particularly in regard to construction methods. See: SMA:U1-16-2866.
[111] Goodman, *Native Place, City and Nation*, p. 154.
[112] Goodman, *Native Place, City and Nation*, p. 154.
[113] TNA:FO228/1763: Warren to Muller (17 November 1910), p. 503; Lansdale to Warren (11 November 1910) in Jarman, *Shanghai political & economic reports,* vol. 11 (11 November 1910), p. 494. The volunteers presumedly came from the ranks of the Shanghai Volunteer Crops (SVC).

The geopolitical boundaries and legal powers of the authorities in the two cities had major implications upon the reaction of the local Chinese communities. Anti-plague measures provoked resistance from Chinese occupants, those in the neighbourhood, and prominent community organisations. In Hong Kong, medical staff, particularly visitation parties, were met with significant resistance. Panicked crowds of Chinese gathered in front of their houses on the narrow steep streets of Taipingshan and attempted to protect the privacy of their homes and the rights and values of the Chinese community.[114] The state's medical personnel were stoned and attacked physically and verbally, whilst residents blockaded themselves or their families, and even the dead, inside their homes.[115]

There were less physically confrontational methods as well. The Chinese refused to work, particularly in places of controversy. The colonial authorities met with resistance at the communal burial site where they struggled to find labourers willing to do the unpleasant work of digging mass graves and burying the dead.[116] The most common form of protest was flight. The colonial government estimated that 10,000 Chinese left for the mainland, despite their efforts to restrict this exodus. The littoral space of the colony was porous in the face of a Chinese community which deeply desired to escape plague controls and which firmly believed in the necessity of returning to themselves and their deceased to their ancestral home towns (known as native places).[117] The desertion of Hong Kong's Chinese labouring population slowed the usually productive economy and bustling streets to a crawl. This was the most enduring legacy of the outbreak--the colonial government's realisation that Hong Kong's prospects lay with Chinese labour and capital. Though the colonial state possessed more physical coercive power, its military force could not make up for lost labourers. Indeed, the colonial government was forced to learn lessons in the delicate management

[114] Sinn has argued that the protests across the colony were done in the name of the collective, not the individual. Sinn, *Power and Charity*, p. 165.
[115] Sinn, *Power and Charity*, p. 165.
[116] SA:6005/SHYKS/10/0882/1-2: News Cuttings: Anon., 'The Plague: Threaten Riots in Chinatown', *HKDP* (21 May 1894).
[117] "Thousands of people… have left the island for the neighbouring province within the last month in every sort of marine conveyance, sampans, boats, junks, and river steamers, and I am informed that persons have walked on board the steamers at the Wharves at Hong Kong and have died before they reached Canton, eight or nine hours distant." BL:L/PARL/2/277: Plague Papers, p. 30. Everyday life in colonial China was deeply connected with water and the plague outbreak was no exception. Jeremy E. Taylor, 'The Bund: Littoral Space of Empire in the Treaty Ports of East Asia', *Social History*, 27 (2002), 125–142 (p. 134).

of infectious disease, with the need to account for Hong Kong's cultural and geographical ties to mainland China lest they suffer further economic downturns.[118]

Resistance in Shanghai was more widespread and violent. It was such that after commencing on the 29 October 1910, house-to-house inspections only operated through the first week of November before being suspended by the Health Officer.[119] Disgruntled Chinese gathered to throw stones at foreigners, to attack sanitary inspectors with bamboo poles and to destroy and damage the disinfecting vans and apparatus.[120] Crime increased - there was looting, mugging and extortion - much of which may have been opportunism. Though extreme portrayals of Chinese resistance by Westerners in Shanghai may have been exaggerated to justify tighter controls, they nonetheless gave indication to the chaotic situation in the city:

> Officers of the Sanitary Department […] were attacked on their way back and their conveyance was broken in pieces. On the same day, there were attacks made by parties of rowdies upon isolated foreigners – 3 or four cases of this kind of thing occurred and there was further a general readiness on the port of roughs to take advantage of the situation to give vent to animus against foreigners or to indulge in looting or extortion by intimation of law-abiding natives.[121]

To add to the disorder, the Chinese were also boycotting foreign piece goods at auctions. There was also a "steady exodus of large numbers of residents, particularly of women and children, to Ningbo."[122] All of this was made worse by

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[118] The majority of Hong Kong's Chinese had not set up permanent homes in the Fragrant Harbour, it was merely place where money could be made and returned to families on the mainland. Agnes S. Ku and Ngai Pun, 'Introduction', in *Remaking Citizenship in Hong Kong: Community, Nation and the Global City*, ed. by Agnes S. Ku and Ngai Pun (London: Routledge, 2011), pp. 1–14 (p. 3).

[119] The inspections were gradually reintroduced from 11 November. TNA:FO228/1763: Warren to Muller (17 November 1910).

[120] SMC Minutes (18 Nov 1910), p. 501; Goodman, *Native Place, City and Nation*, p. 154.

[121] TNA:FO228/1763: Warren to Muller (17 November 1910).

[122] Shanghai's Ningbo sojourner community, the most organized in the city, was a persistent obstacle against the Municipal Council. Goodman, *Native Place, City, and Nation*, p. 224; Yi Hu, *Rural Health Care Delivery: Modern China from the Perspective of Disease Politics* (Berlin: Springer, 2013), pp. 40-41; Henriot, *Scythe and the City*, pp. 53-54.

the spatial dynamics of polycentric Shanghai. It was easy for criminals to side-step the authorities in one locality simply by moving to other concessional jurisdictions.[123] In 1910 the Municipal Council blamed the imperial Chinese authorities for not pursuing the rioters:

> These conditions have from time to time during the past week offered considerable menace to the peace of the Settlement, and the difficulty of maintaining order has been complicated by the proximity on the side of the Settlement, the North and North West, which has been the centre of agitation, of a district with considerable population under the inefficient control of the Chinese authorities. All attempts to cooperate with the Chinese Police on that side in the past have failed […] Even when the Police have succeeded in breaking up a mob of disorderly persons, they can easily slip over the border and be ready to recommence when occasion offers.[124]

The established boundaries produced by imperialism in China created considerable difficulty in curtailing the spread of infectious diseases. Combining this with the Council's limited ability to legislate shows how informal empire placed limitations upon the medical machinations of administrators in Shanghai's International Settlement.[125]

The geographic, cultural, and political landscape pushed the resistance in different ways in the two imperial locales. In Shanghai, the sprawling layout and porous boundaries of the city were an important factor fostering widespread resistance to the anti-plague measures and wider Western designs for public health legislation. Whilst in the geographically and culturally separate Hong Kong, the *en masse* movement of the Chinese population fundamentally destabilised the colonial society built on trading and cheap labour. The undertone in both cities

[123] TNA:FO228/1763: Warren to Muller (17 November 1910).
[124] SMC Minutes (18 Nov 1910), pp. 501-502.
[125] Municipal Chairman David Lansdale worried that various factors "render the [epidemic control] byelaws almost useless in practice", whilst it would arduous change this legal framework "owing to the difficulty of securing a chorus at a Special Meeting of the Ratepayers." SMA:U1-16-2865: Lansdale to Warren (19 December 1910), p. 220.

was the physical resistance to state interventions. Reconfirming Chinese protectionism towards the inviolable, both Chinese populations attempted to deny access to domestic space, and, in so doing, deny access to the gendered body.

Both the colonial government in Hong Kong and the Municipal Council in Shanghai used force and the threat of force to attempt to regain control against physical resistance. State-mandated violence combined with the previously noted attempts to proclaim and educate on what was right about the Western medical intervention. In Hong Kong, medical inspection was quickly militarized. The use of military personnel and police officers to carry out the work of visitation indicated the coercive character of the state's response to the Chinese. In the face of the worst instance of rioting, the colonial governor deployed a contingent of armed Sikh police to quell the disorder. At the same time, that great symbol of imperialism in East Asia, a gunboat, the "Tweed," was trained on the Taipingshan district.[126] The potential use of force likewise extended to strictly medical personnel. The colony's doctors, worrying for their safety when entering Taipingshan, carried revolvers for their self-defence.[127] Controlling disorder and rioting in Hong Kong was an easier task, as the Sanitary Board, exercising power through the Crown-appointed colonial government, could implement emergency measures with immediate effect. It was also able to utilise the troops frequently stationed at the port for the purpose of protecting British imperial interests in East Asia.

The use of force was conflated with issues of displaying imperial authority and superiority in Shanghai with its different jurisdictions. The use of force was a point of debate among the Shanghai Municipal Council, as the Health Officer considered it inadvisable to have visitation parties accompanied by armed police, fearing escalating already tense race relations.[128] Ultimately, authority over the use of force was given to the International Settlement's Superintendent of Police, who ensured that police were armed during the outbreak and rioting.[129] The

[126] Sinn, *Power and Charity*, p. 182.
[127] E. G. Pryor, 'The Great Plague of Hong Kong', *Journal of the Hong Kong Branch of the Royal Asiatic Society*, 15 (1975), 61–70 (p. 63); Sinn, *Power and Charity*, p. 164; Platt, *The Whitewash Brigade*, p. 45.
[128] SMC Minutes (9 Nov 1910), p. 494.
[129] SMC Minutes (11 Nov 1910), p. 494.

Shanghai Municipal Council even considered implementing a full military occupation of the International Settlement.[130] The problem was that without using Consular authority to order an occupation, the International Settlement largely lacked the resources to deal with widespread rioting. As such the actual use of violence was perhaps less important than showing the capacity for it. A Council minute noted: "It is considered desirable that the Police should make some show of force for the present, and a parade of the Volunteers Corps throughout northern Hongkew is directed."[131] The public persona of municipal law and order in Shanghai was supercilious and repeatedly displayed police and military potential.[132] Ostentatious exhibitions of Sikh policemen, for instance, frequently featured in public events. [133] Plain-clothes detectives, without the obvious authority of a police uniform, were given arms in case they were attacked.[134] The signposting of municipal authority seems to have been a strong concern for the foreign population.

Misappropriation of state medical power was also a manifestation of disorder unique to Shanghai, which fostered a further series of markers of authority and pedagogy. The Council noted instances of "exactions" and "squeezing" among their Chinese employees, against which they issued handbills.[135] Such pamphlets also sought to curtail fraudulent appropriation of medical authority. The latter concern was conflated with telegraphing official medical authority. The Health Officer reported that all employees of the Health Department should be given official badges. Such badges, he noted, did not always have to worn in sight but on the person in case of demands of "evidence or authority" and, presumably, to tackle any false use of medical authority for personal gain. The divided landscape of Shanghai fostered higher levels of local

[130] SMC Minutes (16 Nov 1910], p. 495.
[131] SMC Minutes (11 Nov 1910), p. 494.
[132] The ostentatious quality of imperialism in Shanghai again may be product of informal empire as a colonial system, wherein different imperial powers competed to displays themselves as superior. Shih, *The Lure of the Modern*, p.232; Bickers, *Britain in China*, p. 84.
[133] Isabella Jackson, 'The Raj on Nanjing Road: Sikh Policemen in Treaty-Port Shanghai', *Modern Asian Studies*, 46 (2012), 1672–1704 (p. 1702); Bickers, 'Shanghailanders', pp. 175, 184-186).
[134] Arming plain-clothes detectives was a reactive measure. The Council Chairman made reference to the case of Detective T. P. Givens who was attacked and hospitalised with his injuries during the rioting, arguing he "might have been saved some injury had he used a baton in the first place." SMC Minutes (16 Nov 1910), p. 495.
[135] SMC Minutes (11 Nov 1910), p. 494.

protest, concurrently bringing out concerns amongst the Municipal authorities with symbols of authority and control.

The contestation over medicine, culture, and space were closely linked. Alongside the persistent racial complaints of the Chinese around the depredations of foreigners in entering the privacy of the home and preying on women, one case study indicates the connection between space, values, and medicine in the context of Chinese culture and British imperialism. Due to the high levels of infection and mortality of the plague in Hong Kong, the Sanitary Board resorted to using several makeshift hospitals for isolation. The use of a hospital hulk, the *Hygeia*, for the isolation of plague patients was the most controversial part of the colonial government's strategy. The suggestion to utilise the ship was aired by the Colonial Surgeon and Acting Superintendent of the Civic Hospital at a meeting of the Sanitary Board. Though in previous years, the *Hygeia* had been criticized for its capacities to isolate patients, the sense of urgency quelled such concerns.[136] Ultimately, the two men argued that with an explanation of medical necessity the Chinese would comply.[137] Dr Ho Kai, a Chinese Sanitary Board member and Western trained physician, warned that this would be insufficient and the Chinese would strongly object to this measure. His assessment proved correct. The *Hygeia* even topped the list of demands for policy change raised by the leaders of the Chinese community in the Tung Wah

[136] "I quite agree with Dr Lowson that the Hygeia is no place for suspected cases, as isolation on board is impossible; a lightly boarded portion from the main ward and with doors opening into it can in no sense be called isolation, and I very much regret that we were compelled to receive such cases on board… I see no reason why Chinese smallpox cases should not be isolated on board the Hygeia for the reasons given, especially if the Hygeia remains about 100 yards from the shore where she now is instead of being two miles away. The question of segregating a large number of Asiatic passengers is a very difficult one now that Stone Cutters' Island is wholly taken up the Military." TNA:CO131/23: Colonial Surgeon's Report for 1893 (11 July 1894), p. 357. Ayres and Lowson later saw a number of benefits to using the ship. For one, few things were better than the brisk sea air for providing healthy ventilation to those admitted. Nursing sisters and attendants were, nonetheless, subject to a prophylactic regime, being supplied with Eucalyptus oil for liberal use on their handkerchiefs and in the hulk's lamps. TNA:CO129/263: Lowson Report (16 May 1894), p. 63. Another advantage was the diminished problem of securing attendants for patients. Lowson quipped "the Chinese *amahs* and boys [are] simply fleeing from Kennedy Town Hospital – fortunately they could not run away from the *Hygeia* without having a good long swim."[136] TNA:CO129/263: Lowson Report (16 May 1894), p. 55.

[137] "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." TNA:CO129/263: Aryes and Lawson, Sanitary Board Report (10 May 1894), p. 51

Hospital.[138] Sadly, Dr Ho Kai's reasoning for why the Chinese would object to the *Hygiea* was either not stated or recorded. The *Hygeia* was, however, the subject of rumour and perhaps corresponds to certain cultural resonances from south China.

Both the primary and secondary literature suggest that the *Hygeia* was so fiercely objected to due to rumours that patients sent aboard would never return and, in one translation, bodies would be used to make medicine for European royal families.[139] Another rumour focused on falsely ushering women onto the vessel, again highlighting how gendered bodies entered into contests over medicalised places and imperial authority:

> We learn that there is absolutely no foundation for the story anent the alleged mistake of sending a pregnant woman to the *Hygeia* as a patient suffering from plague. This fable, however, is only one of many, some even more preposterous, which some ignorant and malignant minded Chinese are disseminating among the coolies for the very evident purpose of stirring up bitter feelings against the European medical practitioners. If we repeat some of the astounding accusations that we have heard, they would rival those published in the famous Hunan tracts.[140]

This is strange, as the *Hygeia* was not unique as a subject of rumour, or as a temporary isolation hospital.[141] There was another possible connection. Carol Benedict's research into bubonic plague in late imperial China has uncovered that one of the main spiritual responses to epidemics was a festival (*wenshenjiao*) designed to appease the plague gods (*wenshen*) and drive away disease causing spirits (*yigui*).[142] Along with elaborate processions, this appeasement festival involved placing effigies of the plague gods on large boats (*wenchuan*)

[138] The objections of the Chinese community included the lack of adherence to traditional burial practices, the use of surgery and autopsy, the use of quarantine and isolation, to intrusion of the state into private spaces, as well as to contemporary Western forms of pharmacopeia. Echenberg, *Plague Ports*, p. 24, 31.
[139] Platt, *The Whitewash Brigade*, p. 35.
[140] SA:6005/SHYKS/10/0882/1-2: News Cuttings: 'The Plague' (24 May 1894).
[141] The boat was presumably named for the Greco-Roman goddess of health and cleanliness. It had previously been purposed as a smallpox isolation hospital and as a prison hulk. In both cases, the boat had not been particularly controversial.
[142] Benedict, *Bubonic Plague in Nineteenth-Century China*, p. 110-116.

which were set alight and floated away. The practice originated in south east China, from which many of Hong Kong's Chinese migrant population hailed.[143] It is therefore probable that Hong Kong Chinese were aware of this ritual. In fact, there is evidence that such a festival was performed in the colony during the outbreak or at least local elites intended to have one.[144] For the superstitious, the hospital ship could be reminiscent of the effigy plague boats, and likewise a gathering point for dangerous spirits. Ultimately, the full reasoning behind resistance of the Chinese toward the *Hygeia* will remain a mystery. But it does show the way that spaces, and their cultural connotations, can have major implications upon medical practice.

Conclusion

The outbreaks of bubonic plague in Hong Kong and Shanghai prompted panic and social unrest, opening up physical and discursive spaces of confrontation between the cities' European and Chinese communities. At the heart of the Chinese complaints expressed by rumour, public propaganda, and violent riots was the sacrosanctity of the body and home. The protection of women and children manifested itself in specifically gruesome rumours and in concrete actions, namely the effort to seal away and block domestic spaces from medical personnel. These ideas of inviolability and sacrosanctity chimed with a longstanding discourse against medical missionaries in the Chinese interior and also in other imperial locales. This indicated that when confronted with novel and invasive medical technologies, the body was a shared site of anti-state resistance and a cross-cultural concern.

Western discourses directed at "Things Chinese," though expressing some continuity in the essentialisations around dirt and ignorance, responded to the specific context of the epidemic, serving to influence and validate the operation of power through the medical arm of the state. Such discourses, which

[143] People at all levels of society throughout the Sinosphere believed in the presence of spirits. Smith, *Mapping China and Managing the World.* p. 109.

[144] "A meeting of the directors of the Man-mo temple was held on Sunday evening, at which a resolution was passed that a god named Chan Sui-ching Pak should be invited… to parade through the streets here with other gods during the religious demonstrations. This god is believed by the Chinese to have the power of bringing the evil spirits under control." SA:6005/SHYKS/10/0882/1-2: News Cuttings: 'The Plague: Death of Captain Vesey' (5 June 1894), p. 17-18.

the plague appeared to confirm to the authorities, served to interrupt a previous sense of inertia towards Chinese people in matters of health. In Hong Kong, the mysterious yet scarily familiar bubonic plague, required a set of theories to understand the spread and nosology of the disease so Westerners could challenge local beliefs and assert the alleged efficacy of their medical praxis. With the prevailing discourse depicting the Chinese and all they touched as febrile, visitation parties were unrestricted and therefore unscrupulous in their destruction of Chinese property.

By the time the plague reached Shanghai, aetiological questions had been solved, meaning that a different lexicon developed focusing on spontaneity, disorder, and crime in response to the widespread resistance from local Chinese. Using such language, the medical parties, on behalf of the Municipal Council, were enabled to carry out similarly coercive visitation methods to those in Hong Kong, despite the lesser emphasis on racial and environmental plague-epidemiology. Shanghai's armed policing and military personnel were conterminously displayed to deter unrest. Whether focusing on dirt or crime, these imperial medical narratives were explicitly racial. In the foreign narrative, the Chinese behaved irrationally. In both cities medical personnel and administrators spoke with a pedagogic voice that fell on deaf ears. In the midst of fundamental cultural, medical, and linguistic differences, their leaflets, lectures, and proclamations did little to suppress the counter-colonial voice.

As the British imperial authorities attempted to enter or restrict spaces, so did the local Chinese population. Epidemic responses, particularly quarantine, are often thought of as exclusively a top-down ordering of space. These two epidemics highlight that this process went both ways, as colonized populations simultaneously restricted the spaces which medical personnel could enter and navigated the boundaries of the urban environment. Even more, however, the bubonic plague brought to the fore Chinese traditions and exposed the cultural barrier in medical ideology for the majority of those on either side of the imperial equation. From the albeit limited perspective of colonial sources, it has been argued that even the most basic aspects of the medical intervention were disagreeable to Chinese at all levels of society.

This chapter has also sought to demonstrate the ways in which the geopolitical environments, namely the nature of foreign imperialism in Hong Kong and Shanghai, shaped the reactions of both coloniser and colonised. In the port colony, the dense, overcrowded island city of Victoria created the conditions for the plague to spread whilst its cultural isolation as an island forced the colonial population to fight or flee. In a time of danger and death, Hong Kong's Chinese sought to return to their ancestral homes, limiting the efficacy of quarantine and tabulation, whilst slowing the usually productive economy. Yet, the colonial structures of government and accompanying station of military personnel also simplified the implementation of coercive disinfection measures. In contrast, Shanghai's great size and porous jurisdictions allowed more dynamic resistance to anti-plague measures. As a result, rioting could be spontaneous, widespread, and continuous. These two epidemics convey the extensive economic, cultural, and political dynamics produced in the context of imperialism.

CHAPTER FOUR

Thinking inside the box?: Overcrowding, cubicles and living conditions

> The subdivision of a single room into a number of rooms called cubicles is an ingenious device for crowding together a large number of people into a small space and securing a correspondingly large rental, but it is an arrangement which engenders disease and favours it spread.[1]
>
> Dr William J. Simpson, 1903

Introduction

In 1881 Osbert Chadwick, the son of the famous English sanitarian Edwin Chadwick, arrived in Hong Kong having been tasked by the colonial authorities with assessing the sanitary conditions so as to guide government policy.[2] Published in 1882, Osbert's *Report on the Sanitary Conditions of Hong Kong* was as robust as it was conventionally sanitarian. Firmly in line with his father's convictions, Osbert highlighted imperfect drainage as the greatest cause of ill health in the city.[3] Scatological safety, however, was but one major complaint among many interlinked sanitary threats in the city. Another particular evil in his report was housing, which assumes the focus of this chapter.

Chadwick settled on the conclusion that there was too little space, taken up by poorly constructed housing that was cramped, dirty, unventilated, and dark.[4] Introducing his findings on housing in the city, he wrote: "In short, the demand for house-room in Hong Kong vastly exceeds the supply. Every available

[1] W. J. Simpson, *Report on the Causes and Continuance of Plague in Hongkong and Suggestions as to Remedial Measures* (London: Waterlow and Sons, 1903), p. 40.
[2] Bristow, *Land-Use Planning in Hong Kong,* p. 32.
[3] Lee Jackson, *Dirty Old London: The Victorian Fight Against Filth* (New Haven: Yale University Press, 2014), pp. 48-76; Osbert Chadwick, *The Sanitary Condition of Hong Kong* (London: Colonial Office, 1882).
[4] Chadwick, *The Sanitary Condition of Hong Kong*, p. 3-5.

space is at once filled and the overwhelming population overflows the dwelling into the street."[5] He continued:

> Nevertheless their [Chinese houses] presence is decidedly objectionable, for in them all the usual defects of Hong Kong dwelling-houses are to be found; overcrowding, want of open space, bad drainage and general dirt. They are at any moment liable to become foci of epidemic disease.[6]

Chadwick and his European contemporaries were in agreement, these evils were dangerous to all and required urgent remedial measures.[7] The report provoked debate and good intentions. Hong Kong's Sanitary Board was set up in 1883 with various powers of inspection. Later in 1887, the Public Health Ordinance enabled the Board to close overcrowded premises and premises designated as unfit for human habitation. The 1888 Crown Lands Resumption Ordinance and the 1889 Buildings Ordinance were the beginning of "open space" requirements for buildings in the colony.[8] Such measures were met with wide opposition by landlords, tenants and the general public (English-speaking and Chinese), whilst they were likewise at odds with the colonial economy more broadly. In this context, partitioning cubicles were justified as an inevitable result of Chinese habits and culture, under which any space would be habitable and rentable.

This chapter focuses on living conditions and overcrowding in Hong Kong and Shanghai, using statistics and built forms to intimate how governmental attitudes shaped quotidian rule and how this in turn impacted the daily life for urban residents. As such, the methodology differs to the rest of the thesis which primarily studies health as a shifting discursive cultural concept. Nonetheless, the chapter seeks to show how the hybridity of health and domesticity could drive entirely different policies when applied in a racial fashion to the urban Chinese

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[5] Chadwick, *The Sanitary Condition of Hong Kong*, p. 26.
[6] Chadwick, *The Sanitary Condition of Hong Kong*, p. 58.
[7] Cheong-Ip Iam, 'Welfare Good or Colonial Citizenship?: A Case Study of Early Resettlement Housing' in *Remaking Citizenship in Hong Kong: Community, Nation and the Global City*, ed. by Agnes S. Ku and Ngai Pun (London: Routledge, 2011), 34-48 (pp. 35-36).
[8] Edward Ng, 'Regulate for Light, Air, and Healthy Living: Part II Regulating the Provision of Natural Light and Ventilation of Buildings in Hong Kong', *HKIA*, 37.1 (2004), 4-27 (p. 16); Bristow, *Land-use planning in Hong Kong*, p. 10.

population, providing particularly strong contrast with the health resorts of white populations discussed in chapter two. Like the preceding chapter, then, I probe governmental interactions with the Chinese community, but in contrast to the previous chapter the present topic shows the limits of the historical comparability of these two cities. Whilst living conditions could be similar, governmental policies were starkly different in the two locales.

This departure in methodology has been taken for several reasons. Foremost, the HKRS205 sources used here to document and analyse overcrowding in Hong Kong have been neglected (as detailed in the footnote).[9] Even with the dearth of Hong Kong scholarship covering both residential and non-residential architecture, these sources represent a uniquely detailed snapshot of overcrowding and medical governance in early twentieth century.[10] A snapshot that reveals the social gravitas of the overcrowding and the ways that gravitas implicated upon policy in different imperial contexts. These sources serve to demonstrate the ways colonial governance in Hong Kong remained draconian, even in the absence of full-scale epidemic disease as in chapter three. At the same time, a comparison to the Shanghai source work highlights the markedly different policy priorities of the Shanghai Municipal Council in the face of similar problems in the 1930s.

On Shanghai, overcrowding was not so immediately severe and remains less apparent in the source work and secondary literature as a result. It was not until the onset of conflicts with Japan in the Nanjing Decade (1927-1937) that the

[9] Whilst numerous historians have consulted the papers of the Sanitary Boards housed in the HKPRO, these records largely pertain to the collections housed under HKRS202 and HKRS203 (correspondence to and from Sanitary Board and the colony's wider governing hierarchies). By contrast, the material presented here on overcrowding was sourced from the HKRS205 collection. This collection had been removed from HKPRO's catalogue for an extended period for repair and, it appeared, largely forgotten. Fortunately, after much pestering I was able to consult the documents thanks to the efforts of the generous archivists. These papers are distinct from the other records of the Sanitary Board in that they are internal and highly detailed. Whilst internal materials can be found in the form of Minutes published in the Press, these were more self-consciously audited and were not as detailed as the day-to-day materials found in this collection.

[10] Scholarship on the architectural history of Hong Kong is complex and diverse, exploring issues from the nature of public space and power, the building as a site of race relations, and the relationship between architecture, the natural world and society. For discussion of these issues, see: Bremner and Lung. 'Spaces of Exclusion'. Chu, 'Between Typologies and Representation'; Barrie Shelton, Justyna Karakiewicz, and Thomas Kvan, *The Making of Hong Kong: From Vertical to Volumetric* (London: Routledge, 2013), pp. 31-51.

city's overcrowding assumed major governmental significance.[11] As such, the Shanghai Municipal Council's tracking of overcrowding was not contemporaneous, nor were they as systematic or as well documented as programmes in Hong Kong. Even so, the Municipal Council made attempts to monitor living conditions from the early twentieth century, which when combined with the secondary literature (namely Hanchao Lu) provides spectacle to living conditions in the International Settlement and beyond.[12] In short, however, the Shanghai perspective serves to demonstrate the areas of incomparability between the International Settlement's and colonial Hong Kong, reflecting recent arguments of Isabella Jackson.[13]

The chapter is divided into five main sections. The first and second sections examine the basic spatial forms and practices utilised in Hong Kong and Shanghai retrospectively. I argue that the lifestyles that emerged from these conditions were marked by their vibrant protean quality, blurring easy tabulation for the authorities. The third section shifts focus to examine the cultural debates used to justify overcrowding in Hong Kong from the perspective of the government as well as tenants, stating that conceptions of domesticity and the gendered body often created greater lenience in sanitary governance. Subsequently I shift to a case study of the use of night visitations in Hong Kong as a governmental practice designed to curtail overcrowding and illegal partitioning, highlighting the coerciveness of the state on a quotidian basis at both a local and city-wide level. The final section shifts to the monitoring of Chinese living conditions in and around the International Settlement. Here I examine the debates around jurisdictional expansion in 1898, the nature of shantytown settlements as peripheral pathological threats, and how severe overcrowding had taken over the city by the 1930s.

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[11] Christian Henriot, 'Shanghai and the Experience of War: The fate of refugees', *EJEAS,* 5.2 (2006), 215-245 (p. 216); Christian Henriot, 'Slums, Squats, or Hutments? Constructing and Deconstructing an In-Between Space in Modern Shanghai (1926–65)', *Front. Hist. China*, 7.4 (2012), 499–528 (p. 511).
[12] Lu, *Beyond the Neon Lights*, pp. 8-21.
[13] Jackson, *Shaping Modern Shanghai*, pp. 15-17.

The Hong Kong Shophouse

The earliest building types in colonial Hong Kong were palatial houses and go-downs.[14] Yet as the Chinese population quickly increased in the mid-nineteenth century, a new dominant building typology materialised to cope with this demographic shift - the Chinese shophouse. Shophouse, called *tong lau* in Cantonese or *qi lou* in Mandarin, was a retrospectively-applied label for the building style which emerged across Southeast Asia from the late nineteenth century. Whilst the British administrators and European community of Hong Kong did occasionally employ the term shophouse, the prevailing label was simply "Chinese housing" or alternatively more derogative brands.[15] Regardless of its designation, the shophouse was a vernacular architectural style responding to the need to reconcile Chinese mercantile activities with the capacity to house large numbers of residents.[16]

The basic structure of the shophouse drew on design elements from both south China and Europe, being named for their mixed residential and commercial functions.[17] The front of the house usually contained a business, with residential spaces coming behind it or above it in the higher storeys. These small businesses were most commonly shops, food or drink outlets, and service providers (such as barbers), but could also serve industrial (cottages industries) and community functions (clan associations). Shophouses were long and narrow low-rise structures, usually having two to four storeys. They were generally six meters or less in width, resulting from the typical length of Chinese fir poles used to support the floors. Depths, enabled by the grid layout of colonial land plots, were more variable, ranging from 9-18 meters. Most critical, however, was the design – or the absence of it - behind the small business that fronted the bottom floor of the

[14] Go-downs were an architectural form that emerged in colonial India and grew in China under the Cantonment system, where they were usually constructed in the compradoric style. For more on their built form and cultural usage, see: Cole Roskam, 'The Architecture of Risk: Urban Space and Uncertainty in Shanghai, 1843-74', in *Harbin to Hanoi: The Colonial Built Environment in Asia, 1840 to 1940*, ed. by Laura Victoir and Victor Zatsepine (Hong Kong: Hong Kong University Press, 2013), 129–149 (pp. 135-136); Smith, *The Urban Design of Concession*, pp. 71-73; Guang Yu Ren, and Edward Denison, *Building Shanghai: The Story of China's Gateway* (Somerset, NJ: Wiley, 2014), pp. 47-48.
[15] Peckham, 'Hong Kong Junk', p. 41.
[16] Home, *Of Planting and Planning*, p. 104.
[17] Chinese elements included Cantonese balcony designs and floor tiles, whilst European influences were heavily derived from British terraced housing but were often neoclassical in style. Home, *Of Planting and Planning,* p. 104.

shophouse.[18] As *The China Mail* described, Chinese "tenement houses are so peculiarly constructed that a storey is simply one long room, commonly called a floor or flat."[19] These flats stretched far back from the building edifice, containing little more than wooden staircases and a small space at the very back reserved for cooking. As only the front area usually had access to sunlight, the design encouraged darkness and discouraged circulation. This meant residential cooking shifted into more practical forms on the roof, balcony or street, as did other behaviours, especially sleeping.[20] The conditions in these houses, perhaps unsurprisingly, were universally condemned as insanitary.[21] At the outset, then, shophouses were able to absorb high urban densities and feed the demands of the colonial economy by sacrificing hygienic design features. [22]

Most administrators naively hoped that these long flats would be rented by one or two families, providing ample cubic space for each tenant. Yet the high rental prices per floor, which ranged from $8 per month in the poorest areas up to highs of almost $80 per month, encouraged a messier reality where few could afford to do so.[23] This forced whole families to share portions of these rooms, usually three or four to a room.[24] Such a pattern of shared domestic space evoked abnormally sympathetic perspectives in the English language press, but even this, as will be shown, was a naively optimistic picture.[25]

These long flats regularly slept multiple families. The press, and sometimes parts of governmental circles, latched onto this condition depicting multiple families, with their women and children, cramped together into small spaces. In actuality, this picture appeared to have belied the norm. In as many cases as shophouses were the abode of multiple families, more buildings of this

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[18] Compared with Malaysian or Singaporean equivalents, Hong Kong shophouses omitted certain features designed to encourage hygiene such as the "five-foot way" or internal courtyards. Home, *Of Planting and Planning,* p. 106; Chi Yung Jim, 'Urban Renewal and Environmental Planning in Hong Kong', *Environmentalist,* 14.3 (1994), 163–181 (p. 167).
[19] 'The Cubicle Crusade', *The China Mail* (31 July 1903), p. 5.
[20] Wai Kwan Chan, *The Making of Hong Kong Society: Three Studies of Class Formation in Early Hong Kong* (Oxford: Clarendon Press, 1991), p. 44, 156.
[21] David Faure, 'The Common People in Hong Kong History: Their Livelihood and Aspiration Until the 1930s', in *Colonial Hong Kong and Modern China: Interaction and Reintegration*, ed. by Pui-tak Lee (Hong Kong: Hong Kong University Press, 2005), 9–38 (p. 15).
[22] The five-foot way was a sheltered walkway which actually fell within the private property line, it was designed to provide pedestrians with shade from the tropical sun and rain.
[23] 'The Cubicle Crusade', *The China Mail* (31 July 1903), p. 5.
[24] 'The Cubicle Crusade', *The China Mail* (31 July 1903), p. 5.
[25] 'The Cubicle Crusade', *The China Mail* (31 July 1903), p. 5.

type acted as horribly overpopulated adult dormitories for the male labouring population.[26] The following table depicts overcrowding by health district in January 1907, the first documented survey of its kind in the Sanitary Board's recordings of overcrowding. It noted the distinction of the number of families (green) and the number of men (yellow), which shows the more mixed picture of overcrowding in the colony between the two categories.[27]

Fig. 4.1. Overcrowding by health district, January 1907

Health District Number	No. of prosecutions for overcrowding			No. of persons found in above cases to be occupying the floors			No. of persons who can be legally accommodated in floors			No. of persons ordered by magistrate to vacate floors		
1	1	0	1	20	0	20	7	0	7	13	0	13
2	9	6	3	111	74	37	68	47	21	43	27	16
3	0	0	0	0	0	0	0	0	0	0	0	0
4	2	0	2	37	0	37	21	0	21	16	0	16
5	6	1	5	135.5	11.5	124	58	6	52	77.5	5.5	72
6	17	9	8	342.5	162.5	180	162	85	77	180.5	77.5	103
7	1	0	1	7.5	7.5	0	3	0	3	4.5	4.5	0
8	1	0	1	13	0	13	8	0	8	5	0	5
9	13	13	0	196.5	195.5	0	112	112	0	84.5	84.5	0
10	0	0	0	0	0	0	0	0	0	0	0	0

These large numbers of men, usually described as "single," occupied many floors of these shophouses in a variety of makeshift ways exacerbating overcrowding.[28] Lone men, after all, could squeeze into spaces that a larger family unit could not, and had greater mobility to do so.

In sum, each floor of the shophouses contained an absence of architectural features designed to provide for privacy and amenities. For tenants and landlords, the solution in this case were partitions and the hybrid use of rooms for multiple purposes. Before closely examining these practices of partitioning and the social issues they created, Shanghai's built form requires discussion.

[26] HKRS205.1.34; HKRS205.1.35; HKRS205.1.36; HKRS205.1.37.
[27] Reproduced from HKRS205.1.37: Return for overcrowding (January 1907).
[28] These included men sleeping in basements, on roofs, in cocklofts and other areas, or even sleeping on the streets close to their homes.

The Shanghai Alleyway House

In the International Settlement and throughout Shanghai, the alley-way house emerged as the dominant building typology to house the general Chinese population.[29] The nomenclature of alleyway houses is inconsistent in academic and popular literature. I follow Gregory Bracken's approach, using the term alleyway house to refer to these structures.[30] Alleyway houses were dwellings inside walled and gated compounds traditionally known as *li*. These compounds contained a wide central alleyway, hence the moniker of alleyway house. In its larger variants, the wide central alley contained branching smaller alleyways for access to further dwellings in a fish-bone structure. The homes on the perimeter of compounds, which neighboured public streets, resembled shophouses as their bottom front storey could be occupied by commercial enterprises. The houses on the inside, often called *shikumen*, ranged between two to four storeys and were predominately one or two bays wide (see fig. 4.2 below).[31]

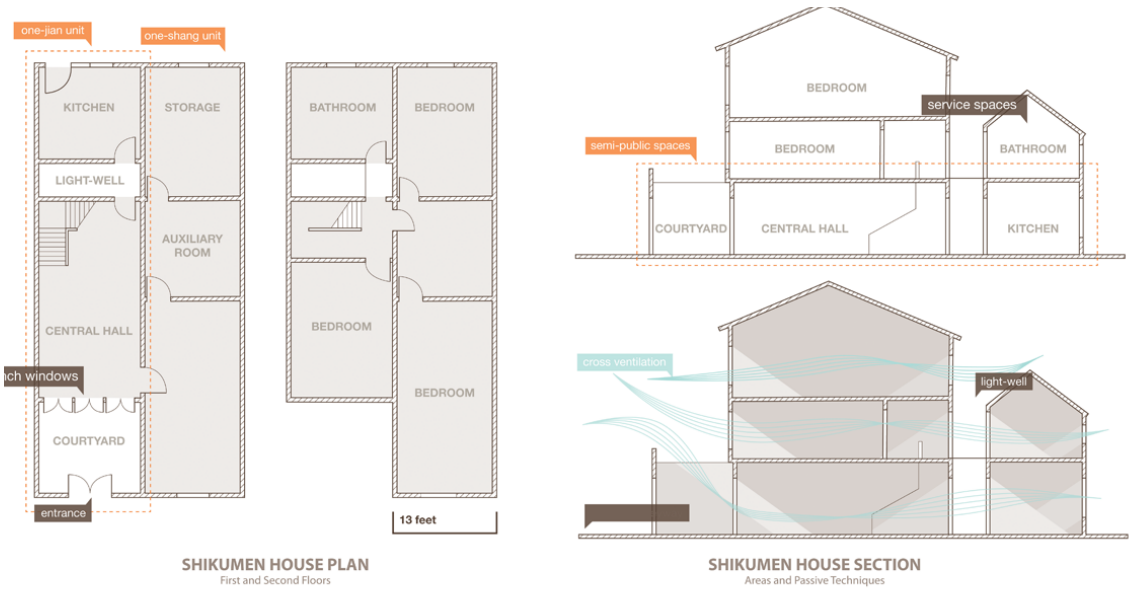


Fig. 4.2: *Shukumen* house plan

[29] The alleyway house was the domain of the *xiaoshimin* (the little urbanites, the common folk of Shanghai who made up most of its working class and middle class). Lu*, Beyond the Neon Lights*, p. 61.
[30] As Bracken has noted "The alleyway house is variously referred to in Chinese as *lilong*, *lilong fangzi*, *lilongtang*, *longtang*, *linong*, *linongtang*, *nongtang* and *shikumen*. The word *lilong* is probably the most commonly used, with *longtang* being the local Shanghainese variation for the typology. *Shikumen* is the name of a particular type of alleyway house." Gregory Bracken, *The Shanghai Alleyway House: A vanishing urban vernacular* (Routledge, London: 2013), p. 10.
[31] The name *shikumen* literally translated to stone warehouse gate. This helpful image is reproduced from: Meggen Skilling, 'SHANGHAI 2030: First Review'. *SHANGHAI 2030* (26 January 2012). http://shanghai2030.blogspot.com/2012/01/first-review.html. (Accessed: 10/05/2019).

Like the compound itself, these houses were accessed by a gate, which led to a partly covered courtyard, or usually a smaller sky well, from which a central hall in the left bay could be accessed. From this central hall, the further innards of the home could be accessed. The back of these houses had sky wells that contained bathrooms, kitchens or other functional rooms. The pattern, then, was one of gradual access and gating the further one got into the compound.

At the outset, there were several differences in the design of alleyway houses. Negative space assumed greater importance for Shanghai's architects, though such spaces were often sacrificed by tenants for subletting. Still open areas provided benefits for basic living conditions for the *xiaoshimin*. Design features like sky wells drew in ventilation and light, whilst they also created individual space for residents and separated living quarters from functional spaces. As such, they had both sanitary and cultural justifications. Like courtyard residences across China, alleyway houses were constructed to face the south. This *fengshui* preference had timeworn positive consequences for living conditions. The directionality allowed the windows and walls the best exposure to the sun while minimising cold northern winds.[32]

There were more subtle cultural influences on living conditions. The way Chinese dwellings attempted to reflect projected hierarchy and social order has not been explored in terms of health. The crucial historiographical idea in this regard comes from Nelson I. Wu's classic work, *Chinese and Indian Architecture.* Wu elaborated the defining feature of residential compounds in imperial China, a progenitor of alleyway houses, was graduated privacy.[33] The term denotes the manner in which spaces became progressively more private as one moved further inwards. Moving into the compound one would progress from the public street, through to the semi-private courtyard and guesthouse, toward the

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[32] One exception to this pattern is remarks to how *feng-shui* principles often determined the quality of housing. Chinese geomancy held that building should face south, this tended to provide better ventilation and light. With alleyway houses, south-facing portions of buildings tended to be more expensive, with more northerly recesses of property being the cheapest and most dingy. Bracken, *The Shanghai Alleyway House*, p. 96; Lu, *Beyond the Neon Lights*, pp. 170-171.

[33] Nelson I. Wu, *Chinese and Indian Architecture: The City of Man, the Mountain of God, and the Realm of the Immortals* (New York: George Braziller, 1963), pp. 32-34.

increasingly private recesses of the house rooms itself. At each of these levels, there was a transition in the individuals expected to navigate and use these spaces according to notions of face, gender norms, and filial piety. Samuel Liang has explored the graduated privacy and the alleyway house. According to Liang, the early *li*'s functions as hybrid spaces of commerce and residence subverted the boundaries between public and private space: "The integrity and safety of the walled courtyard were sacrificed for the sake of spatial interconnectedness between houses, streets, and the city. Everyone could see and be seen by others, as if the city were one busy street."[34] The promiscuity of the public street was integrated with the order of the closed compound meaning that graduated privacy was "less apparent."[35] These, however, were the earlier forms of alleyway houses in Shanghai. Later alleyway houses were more permanent, made of stone rather than wood, and were more closed off in their structure returning to graduated privacy.

That shift had medical implications. Both the fish-bone structure of the compounds along with the *shikumen*'s progression of open courtyards to further indoor rooms, contributed to graduated privacy.[36] At first glance, this would suggest, as in the previous chapters, how cultural ideas of gendered privacy and domesticity could be linked to health when viewed from a spatial perspective. The large central alleyways of compounds were distinct from the main public thoroughfares through which they were accessed, and so remained relatively closed off to the city outside. This was especially marked given the tight-knit and localised lives the compounds enabled. Lu suggests that alleyway house residents could live their lives in the few streets surrounding their compound, where all the amenities of daily life were readily available. This meant the mobility of compound residents could be remarkably low, though this has been a point of debate.[37] These were compounds of people who could live their whole lives

[34] Liang, 'Where the Courtyard Meets the Street', p. 493.
[35] Liang, 'Where the Courtyard Meets the Street', p. 488.
[36] The many alleyways and gates of these communities were a frequent problem when monitoring every day scavenging programs, as "coolies" used the cover to bunk off work and brushed off dirt into conspicuous nooks and crannies. SMA:U1-2-1102: Weekly Reports of Inspector of Nuisances (1877-1888), pp. 1004-1005, 1015-1016; See also: SMA:U1-2-1099: Weekly Reports of Inspector of Nuisances (1874-1877).
[37] Wasserstrom and Lu take somewhat different stances on the mobility of alleyway house residents. Wasserstrom, studying the city from an international perspective, asserts that Shanghainese and Shanghailanders alike traversed the multiple jurisdictions frequently and with ease for both work and

within a small range of their homestead, but could also chose to venture further afield to immerse themselves in the modernities of the city.[38] At the same time, life was humbly communal and spilled onto the alleyways of the compounds. This included small-scale commercial activities, like selling vegetables, or basic domestic tasks, such as cooking and washing clothes.[39] These behaviours, particularly of low-level food selling, were difficult to track and had potential sanitary concerns.

Compounds presented medical ambiguities in terms of the state's medical gaze. There was an absence of transparency to compound life, a life which could be conducted almost entirely absent of foreign influence.[40] At the same time, it seems likely that Western medical authorities found the capacity of local Chinese populations to utilise these close communities and to simultaneously exploit the various jurisdictions of the city as anxiety provoking. Yet, there was also the sense that the alleyway house compounds managed themselves, with governmental oversight being kept to a minimum and only seeking to address local complaints about major nuisances.[41] In such cases, regular medical and sanitary interactions between the state and the alleyway compound were conducted through Chinese intermediaries or contractors, including night-soil collectors or sublandlords.[42] For partitioning, the Municipal Government tolerated the practice, nominally suggesting education programmes would be a long term solution, as it helped them to cope with or not exacerbate the refugee crisis of the 1930s.[43] Or, as Nakajima has shown, hygiene campaigns by the Republican

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pleasure. In both cases, these authors point to these ideas of mobility as a strength of Shanghai society and a source of the vibrancy of these neighbourhoods. Lu, *Beyond the Neon Lights*, pp. 95-97; Wasserstrom, *Global Shanghai*, pp. 41; Bracken, *The Shanghai Alleyway House*, p. 94-95.

[38] Wasserstrom, *Global Shanghai*, p. 41.

[39] Shanghai's Sanitary Board, for instance, raised concerns about the proximity of washing habits to night soil collection receptacles. SMA:U1-1-122: Sanitary Board Minute Book (27 June 1894), p. 136.

[40] Lu, *Beyond the Neon Lights*, pp. 95-97.

[41] Dr Stanley was quoted as late as 1929 in governmental reports, long after his retirement, in a manner that reiterated that this lack of governmental oversight was manageable, but increasingly problematic. "The disposal of House Refuse is beset with difficulties, but they have so far been satisfactorily met." In SMA:U1-14-1054: Memorandum by Commissioner of Public Works (11 January 1929). A good source of information on these routine nuisances is the SMA:U1 series, which include letters of complaint made by local staff and residents about sanitary problems, such as drainage. For example, see: U1-2-4: Chairman of Commission for Improvement to Municipal Secretary (1 January 1862).
Lu, *Beyond the Neon Lights*, pp. 286-287.

[42] Lu, *Beyond the Neon Lights*, p. 164.

[43] In the conclusion of a Housing Committee report: "[i]t is considered that it would be neither practicable nor defensible to attempt to embark upon any campaign for the immediate and wholesale removal of the existing lofts, partitions, and other alteration and additions which have been un-authorized erected in

Government (1925-1948) focused on the individual as a hygienic citizen, for whom campaigns attempted to create a sense of moral responsibility to modernise and modify personal habits.[44] It appears that the less cramped conditions of Shanghai alleviated anxieties about the International Settlement's Chinese population housed in average residences, such fears were instead direct towards areas beyond the confines of the Settlement. For the Municipal authorities, an educative approach trumped a coercive one.

As to how Shanghai compared with Hong Kong, there were some similar motifs in common housing, particularly with hybridity. In their built form, the shophouse and the alleyway house took influence from Chinese (southern and traditional) and British antecedents (back-to-backs and terraced housing), whilst the alleyway house combined these British elements with the traditional Chinese imperial compound. Both allowed for mixed functions of residency and commercial activity, using their bottom floors or the communal spaces in close proximity to the residential areas. The latter area was particularly important as daily life in these dwellings spilled out onto the streets in some fashion, which seems to have been more of a matter of necessity than choice in Hong Kong.

Ultimately, these two building typologies fostered a flexibility and vibrancy to life, which has been a shared theme for both academic and popular writers seeking to preserve the cities' built heritage.[45] Besides the severity of overcrowding, the significant differences between Chinese residential buildings in Hong Kong and Shanghai manifested in their accessibility and public visibility. In Hong Kong, each dwelling was adjacent to the street through the front of the

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Chinese houses […] There is no intention on the Committee's part to recommend that the Council should enter upon any course of action such as would result in any large number of people being deprived of their present dwelling places. It is proposed that the work of improvement should proceed piecemeal and gradually...and that it should be regarded mainly as educative and persuasive rather than coercive." SMC:U1-10-153: Report of Sub-Committee B of the Housing Commission (1936), pp. 38-39; Chi-jeng Kuo, 'Urban Crisis and State Intervention: A Preliminary Study about the Social Meaning of the Housing Committee of the Municipal Council of Shanghai' (Presented at the International Housing Research Conference, Toronto, 2004), 1-28 (p. 13).

[44] Nakajima, *Body, Society, and Nation*, pp. 129-130.

[45] This idea of vibrancy, particularly street life culture, derived from the dominant building typology is particularly pronounced in Shanghai. See: Gregory Bracken, 'The Shanghai Alleyway House: A Threatened Typology', *FOOTPRINT* (2013), 45–54; Lily Kong, 'Making Sustainable Creative/Cultural Space in Shanghai and Singapore'. *Geographical Review,* 99.1 (2009), 1–22. Albert Wing Tai Wai, 'Place Promotion and Iconography in Shanghai's Xintiandi', *Habitat International*, 30.2 (2006), 245–260. To a lesser extent, it also features in Hong Kong literature, though with overtones concerning the overcrowding, see: Lee Ho Yin, 'Pre-War Tong Lau, 'A Hong Kong Shophouse Typology', *Resource Paper for the Hong Kong Antiquities and Monuments Office, Hong Kong Development Bureau. Commissioner for Heritage's Office*, 19 (2010), 1–17.

shophouse, they were closely connected to the large public thoroughfares. Moreover, the colonial government could regularly intrude on the more private recesses of buildings through the colonial legal system.[46] Shanghai's alleyway houses were more opaque to the rest of the city, particularly governmental eyes. High-walled compounds created bounded and obfuscated spaces, somewhat disconnected from the street, requiring entry through gates and inner passageways.[47] These gates, too, held significance in that they were locked by night, a fact which the Municipal Government could negotiate with some planning, but nonetheless prevented the widescale night-visits conducted in Hong Kong. The people in these compounds, therefore, were better sheltered from governmental whims. And indeed, it would be fair to say that Municipal forces and its ratepayers had few desires for such strident surveillance.[48]

Framing these similarities and differences through the way daily culture interacted with the state's medical gaze, the Hong Kong shophouses were an ultimately more scrutinised space than the alleyway houses of Shanghai. That did not, however, amount to improved living conditions for the majority of the colonial population because structural problems in the housing economy recurrently prevented more large scale and fundamental reforms.[49] Within informal empire, Shanghai's Municipal forces had fewer obligations (and desires) towards the Chinese population and were burdened by the legal structure of the Settlement.[50] In each case, life continued in a make-shift manner, conducted between residence and street, which frequently defied the expectations of the authorities and the Western population in China. With quotidian behaviour conducted outside the walls of the home in Shanghai, these spaces were nonetheless more secluded due to their built structure. Yet features like courtyards and sky wells, whilst representing a concern for negative space and

[46] Munn, *Anglo-China*, p. 149-150.
[47] Xiaowei Luo, 'The Lilong House: A Prevailing Type of Dwelling in Old Shanghai', in *Peking, Shanghai, Shenzhen*, ed. by Kai Vockler and Dirk Luckow (Frankfurt: Campus Verlag, 2000), 512–515 (p. 513).
[48] Jackson, *Shaping Modern Shanghai*, p. 201.
[49] Jones, 'Tuberculosis, Housing and the Colonial State', pp. 675-676.
[50] The Council, for instance, could not alter the Land Regulations after 1899 and the Council struggled to secure changes in byelaws, thanks in no small part to the potential cost of sanitary measures for the Settlement's ratepayers. As Jackson has argued this led to an ethos within the Municipal Council of changing public health through publicity and community work, rather than more draconian byelaws. Jackson, *Shaping Modern Shanghai,* p. 201.

sanitation amongst architects, soon succumbed to population pressures. In both cities, such spaces were frequently sacrificed in favour of being rented out by sublandlords.[51] Even in Shanghai, where alleyway houses were designed with a greater focus on light and air, such enabling features succumbed to population pressures. Once more, a similar situation to that in Hong Kong arose with partitioning and overcrowding characterising common living conditions.

Moral debates and partitioning in Hong Kong

Partitioning involved the addition of barriers into a space to divide it into different parts. Generally, partitions occupied space vertically, introducing makeshift (usually windowless cubicles) rooms into an existing structure. Horizontal partition could divide a room in half creating two cubicles or two makeshift walls constructed at right angles of a corner could create a single cubicle. In some cases, partitions were introduced horizontally to create new usable spaces underneath the roof of a building. Such structures were the most objectionable to the Sanitary Board and building authorities for their obvious risks.[52] In Shanghai, too, these horizontal partitions were most closely policed on sanitary grounds.[53] The materiality of these partitions varied widely, with different forms coming in and out of use as tenants and landlords reacted to changes in policy.[54] Either way, these partitions divided spaces and people, created the potential for new tenants and modified the purpose of a space; they could provide privacy and enable amenities. Yet partitions could also block already limited access to light and open air, push population capacity to dangerously high levels, and were accompanied by any number of sanitary risks. Partitions, as such, exposed the real deficiencies in living standards making them controversial socially.

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[51] W. J. Simpson and Osbert Chadwick, 'Report of the Question of the Housing of the Population of Hong Kong', *Hong Kong Legislative Council Sessional Papers* (14 May 1902); Frank Leeming, *Street Studies in Hong Kong: Localities in a Chinese City* (Hong Kong: Oxford University Press, 1977), pp. 20-27; Chu, 'Between Typologies and Representation', p. 257; Lu, *Beyond the Neon Lights*, p. 160.
[52] Alan Smart, *The Shek Kip Mei Myth: Squatters, Fires and Colonial Rule in Hong Kong, 1950-1963* (Hong Kong: Hong Kong University Press, 2006), p. 22.
[53] The Municipal Council also monitored horizontal partitions in occupational settings. SMC Reports for 1937, p. 35.
[54] 'The Cubicle Question', *HKWP* (24 June 1907), p. 406. In order of how common they were, the partitions were constituted of wood, cloth, glass, and cheap metals. HKRS205.1.35

It was not until 1903 that a new legislative model was created for building and housing in Hong Kong with the Public Health and Buildings Ordinance of that year.[55] Yet cubicles had been the subject of the occasional discussion and press pieces before 1903. These instances set the tone for the politics of property and sanitation in the coming years. The most telling example involved a Sanitary Board meeting in 1898, the minutes of which were later published in *The China Mail*. The meeting addressed the possibility of providing compensation for cubicles destroyed for sanitary purposes by cleansing gangs. Standing in firm opposition to the idea, the Acting Secretary of the Sanitary Board ended his thoughts on the issue by reminding the Board that "rice is very dear."[56] Boiling down the good-will measure of compensation to a racial remark against the Chinese labouring population was an indication of how the dispassionate attitudes of European expatriates, like those in guidance literature, could impact upon policy in the colonial setting. Behind the dispassionate attitude was the paramountcy of economic concerns. In other words, tackling the inequalities of the colonial economy required too greater investments in time, effort, and money.

The Acting Secretary's view above came from a position of relative distance. A grassroots and empathetic perspective came from the Sanitary Surveyor J. J. Byran, who was then the Acting Sanitary Inspector charged with assessing cubicles in the district itself. Byran estimated that he had ordered roughly 300 cubicles illegal and to be taken down, but in actuality:

> Scarcely any cubicles have been demolished at all, as I recognised that they were the homes of the Chinese families, and their retention was as far as possible absolutely necessary, but I have not hesitated to condemn many cubicles in rooms in which cubicles also existed, and for these cocklofts, I agree with the Vice President, no compensation should be given.[57]

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[55] For new buildings, this Ordinance introduced a maximum building depth and building height alongside the requirement for open space at the back of the structure. For cubicles, it prohibited the construction of cubicles in new buildings, although pre-existing partitions were allowed according to various criteria. Ng, 'Regulate for Light, Air, and Healthy Living', p. 19.
[56] 'Compensation for Destroyed Cubicles', *The China Mail* (6 May 1898), p. 3
[57] 'Compensation for Destroyed Cubicles', *The China Mail* (6 May 1898), p. 3

Byran's comment evidenced that partitions were further partitioned, whether for subletting or other domestic purposes, further testifying toward the resourcefulness of tenants. This pattern additionally exposed how overcrowding informed daily life in Victoria and the lengths to which its population would go to carve out their own space within it. The spaces they carved out, however humble, were ordinary living spaces. As such, their familial value could scarcely be overlooked at the intimate level of household inspection. On one token, then, privacy and domesticity could encourage governmental sympathy toward local living practices, but perhaps at the price of more deep-seated changes that could tackle overcrowding.

Byran's stance denoted the gulf between official top-down policy and its effect at the grassroots level. The wider paperwork of the Sanitary Board not only showed that notices for removal or modification were frequently ignored, refused for long periods or re-erected, but that these legal deviations were regularly tolerated by the administrators.[58] As Byran's behaviour evidenced, the personal whims of sanitary workers shaped how policy unfolded, in this case to the favour of tenants with lenience toward cubicles. This extends to another imperial context Saha's argument that the colonial state was performed through the behaviour of low-level officials and subordinates.[59] In attempting to negotiate the delicacies of Chinese familial culture and the ill-effects of the colony's property market, Byran had created a different policy reality for the properties with cubicles he allowed to remain. This combined with the wide societal tolerance of cubicles suggested how personal subjectivities shaped lived experience in those spaces and informed the resident-state relationship. The result in this case was that the Board moved in favour of Byran's stance to recommended granting compensation. Taken together this cubicle compensation issue of 1898 illustrated the interplay of issues of economy, welfare, family, privacy and governance, themes that were expounded upon in the renewed interest in cubicles coming from 1903.

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[58] See HKRS202 and HKRS203.

[59] As Acting Sanitary Surveyor, Byran was a subordinate official to the Sanitary Board changing the rules it operated based on his own morals. Saha, *Law, Disorder, and the Colonial State*, p. 2, 10.

Ordinance number 1 of 1903, known as the Public Health and Buildings Ordinance, set the new precedent for legal land-use and development in Hong Kong.[60] It contained detailed requirements for open spaces, architectural features, specifications and dimensions for various building types, and it created a series of certification and planning procedures.[61] It was the passing of this Ordinance that greatly spurred the examination of cubicles in Hong Kong because it prohibited their use in newly planned buildings and specified the stipulations under which existing cubicles were permitted. It thus brought more thorough examination of overcrowding and governmental interference for urban residents.

This interference usually came in the form of routine or specialised inspections. Whilst inspections varied across the different personnel carrying out the work, the paperwork for home inspections stipulated a standardised framework of assessment.[62] Building dimensions were the paramount measure for their use in population density and cubic feet of air per person calculations.[63] The internal and external environment was also recorded, such as the topographical conditions and obstructions to space. Personal judgements of individual inspectors were necessary when assessing the hygienic condition of the the floors, walls and drains. Here, one of the most important judgements made by inspectors was the assessment of different "accommodation," effectively referring to what counted as a room and what these rooms were used for.[64] In this sense, the basements of shophouses were particularly contentious. Inspectors often suspected that commercial or functional rooms were actually used for sleeping purposes.

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[60] As Roger Bristow puts it, the Ordinance established the "development envelope within which the Colony's property owners could henceforth legitimately build their properties, and it was to determine most of the townscape of urban Hong Kong for the next fifty years." Bristow, *Land-use Planning in Hong Kong*, p. 37.
[61] Hong Kong Government, *Public Health and Buildings Ordinance 1903* (Hong Kong: Government Printer, 1903) [Hence forth PB&BO1903]
[62] HKRS205.1.34
[63] As numerous historians of medicine have shown, population density was foremost statistical determinant of urban health in the nineteenth and early twentieth century. Wohl, *Endangered Lives*, p. 47, 285; Cherry, 'The Town Planning Movement,' pp. 307-310; Henriot, *Scythe and the City*, p. 22; Home, Of Planting and Planning, p. 219; Reeder, 'The Social Construction of Green Space in London Prior to the Second World War', p. 41.
[64] HKRS205.1.34

Hong Kong shophouses were a haphazard, if adaptable, hybrid space. As such, colonial law struggled to keep a pace with and control residential practices. In the debate around cubicles, the local Chinese population were discoursed with a particular craftiness and zeal for evading the whims of the government.

> Yet cubicles had been abolished by law. How could the old fashioned type of house be made to pay? Very easily. No matter how carefully any legislation may be drawn a way to evade it can always be found, especially by such an inventive people as the Chinese. In this instance the wooden partitions were removed, thus complying with the law, but in their place appeared sacking or curtains dividing the little apartments. Not only did the latter afford less privacy but they constituted a menace to health. Naturally the Chinese found the measure very repressive. The wisdom of it was not apparent to them and it exposed them to harsh treatment and a series of harassing visits from Government minions.[65]

As with earlier precedents in the discussion of partitioning, the Chinese were racially stereotyped (by both Chinese and Europeans) with a preference for crowding, smaller spaces, and a penchant for subletting.[66] Such dialogues served to naturalise the overcrowded condition of the colony, whilst justifying the partitioning of space and supporting complaints against sanitary governance. In this context, inspectors struggled with determining the legality of rooms and their uses, whilst tenants and landlords employed a variety of arguments in favour of cubicles.

The least socially interesting but most common excuse for illegal cubicles was that they already possessed sanitary features. In a typical argument in favour of a cubicle, the owner of a business using cubicles to house an employee's family, Lau Cheong stated: "There is one sky light and one window between the yard and the cubicle. It appears that the rooms are ventilated and quite sufficient

[65] 'The Cubicle Question', *HKWP* (24 June 1907), p. 406.
[66] The argument essentially held that this was a "Chinese way of life," something which its rulers had promised to protect from the founding of the colony. Chu, 'Combatting Nuisance', p. 25; Ng, 'Regulate for Light, Air, and Healthy Living', p. 16.

of light."[67] At least on behalf of property owners, we can conclude there was an awareness amongst the Chinese community of sanitary building standards. Such excuses were seldom successful against the dogmatically bureaucratic members of the Sanitary Board, although others proved more fruitful.

The argument that gained most traction in defence of cubicles concerned domestic privacy. In one successful plea to the Secretary of the Sanitary Board, the Chinese landlord at 2 Ladder Street gave the basic argument about cubicles for women:

> For the convenience of the family (consisting four persons to change dresses etc.), and also it is our usual custom that all females should be secluded themselves when there are any visitors of the male sex. This alone will cause great inconvenience should the cubical be removed.[68]

According to colonial reports of Chinese custom, women required a special form of space for apparently uniquely female behaviours, particularly as they related to child-rearing, as well as to shield them from the outside male gaze.[69] Even wider European society defended cubicles on the basis of family privacy. It was largely on account of this logic that the 1903 legislation banning cubicles entirely was gradually modified and relented upon, returning cubicles to an ambiguous position of reluctant toleration.[70] One commentary press piece remarked that the prohibition of cubicles in Chinese tenements meant that:

> [N]o floor can be partitioned off to secure the necessary privacy to the men and woman of the different families living together. Even members of the same family must have a certain amount of privacy. It would not be in accordance with property for parents and grownup children or masters and servants to herd together in full view of each other.[71]

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[67] HKRS205.1.35: Letter to Secretary of Sanitary Board (July 1906).
[68] HKRS205.1.34: Letter to Secretary of Sanitary Board (5 April 1906).
[69] Susan Mann, *Precious Records: Women in China's Long Eighteenth Century* (Stanford: Stanford University Press, 1997), pp. 224-225.
[70] Yip, *Health Policy and Disease in Colonial and Post-Colonial Hong Kong,* p. 12.
[71] *The China Mail* (31 July 1903), p. 5.

An important point of distinction arose in the labelling of intentions behind supporting some cubicles. For Europeans, cubicles were a concession to Chinese "values," and were well-recognised as convenient for landlords and tenants alike.[72] From the male-gendered Chinese perspective, cubicles prevented exposure of women to outsiders, Europeans most especially, while being economically advantageous.

For the Chinese community, cubicles were prized for feminine purposes such as maintaining aesthetics and giving birth. Chinese tenants often erected cubicles for the extra privacy of women in the immediate period before and after giving birth. Within the Sanitary Board, Lau Chu Pak was the vocal authority on popular Chinese attitudes, which he often defended. In these instances, he was always quick to note the cultural necessity of partitioning.[73] The pregnant body was a nerve point during the bubonic plague, something that perhaps made the Sanitary Board accommodating in their treatment of cubicles. When used for the purposes of shielding and providing for pregnancy, cubicles were given permitted before and after birth.[74] Pregnancy, then, was a special case; serving to exaggerate and intensify policies of lenience towards partitions ordinarily labelled as insanitary within the Sanitary Board.

There were many more examples of tenants taking up this position themselves from 1905, arguing either that it was simply pragmatic that pregnant women remain undisturbed or doing so with cultural arguments.[75] This feasibly related to an awareness of governmental lenience or how simply closely-held such values were. Yet such arguments did not allow the retention of illegal cubicles indefinitely. At most, illegal cubicles were given permission to remain for six months before removal, though the period was usually limited to three months

[72] Chu, 'Combating Nuisance', p. 20.
[73] HKRS205.1.35: Lau Chu Pak memo (5 July 1906)
[74] The duration of tolerance varied, though the Board usually permitted cubicles for women from the mid-stage of pregnancy, until one or two months after birth. HKRS205.1.35: Lau Chu Pak memo (5 July 1906).
[75] There were multiple instances of these kinds of messages conveyed to the Sanitary Board in 1906 alone. In one instance, a tenant simply ignored the Board's demands to take down a cubicle, stating after the fact that [sic]: "I ought remove out one cubicle at our floor, but at that time my wife got a baby in the belly, so that cubicle still remains. It is to our Chinese custom that anything could not be taken down when the woman have the same." HRRS205.1.35: Tan Koon Lau to Board Secretary (16 May 1906); See also: HKRS205.1.34.; HKRS205.1.36; HKRS205.1.37.

or less. The Sanitary Board was only so willing to accommodate practices viewed as insanitary, unless rupture points like the female body might spark quick and severe discontent within the population at large. This careful approach was wise, since discontent extended to more sinister territory.

References to the insidious behaviour of sanitary inspectors were sparse but are nonetheless significantly peppered throughout the sources, including those addressing cubicles. In 1906, Hong Kong's Governor, Sir Matthew Nathan, considered dropping the use of accompanying interpreters on sanitary inspections to cut the costs of regular medical governance. Again, Lau Chu Pak revealed undercurrent anxieties of the local Chinese community towards the abuse of medical power. Both pragmatic and moral, Lau grounded his disagreements in sexual misconduct and risk causing the cost-cutting motion to be quickly buried:

> In making the proposal, I am sure the Governor was not aware that some years ago, serious accusations had been made against some of the temporary inspectors for trying to commit rape on Chinese women or for other misconduct during their visits to Chinese homes […] Putting aside the question of the inspectors not knowing sufficient Chinese to make themselves understood which will lead to misunderstanding and irritation, Chinese women are generally reared by the sight of Europeans in their houses. And without the aid of good interpreters, their visits to Chinese houses are quite useless.[76]

Though such complaints were rarely documented, the alleged abuse of women would have contributed to the general animosity in the Chinese community towards inspections, justifying already prevalent claims around privacy and the body. The Chinese evidently continued to resort to the female body as an emotive vulnerable subject at risk from the government, even during quotidian medical governance rather than the panicked conditions of an epidemic showing the effects of gendered and racialised discourses of health in real policy.

[76] HKRS205.1.34: Lau Chu Pak memo (5 June 1906), p. 560.

So had the Chinese narrative of medical intervention into the home changed in the colony, or, at the very least, had the Western representation of that narrative changed? It had, after all, been a decade since the bubonic plague outbreak in 1894, after which time inspection had been become increasingly formal and regular. Compared with the kinds of complaints and rumours brought about in 1894, the tone was milder and there were less specifically bizarre allegations. Rather than gruesome bodily mutilation and misuse, the representation of Chinese attitudes shifted towards more vague notions of privacy, respect, and safety. Another nuance was that women, rather than children, were the focal point of protestations. These subjects, however, did combine in the protective attitude taken to the pregnant body. Domestically targeted protestations continued to limit the exercise of medical power to an extent, shown in both the tolerance of cubicles generally, specific exemptions on the basis of female privacy, and in the continued mediation of inspection by Chinese interpreters. The colonial government appeared to have learnt something in its handling of the local population on some occasions, something which the night-visits it conducted did not heed.

Surveying and policing overcrowding in Hong Kong

The Hong Kong government made significant attempts to alter living patterns from the turn of the century. The authorities most rigorously policed people sleeping in prohibited spaces to curtail egregious overcrowding through night-time inspections. These required a warrant, which inspectors could request if they felt the measure necessary. The warrants stated "the undersigned, hereby authorise you to inspect the premises specified on the night… at any hour between 11pm and the following morning."[77] Enabling the sanitary inspectors to examine all parts of the property at any time of a given night whilst not requiring any notice to be given to landlords and tenants, it is unsurprising that the *Weekly Press* labelled these visits as "harsh" and "harassing."[78] Furthermore, sanitary inspectors had received negative reportage in the English-language and Chinese

[77] HKRS205.1.35: Night inspection permit (July 1906).
[78] 'The Cubicle Question', *HKWP* (24 June 1907), p. 406.

press with allegations including assault and rape, creating understandable implications for their reception on the job.[79] These were inspections conducted without any forewarning to the occupants, whilst the night's darkness likely incited further confusion. Thus, the visits potentially entailed the inspectors coming into contact with families, as the tenants may not have sheltered women and children.[80] Records regularly stated that "half" a person was present at the time of inspection, referring to children under the age of ten.[81] The basic unpleasantness of the inspections combined with how they revolved around existing cultural sensitives indicated the personal ramifications of policy upon the colonised population.

Bridges Street had uniquely documented inspections. It was exceptional because the Sanitary Board recorded the number of persons uncovered in individual property inspections, where normally these figures were lost when amalgamated into the wider statistics for overcrowding by district. The first documented inspection of these properties took place on 26 April 1906.

Fig. 4.3. Results of Bridges Street night visit inspections (26 April 1906).[82]		
Property number	Persons allowed	Persons found in basement
9	1	8.5
11	1	11
13	1	8.5
15	1	6.5
17	1	7
19	1	6

As the first night visit, the results were surely the most realistic representation of normal habitation patterns because tenants would be unaccustomed to such untimely visits.[83] It showed the basements were illegally being used for sleeping

[79] HKRS205.1.34: Lau Chu Pak memo (5 June 1906), p. 560.
[80] Domestic confinement was common for Chinese women and children during the period. See: Jaschok and Miers, 'Introduction', p. 7. Patricia Buckley Ebrey, *Women and the Family in Chinese History* (London: Routledge, 2003), pp. 25-26, 180.
[81] HKRS205.1.35: Inspection data compiled (25 June 1906); PH&BO1903
[82] HKRS205.1.35: Inspection data compiled (26 April 1906).
[83] The Sanitary Board papers indicate that a previous day time inspection had taken place on the street on the 20 April 1906, given that the Inspector Knight wrote to his colleague Inspector Fisher "I have to report that basement of no 9-19 Bridges appears to be occupied by a greater number of persons than are allowed

far beyond their capacity, producing the Sanitary Board's conclusion to "prosecute the tenant or owner."[84]

The inspections, fines and prosecutions (or threat of them) appear to have succeeded, as the three subsequent property inspections indicated declining rates of overcrowding and the misuse of rooms for sleeping purposes.[85] It was not until the second of these inspections, however, that overcrowding was eliminated on Bridges Street (Fig. 4.4).

Fig. 4.4. Results of Bridges Street night visit inspections (16 July 1906).[86]

Property number	Persons allowed	Persons found in basements
9	1	0
11	1	0
13	1	0
15	1	0
17	1	0
19	1	1

With this inspection, the Sanitary Board considered the overcrowding of these basements solved in the short-term, particularly as a number of permits for habitation had been requested and granted in the meantime.[87] Nonetheless, to make sure that sleepers were not returning to the properties and the solution was longer term, the Board warranted one final documented inspection in November (Fig. 4.5) which uncovered legal habitation patterns.[88]

Fig. 4.5. Results of Bridges Street night visit inspections (26 Nov 1906).[89]

Property number	Persons allowed	Persons found in basements
9	4	4
11	1	Locked
13	2	2
15	2	2
17	1	1
19	1	1

by permit." HKRS205.1.35: Memo (20 April 1906). The weather may have also made more people sleep indoors, as it was rainy season.

[84] HKRS205.1.35: Memo (27 April 1906).

[85] HKRS205.1.35: Inspection data compiled (25 June 1906).

[86] HKRS205.1.35: Inspection data compiled (16 July 1906).

[87] The following suggestion by the Acting Medical Officer of Health, Wilfred. W. Pearse, was carried through: "I think all basement permits should have the numbers of persons who may occupy the basement." HKRS205.1.35: Memo (29 November 1906).

[88] HKRS205.1.35: Inspection data compiled (26 November 1906).

[89] HKRS205.1.35: Inspection data compiled (26 November 1906).

Taken together, these inspections provide several conclusions. The regularity of the visits showed the ongoing and localised nature of crusades against the complex issue of urban overcrowding. Their repeated nature reifies the coercive character of the medical state in the colony after 1900, especially when accounting for routine daytime sanitary inspections. Contrasted against the unwillingness of English language writers to engage with the Chinese side of Hong Kong in the guidance literature, following the bubonic plague the colonial state demonstrated an increasing tendency and comfort with entering and controlling private spaces and bodies in the pursuit of health. This intrusive approach could be effective. The intrusion of the state had curtailed the number of illegal sleepers and thus the overcrowding of these areas, even if the Board had shown some flexibility in their policy.

Some questions remain, however. Did the pressure on the tenants themselves or pressure onto the landlords, which sources recurrently muddled, reduce overcrowding over time? Likewise, it is unclear whether these visits represented the norm, both in their character and effect. Lastly, where did the persons move to after their egress from these buildings -that is to say, did these visits simply shift the problem? Though all of these questions cannot be answered, the amalgamated overcrowding statistics across Victoria give some indication to the extrapolation of the Bridges Street case.

The macro statistics for overcrowding inspections were collated per health district.[90] These health districts were limited to the city of Victoria. They did not encompass any parts of the Peak or other settlements on Hong Kong island, nor those in Kowloon and the New Territories, as these areas were overseen by the less regimented *fumuguan* system.[91] There were ten districts altogether, stretching roughly from today's Causeway Bay in the East to Pokfulam in the West.[92] The districts themselves were overseen by a combination of routine and

[90] HKGRO: GA 1898: 'Reports of the Medical Officer of Health, Sanitary Surveyor, and the Colonial Veterinary Surgeon for 1897.'
[91] Tsang, *Governing Hong Kong*, pp. 27-34.
[92] These cartographic health districts were introduced in 1898 and varied significantly.

specialised inspections designed to assess sanitary questions, like the incidence of disease or overcrowding.[93]

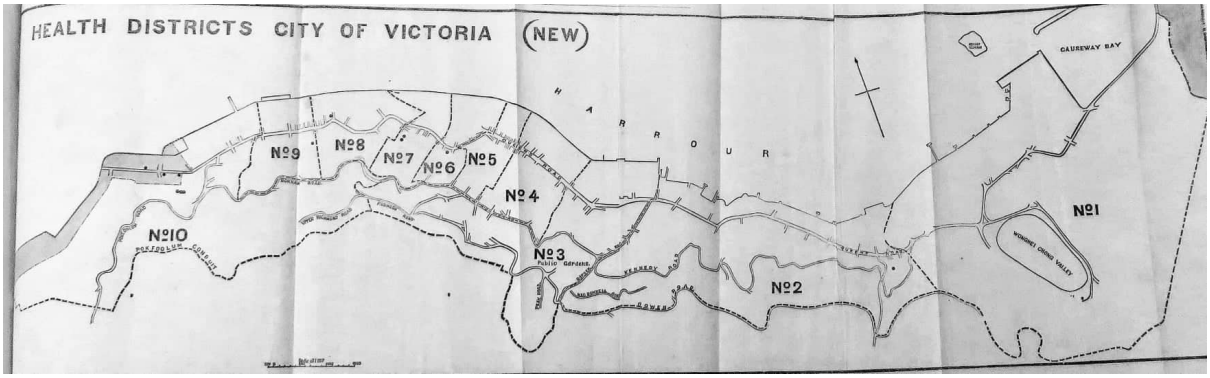


Figure 4.6 Map of health districts in Victoria

The minutes of the Sanitary Board for 6 March 1906 focused on overcrowding from this macro perspective. Summarising 1905, the President of the Board, stated:

> During 1905, 1809 domiciliary visits were paid at night under warrant to ascertain whether overcrowding existed, and, in the case of 661 premises overcrowding was found to exist. 492 prosecutions were instituted in respect to these overcrowded premises and fines amounting to $2743.50 were inflicted by the Magistrate.[94]

The Sanitary Board's papers rarely detailed the legal and financial aspects of governing overcrowding, since they were passed onto other governmental departments. Fines up to a limit of 25$ per day were the norm for infractions around overcrowding and building regulations, and these were handed out to each person who failed to comply with summonses and obey orders.[95] The first return of its kind for overcrowding in Hong Kong (Fig. 4.7), in June 1906, began

[93] The plan reproduced here shows their use for disease tracking. HKRS205.1.34: Monthly Return of Infectious Diseases (1906).
[94] HKRS205.1.36: Minutes of the Sanitary Board (6 March 1906).
[95] PB&BO1903

to indicate the human dimension of these prosecutions beyond simple fines showing widespread displacement organised by district.

Fig. 4.7. Displacement from overcrowding prosecutions by health district (June 1906).[96]	
District number	Persons displaced
1	25
2	19
3	0
4	62
5	17.5
6	26
7	82
8	62.5
9	22
10	0
Total	326

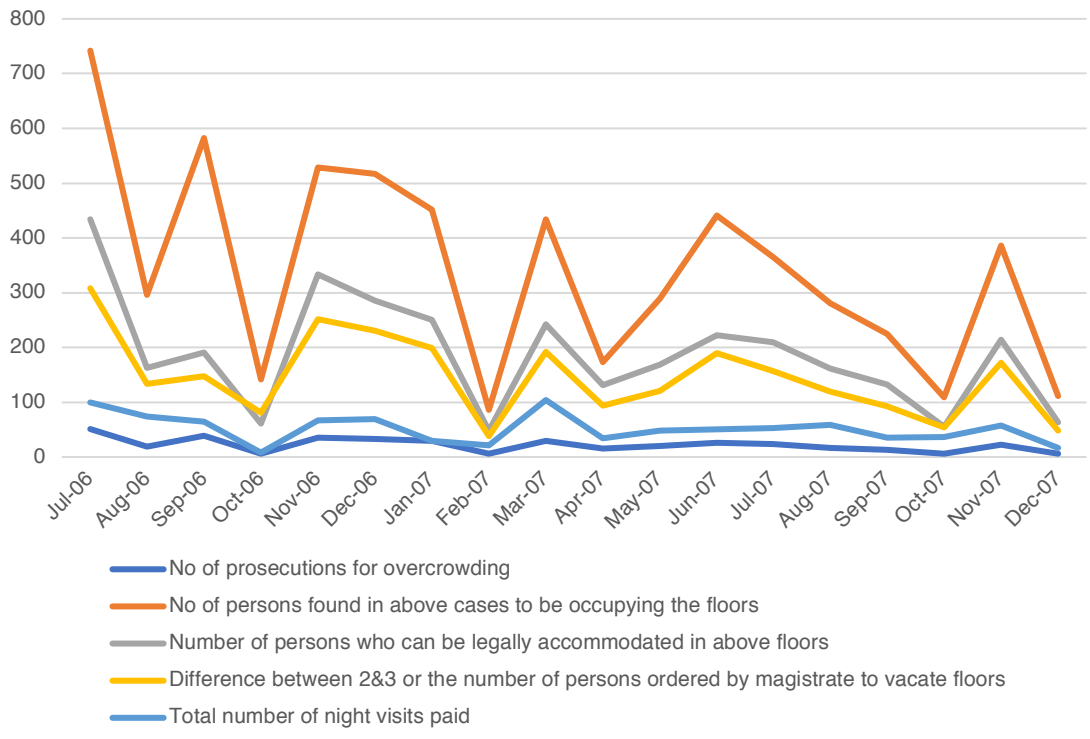
The Sanitary Board's paperwork suggest that it struggled to track where displaced persons ended up.[97] Given Inspector Byran's earlier comments and the poor-quality high rent housing throughout the colony, these displacements were unlikely to resolve positively.[98] More probable, occupants were simply driven to similar conditions elsewhere. This raised the question of whether sanitary legislation and its arbitrary application was beneficial to public health on a day-to-day basis.

Detailed records of these inspections span July 1906 to December 1907. There are significant limitations to this data set in that it represented under a year and a half, a small snapshot of the time period. As such, it is beyond the remit of this chapter to make conclusions about annual patterns of overcrowding over a longer span and differences by season, which would likely have implicated upon overcrowding rates. Keeping these factors in mind, the detailed data produced in the subsequent period shows how overcrowding and governmental policing of it was distributed temporarily, spatially and demographically.

[96] HKRS205.1.35: Return for overcrowding (June 1906).
[97] HKRS205.1.36: Return for overcrowding (October 1906).
[98] 'Compensation for Destroyed Cubicles', *The China Mail* (6 May 1898), p. 3

Mapping all the primary measures of overcrowding used by the Sanitary Board over time (Fig. 4.8), the data at first glance appears to roughly indicate a gradual decline in overcrowding with certain months offering an exception to this pattern.[99] Looking closer, the truth was different. Though the Board's figures for persons found during night visits declined over time, this was the result of conducting fewer inspections overall. The relationship between the number of visits conducted and the number of prosecutions made by magistrates were closely linked. Ultimately, where the government went looking for overcrowding, they generally found it in severe rates. [100] Accounting for targeted repeated inspections, as at Bridges Street, as well as various other contributing factors, overcrowding was likely even worse than the statistical picture.[101] This produces

Fig. 4.8: Monthly patterns in overcrowding



[99] These included the total numbers of night visits paid, prosecutions, persons found during visits, persons legally allowed to reside in the building, and the difference between the latter two meaning the number ordered to vacate by a magistrate.

[100] Taking the total figures for the period, approximately 3363.5 people were legally accommodatable in the floors inspected whilst 6159 were found during inspections, a rate in excess of 80% above the legal limit. This number is approximate due to some discrepancies and illegibility in the original data set. Averaged out across the months, the habitation rate was a staggering 142%. HKRS205.1.35–HKRS205.1.37.

[101] Another noteworthy factor that likely made the reality overcrowding of worse the Sanitary Board's data was that inspectors often marked entire floors (usually where there was a business on the bottom floor) as vacant, meaning that the storeys of the same premises would likely have been more densely packed with people whilst decreasing urban density per se. This focus on floors, likewise, did not give indicate to the numbers of people sharing small rooms or cubicles.

a grim conclusion, the numbers of people sharing cramped, dark and insanitary spaces was far beyond their designed capacity, whilst the human reality of inspections was widespread disturbance and displacement of communities.

Based on the downward trends above, the government's crusade against overcrowding gradually waned. The 1903 legislation spurned what many identified as overzealousness by the Sanitary Board, with mounting criticism over their handling of cubicles, overcrowding and other sanitary infractions.[102] In 1905 alone, the Sanitary Board recorded that 1809 visits were conducted resulting in 429 prosecutions.[103] Between July 1906 to December 1907, there were 999 night visits and 419 prosecutions suggesting a precipitous decline in government activity. Conceivably, inspections waned because overcrowding dispersed or, given the less harsh decline in prosecutions compared with overall visits, the Board had become more adept at routing out overcrowded premises. But this belied the statistically reality. Instead, the pattern likely represented the Board's growing awareness of the intractability of overcrowding and their attempt to ease their worsening reputation.

The spatial perspective (Fig. 4.9) first reveals there was strong variation in the distribution of overcrowding throughout the colony despite the similarity of certain districts. [104] Excepting district number 3, overcrowding similarly affected those areas of Hong Kong that were not considered discursive "Chinatowns" in the derogatory Western sense, like Kennedy Town.[105] This level of overcrowding

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[102] The Board, for instance, kept a copy of a newspaper extract after they had issued a notice of abatement to the *Post*'s property, which scornfully opened: "The Sanitary Board officials have afforded us another instance of their zeal and activity. Two days ago we received a most arbitrarily worded notice […] We returned notice with our compliments to the secretary of the Board pointing out that if the officer who served it could have spared a few moments from his strenuous duties to have entered the building he would have seen that the place was being thoroughly whitewashed and repainted, and in fact the work was half finished." HKRS205.1.35: Extract from *South China Morning Post,* p. 3301.

[103] HKRS205.1.36: Minutes of the Sanitary Board (6 March 1906).

[104] Fig. 4.9 complied from HKRS205.1.35–HKRS205.1.37.

[105] "Chinatowns" were a major structuring component of Yellow Peril discourses. Frayling, *The Yellow Peril,* p. 254; It appears that the colonial governments zeal for policing Chinese spaces went beyond the Western districts for which they held most distaste. Jeremy E. Taylor, 'Nation, Topography, and Historiography: Writing Topographical Histories in Hong Kong', *Modern Chinese Literature and Culture*, 15.2 (2003), 45–74 (p. 56); As Craddock has argued, the pathologized body of the Chinese person could not be divorced from their environments. There was a unity in discourses of body and place. Susan Craddock, 'Embodying Place: Pathologizing Chinese and Chinatown in Nineteenth-Century San Francisco', *Antipode*, 31.4 (2008), 351–371 (pp. 370-371). District 3, an anomaly with no night visits conducted, was indicative of the way different categorisations of space reflected upon lived experience and policy. The district covered lower portions of Victoria occupied by the Naval Docks. Military structures were subject to acute medical monitoring, so even had the Sanitary Board conducted frequent inspections in the area, it is unlikely they would have uncovered illegal practices.

in a district outside of the traditional centres of Chinese habitation suggests a pattern of Chinese residency and of economic poverty more varied than historians have recognised.[106] The city was not so obviously dichotomous between the European and the Chinese, and the crowded and the overcrowded, and the rich and the poor. The data suggested, rather, that even on the city's fringes widespread residential problems were the norm.

Fig. 4.9 Total metrics for overcrowding by health district (July 1906-December 1907).[107]

District	Prosecutions for overcrowding	Persons found	Persons legally accommodatable	Persons ordered to vacate	Night visits
1	29	595	335	260	90
2	83	1116.5	688.5	464.5	222
3	0	0	0	0	0
4	47	716.5	371	345.5	104
5	31	599	281.5	317.5	56
6	33	584	294	264	62
7	34	47.5	290	184.5	110
8	21	346.5	196	150.5	48
9	109	1706.5	1000	736	240
10	32	462.5	261	201.5	66

Continuing to look at each district over time, however, adds certain nuances to this complex picture. Whilst district 9 possessed the highest overall rate of overcrowding, other districts did at certain points of time shared similar, if not higher, numbers of people in excess of those allowed. For one of the most shocking examples, in January 1907 the Sanitary Board conducted 29 night visits in district 6, undercovering 342.5 persons inhabiting spaces legally allowed to accommodate 162 persons.[108] Though not always to the same severity, other districts displayed equivalent rates of overcrowding.[109] At some point over the period under question nearly every district had rates of overcrowding exceeding

[106] For the conventional understanding of residential patterns in early colonial Hong Kong, see: Steve Tsang, *A Modern History of Hong Kong* (London: IB Taurus, 2004), pp. 65-66.
[107] Fig. 4.10 complied from HKRS205.1.35–HKRS205.1.37.
[108] HKRS205.1.37: Return for overcrowding (January 1907)
[109] In district 1 in August 1906, the Sanitary Board's four night visits found 90 people in situ, grossly in excess of the 33 persons allowed. HKRS205.1.36: Return for overcrowding (August 1906). Even district 8, which displayed the closest total numbers of persons to those allowed in the spaces as a whole, displayed large excesses in the number of people found at 56 to only 29 accommodatable legally during September 1907. HKRS205.1.37: Return for overcrowding (September 1907)

150% of capacity.[110] Over time the district perspective indicates that across Victoria, there were pockets of stark overcrowding.

The final way of framing the data on overcrowding is through the prism of demographics. In 1906, the Sanitary Board raised concerns over the lack of clarity about the types of people found during nights visits and where they were displaced to.[111] Though they failed to answer the second question, from 1907 statistical distinction was made between "families" and "single men." This statistic distinction showed that families were narrowly ordered to vacate premises in the highest numbers.[112] Outwardly, this suggested that the problem of overcrowding was most pronounced and severe in family premises.[113] Yet the small margin between families and single men who were ordered to vacate shows that single men were also present in lodging houses in excess of capacity.

Fig. 4.10. Totalled metrics for overcrowding by demographic in 1907.[114]

Metric	Family	Single Men
Night visits	321	243
Persons found in floors	1700	1807
Persons legally accommodatable	1020	932
Persons ordered to vacate	768	859
Overcrowding prosecutions	102	131

The total number of night visits confirms the assumption that inspectors were intensively targeting overcrowding amongst families, given the disproportionate weighting of Hong Kong's wider population.[115] Yet the similar numbers of people ordered to vacate situated against the fewer night visits conducted on premises for single men, showed that single men were likely found in the most overcrowded conditions. It also presumedly denoted that the government showed more leniency in not displacing families. Once again, this mindset indicates the cultural weight of familial vulnerabilities in the colonial setting. It also attests to the how subaltern perspectives, like those of the

[110] That is excluding the total inactivity in district 3. HKRS205.1.37.
[111] HKRS205.1.36: Return for overcrowding (October 1906)
[112] "Family" persons vacated totalled 880.5 compared with 859 "single men." HKRS205.1.37
[113] As discussed earlier in the chapter, the press tended to raise concerns about overcrowding as it related to family units in an emotive way. The data of the Sanitary Board, on first inspection, indicates that the media were correct in their stance. HKRS205.1.37
[114] Compiled from returns for overcrowding in HKRS205.1.37.
[115]

labouring population, were hushed under a colonial narrative that served to naturalise the condition of overcrowding and simultaneously portray the Chinese family as an unfortunate victim of that inescapable circumstance.

Combining perspectives together from the night visits conducted in 1905-1907, the Sanitary Board continued to find similar rates of people in excess of the number allowed, whilst its efforts to combat the issue declined. The most concerted effort was directed at families, as opposed to single men, but for both groups, overcrowding was high. All of these patterns were distrusted broadly across the colony, as almost every health district at a single point in time revealed egregious overcrowding. The problem appeared intractable, extending beyond the most demonised areas and populations of Hong Kong. With the usual racial overtones, the *Hong Kong Weekly* illuminated the situation:

> No one doubts the genuineness of the motives and the hopes of reform which inspired its framers, but the clumsy and overladen Ordinance was drawn up without a knowledge of human nature as it is found in Hongkong and without a due appreciation of the economic conditions under which the masses live.[116]

In policing overcrowding, the colonial government's policies were confused and ambiguous, often demonstrating conflicting tendencies as the state veered between standoffishness (as with allowing cubicles) and interference (as with night visits). This sobering reality of intractability appears more pertinent given that overcrowding and partitioning pertains as an issue in the postcolonial city today.[117] In light of the previous chapters, the shows how cultural portrayals of Chinese space shaped policy and, with that, daily life. Indeed, it evidences just

[116] 'The Cubicle Question', *HKWP* (24 June 1907), p. 406.
[117] In the aftermath of the Second World War, overcrowding and urban density assumed an ever more central position in contemporary socio-political debates. R. H. Hughes, 'Hong Kong: An Urban Study'. *The Geographical Journal,* 117.1 (1951), 1–23. (p. 9). Social housing took on "mythical" importance in the culture of the Hong Konger, as it became a pillar used to portray citizenship and belonging in the colonial city. Smart, *The Shek Kip Mei Myth,* p. 2. Living conditions in Hong Kong today are perhaps more crowded than ever before, with the moniker of "coffin homes" used to capture the cramped living quarters that remain a reality for many. Yung Yau and Wai Lau. 'Big Data Approach as an Institutional Innovation to Tackle Hong Kong's Illegal Subdivided Unit Problem', *Sustainability,* 10.8 (2018), 1-17 (p. 2).

how deeply and different racial attitudes to domestic space and healthiness defined two sides of the colonial experience.

Surveying overcrowding in Shanghai

In the International Settlement, large scale investigations into living conditions and overcrowding in the wider city begun in the early 1930s. These progressed with influxes of refugees before being abortively ended by the Second Sino-Japanese War (1937-1945).[118] This makes a direct comparison with Hong Kong in the first decade of the twentieth century problematic. Nonetheless, the International Settlement's more informal investigations of living conditions, both in the alleyway houses and the shantytowns, from the turn of the century to the 1930s showed its divergence from its colonial cousin. The Municipal Council's stance on overcrowding was educational and non-remedial, fundamentally different to the heavy-handed and culturally sensitive situation in Hong Kong. This difference is key, then, for it shows how the comparison between Hong Kong and Shanghai could only go so far, meaning that the way colonial culture implicated upon policy was very much impacted by the different nature and legal structures of the colonial occupation.

The undercurrents in debates on expansion of the International Settlement in 1898 typified the attitudes within the Municipal Council towards Chinese populations in the city's shantytowns. The first home of many arrivals to Shanghai, shantytowns represented one of the most derided aspects of the city's landscape. Shantytowns, which Shanghai's foreign community also referred to as "beggar villages" or "suburbs", comprised low quality, makeshift slums crowded together on the riverbanks to meet rural immigration from the late-nineteenth century.[119]

[118] The City Government of Greater Shanghai, under Republican Chinese rule, also conduced investigations in living conditions. The Shanghai Bureau of Social Affairs surveyed workers houses in 1929-1930, for instance. See: Ya Ping Wang and Alan Murie, *Housing Policy and Practice in China* (Basingstoke: Macmillan, 1998), pp. 48-50.

[119] There were a number of different types of dwellings that made up Shanghai's shantytowns, all of which were of a very makeshift and low-quality nature. In order of their sophistication, there were *maomaochuan*, *gundilong*, and *penghu*. The shantytowns had no access to running water or modern plumbing facilities (the river tended to serve both functions), nor did they have access to electricity. For more on the built form of the shantytowns, see: Lu, *Beyond the Neon Lights*, pp. 119-120.

The demographic make-up of these slum settlements indicated the ironies of colonial modernity in the treaty port era. The vast majority of shantytown inhabitants hailed from the regions surrounding Shanghai, particularly Subei in northern Jiangsu.[120] They were engaged in various low wage occupations, such as rickshaw pullers, or they otherwise survived through begging.[121] These were lives of bare subsistence, more comparable to homelessness than ghetto dwellers.[122] Yet rather than being the nests of dirtiness and depravity that Westerns labelled them, shanty towns were more a reproduction of the housing form which dominated countryside settlements in China.[123] Even so, Shanghai was always an alluring place and moving there, even to live of life a hard subsistence, was a climb on the social ladder.

Western popular attitudes to the shantytowns, as chapter one showed, were mixed. Only the self-identified adventurous writers covered shanty towns, for whom these settlements occupied the position of an interesting and vibrant, if at times grotesque, sensory display of daily life in China.[124] Imperial writers portrayed in voyeuristic terms how the shanty towns were areas of extreme poverty tinged by a pathological quality. Such descriptions focused on filth and mendicancy, placing foreign imperialism as peripheral to these problems as well as to any potential solutions. When foreign governmental forces interacted with these areas, the rhetoric was purposefully negative.

The most illustrative example of such attitudes was a meeting of the Shanghai General Chamber of Commerce held on 17 June 1898. The agenda of the meeting, which was open to the public but dominated by members of the Municipal Council, was set toward expanding the boundaries of the International Settlement to encompass the slums on its northern and western borders. The rational of the meeting was encapsulated by a prominent local figure and businessman Charles. J. Dudgeon: “So long as the Chinese are inside the Settlement we can control them; outside the settlement limits we cannot.”[125] The

[120] Across the city, Shanghai residents who originated from Subei received prejudice in the city’s population from different regions, largely due to their associations with poverty. Lu, *Beyond the Neon Lights*, p. 127.
[121] Lu, Beyond the Neon Lights, pp. 6-7.
[122] Lu, *Beyond the Neon Lights*, p. 116.
[123] Henriot, ‘Slums, Squats, or Hutments?’, p. 510.
[124] Huang, ‘Deodorizing China’, pp. 1121-1122.
[125] Shanghai General Chamber of Commerce, *Extension of Foreign Settlements*, p. 6.

proposition was first justified in terms of criminality, a rationale which bled into the second justification made on medical grounds.[126] As one attendee to the meeting remarked, this is "not a question of sentiment or of individual gain", but "literally one of life and death."[127] Poverty was portrayed as a grave threat for foreign observers who saw the Chinese as unsettlingly inseparable from the unhygienic spaces that they created and occupied. This ultimatum logic spoke to the traction medical arguments in the management of imperial spaces, even on the fringes of empire.

For this medical argument, the dominant narrative was given by the recently retired Health Officer, Edward Henderson. Henderson gave an elaborate verbal tour of decent from from the pleasantries of the International Settlement near its border. [128] The crescendo of his monologue was replete with dramatic tones:

> I think I have in no way exaggerated the danger and I have not overdrawn the picture. Believe me when I tell you that as time goes there is being drawn round your settlement a cordon of dirt and disease for which if it is allowed to extend unchecked, a heavy reckoning will one day have to be paid. Trust nothing to the Chinese in matters of sanitation; sanitary work must be done by foreigners alone in China […] The conditions are those to which you would willingly expose yourselves and your families […] The commercial prosperity of Shanghai is bound up in the health of its inhabitants. Think of Hongkong in 1894, look at Bombay today.[129]

[126] The treatment of the two issues, disease and crime, were on remarkably similar terms of spreading uncontrollably and a difficulty of policing. This conflation of the two issues is increasingly common from the mid-nineteenth century as crime was pathologized and disease was criminalised. Robert Peckham, 'Introduction: Pathologizing Crime, Criminalizing Disease', in *Disease and Crime: A History of Social Pathologies and the New Politics of Health*, ed. by Robert Peckham (London: Routledge, 2014), 1–20 (1-3). In the context of these peripheral populations, like the floating population in Shanghai's shantytowns, these themes were particularly pronounced. Tsang, 'Hong Kong's Floating World', p. 36; Such connected visions of infection through degenerate vice in Chinese communities were also present in the British metropole, see: Auerbach, *The Chinese Puzzle*, p. 154.

[127] Shanghai General Chamber of Commerce, *Extension of Foreign Settlements*, p 7.

[128] Shanghai General Chamber of Commerce, *Extension of Foreign Settlements*, pp 6-8.

[129] Shanghai General Chamber of Commerce, *Extension of Foreign Settlements*, pp 7-8.

The proponents of expansion thus employed ideas of pestilential danger and Chinese deficiency, once more grounded in the pathologically susceptible figure of the family.[130] Through these racialised and gendered visions, the masculine Shanghailander and the protective desires of the state were linked together and tied to the overall health of the imperial enterprise.

Elsewhere, Henderson minutely detailed the horrors and squalor of the shantytowns, focusing on the overflowing materiality of the place.[131] As structures and spaces, the dwellings and settlements of these shantytowns were not formalised architectural projects. Rather they were the result of everyday materials and living practices put together to form vernacular dwellings.[132] As in many cities across the East Asia, this was a floating population both in the difficulty of governmental tabulation and in the literal sense that they revolved around water.[133] Shanty towns did not conform to building or planning standards laid out by the foreign powers or by the Chinese authorities, nor did their inhabitants daily living practices. This imbued them with a profoundly pathological quality that was specifically linked to overcrowding as a social issue.[134] This thought pattern typified aetiological ideas at the turn of the century. Common people and many medical professionals were caught between miasmatic, contagionist, and biomedical explanations of disease.[135]

The discursive infectivity of the periphery did contribute to the eventual expansion of the International Settlement in the following year. In May 1899, the Settlement expanded to the West and North encompassing many roads and structures that had already been completed illegally outside of concessionary limits.[136] Medical arguments, which had been circulating powerfully since 1894, served as a convenient way to create opportunity out of regional geopolitical

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[130] Rogaski, *Hygienic Modernity*, p. 75.
[131] Shanghai General Chamber of Commerce, *Extension of Foreign Settlements*, pp 6-8.
[132] Henriot, 'Slums, Squats, or Hutments?', p. 507.
[133] Tsang, 'Hong Kong's Floating World', p. 36; MacPhearson, *Wilderness of Marshes*, p. 8.
[134] "Perhaps the greatest sanitary evil in Shanghai and one which is daily becoming greater is that of overcrowding, which is universally admitted to be the worst of all unhealthy conditions and one which cannot be counterbalanced by other sanitary measures." SMCR (1899), p. 81. The connection of overcrowding with the potentiality of disease occurred earlier, too. See: U1-1-122: Sanitary Board Minute Book (18 May 1894), p. 104.
[135] Christopher Hamlin, 'Predisposing Causes and Public Health in Early Nineteenth-Century Medical Thought', *Social History of Medicine,* 5.1 (1992), 43–70 (p. 44).
[136] In terms of area, the International Settlement went from 1,779 to 5,583 acres in May 1899. Yu and Denison, *Building Shanghai*, p. 82.

issues.[137] With China's weak position from its humiliating performance in the Sino-Japanese War, the foreign powers all gained further significant new concessions on the Chinese mainland. The Qing authorities effectively had to give each of the major foreign powers what they offered the others.[138] It seemed only fitting that the largest expression of the Western presence in mainland China, the International Settlement, should want some share of the spoils. In these moments, disease formed a convenient pillar for expansionism. As was the case with Moganshan, new foreign enclaves were pursued and justified through medical ideologies, whilst also reinforcing existing territorial claims in China. As in Hong Kong, Chinese "crowds" were being used by administrators and citizens to justify colonial claims upon space.[139]

With the parameters of debate around the turn of the century established, similar issues arose as overcrowded worsened in the 1930s. In this intervening period, much had changed in the city itself and in the wider socio-cultural dynamics between Western and Chinese populations. Foremost, Shanghai itself had developed into one of the largest cities in the world, a cultural centre, and the largest port in China with expansive commercial and industrial sectors.[140] The architecture of the city was increasingly modern, though the same shantytowns and alleyway houses remained, albeit with the latter having an increasingly diversity of forms based on affluence.[141] The governance of the city had drastically changed. The Nationalists had assumed power in China, whilst the Japanese had also carved out a prominent space in Shanghai.[142] The relationship between the foreign municipalities of Shanghai and the city's leaders in the Republican Period was thus notably different, reflecting an emboldened anti-foreign stance under the Nationalist government.[143] On a more global scale, rising Asian nationalism and assertiveness caused Yellow Peril anxieties to spiral

[137] SMCR (1894), pp. 85-92; TNA:FO228/1293: Mansfield to MacDonald (28 June 1898).
[138] Bickers, *Scramble for China*, p. 329.
[139] Peckham, 'Critical Mass', p. 372-373.
[140] Shanghai's population had trebled from one million at the turn of the century to roughly three million in the 1930s. Lee, *Shanghai Modern:*, pp. 6-37; Lu, *Beyond the Neon Lights*, p. 8-17; Ren and Dennison, *Building Shanghai*, p. 125. Shanghai's world of underworld crime, too, might be described as formidable. See: Wakeman, *Policing Shanghai*, pp. 9-15.
[141] Smith, *The Urban Design of Concession*, p. 160.
[142] The growing conflicts between Chinese warlords were also important, driving more and more people to seek refuge in the relative safety of China's foreign concessions.
[143] Bergère, *Shanghai*, pp. 4-5; Bickers, *Scramble for China*, pp. 365-373.

in new directions, particularly with the serious threat that imperial Japan's ambitions posed to the established international order.[144] Whilst Western media incorporated these political developments into the Yellow Peril discourse, behind them still lurked the spectre of China's "teeming" crowds.[145]

In terms of medical developments, the Interwar period was characterised by a shift away from sanitarian paradigms of infectious disease control (whilst retaining their successes) toward social medicine.[146] This dealt with health through social interventions, in areas like living and working conditions and diet. It was broadly educational in approach – something which programmes in Hong Kong and Shanghai reflected in the period.[147] The International Settlement's administration of public health specifically had been consolidated under the formal Public Health Department.[148] The Department's led by the Health Officers Dr Stanley, and his successors Dr C. Noel Davis then Dr J. H. Jordan, gradually moved focus toward educational programs and laboratory medicine, managing to generally keep pace with related developments in Britain.[149] The same shift in focus was equally true of the other jurisdictions. The Chinese City, under the Shanghai Municipal Public Health Bureau (*Weishengju*), was a point of emphasis in the Nationalist government's plan for Shanghai to be a showcase of an ordered modern China.[150]

It was in this changed context that more serious enquiries into housing, living conditions, and overcrowding began. The first such investigation again probed the shantytowns, as by 1930 shantytowns housed roughly one fifth of Shanghai's total population.[151] Herbert Day Lamson led an investigation into the

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[144] The continued fear of Asian populations was related to China, but it was more acute directly towards Japan in the 1930s. Stanford M. Lyman, 'The "Yellow Peril" Mystique: Origins and Vicissitudes of a Racist Discourse', *International Journal of Politics, Culture, and Society*, 13.4 (2000), 683–747 (p. 726).

[145] Étienne Dennery, *Asia's Teeming Millions: And Its Problems for the West* (Port Washington: Kennikat Press, 1931), pp. 1-14; Peckham, 'Critical Mass', p. 372-373.

[146] Dorothy Porter, 'How Did Social Medicine Evolve, and Where Is It Heading?', *PLOS Medicine*, 3.10 (2006), 1667–1672 (pp. 1667-1668).

[147] Jones, 'Tuberculosis, Housing and the Colonial State', pp. 655.
Jackson, *Shaping Modern Shanghai*, pp. 199-202.

[148] The PHD was formed and consolidated through legislation in 1898 and 1900. Jackson, *Shaping Modern Shanghai*, pp. 199-202.

[149] Jackson, *Shaping Modern Shanghai*, pp. 170-175, 180-184.

[150] Nakajima, *Body, Society, and Nation*, pp. 76-77; Henriot, *Scythe and the City*, p. 166; Frank Dikötter, *The Discourse of Race in Modern China*, 2nd ed. (London: Hurst & Company, 2015), pp. 79-101.

[151] The largest of these shanty towns, Yaoshuilong had around 10,000 inhabitants housed in roughly half that number of dwellings. By 1940, that number had increased to 16,000 residents housed in just 4,000 dwellings. Lu, *Beyond the Neon Lights*, p. 116-118.

conditions in these slums the results of which were published in the *Chinese Economic Journal* in 1932.[152] It focused solely on the Yangshupu shantytown, examining in detail 23 houses and the wider environment:

> In the housing study we included a number of huts of the very poor which are made of very inflammable materials [...] These dwellings are not rainproof nor windproof, and therefore are not sufficient protection from the rigors of Shanghai's variable climate […] Odors of decaying garbage, excreta of pigs, or dirty dampness pervade the atmosphere in the vicinity of these human habitations.[153]

In Lamson's paper, like Henderson's earlier appraisal, a disquieting mixed materiality of living practices prevailed, where dwelling structures bled into the local environment and vice versa. The alluvial marshy plains of Shanghai were largely the floors of these straw huts, and its mud formed the plastering of their walls.[154] Huts were constructed randomly around the riverside, whilst the river was used for drinking water and other bodily functions. [155] This melange, too, was not solely a human landscape, as animals shared this living space.[156] This indivisible quality of the environment and the innumerable racialised body made poverty pathological. [157] Yet compared with earlier rationalisations of the shantytowns as justification for Settlement expansion, these slums were mostly portrayed as a threat to their own residents, rather than the foreign community itself; the public appetite for expansion had been grounded.[158]

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[152] Lamson was an American sociologist. He is best known historically for his eugenicist writings focusing on the Eurasian presence in Shanghai. See: H. D. Lamson, 'Sino-American Miscegenation in Shanghai', *Social Forces*, 14.4 (1936), 573–581.

[153] H. D. Lamson, 'The Problem of Housing for Workers in China', *Chinese Economic Journal*, 11.2 (1932), 139-162 (pp. 147-148). See also: H. D. Lamson, 'The Effect of Industrialization upon Village Livelihood', *Chinese Economic Journal,* 9.4 (1931), 1025–1082; See also: Lu, *Beyond the Neon Lights*, p. 120-121.

[154] "These dwellings are not rainproof nor windproof, and therefore are not sufficient protection from the rigors of Shanghai's variable climate. After a heavy rain, the inmates may be observed walking about in water perhaps up to their knees, while children are placed on the bed in order to keep them out of the water." Lamson, 'The Problem of Housing', p. 147.

[155] Lamson, 'The Problem of Housing', p. 148.

[156] "Many of these dwellers in huts of straw are fond of keeping pigs as an investment, pigpens being placed right next to and adjoining the huts. Chickens are prevalent and at night sleep under the beds." Lamson, 'The Problem of Housing', p. 148.

[157] Shah, *Contagious Divides*, p. 48; Craddock, 'Embodying Place', pp. 370-371.

[158] Kuo, 'Urban Crisis and State Intervention', p. 16.

Finally, there were the Shanghai Municipal Council's investigations into overcrowding in International Settlement's alleyway houses through its Housing Committee of 1936-1937.[159] These surveys were unlike the night visits in Hong Kong. Rather than jointly monitoring and policing overcrowding, the Housing Committee's surveys were designed to analyse the situation so as to guide a future policy toward gradual improvement in living conditions.[160] Their surveys were also distinct as they did not arise from public opinion but from internal concerns amongst administrators, contrasting the moralistic social commentary in Hong Kong. Overcrowding was nonetheless an important social issue for the Chinese themselves, illuminated by their own records of daily urban life in Shanghai. Chinese print media, for instance, repeatedly chronicled sublandlords as reviled figures.[161] In Shanghai's Western language media and governmental circles, the external causes of overcrowding more commonly occupied public discussions.[162] The Housing Committee case intimates the similar social problems of high-density urban living across both sites, as well how colonial culture interacted with government and society to product divergent policy.

The Housing Committee's surveys dealt with overcrowding more closely than Lamson had in 1932. Their 1937 Report totalled the number of families per household, for which it should be remembered that these houses were designed for one or two families at most. Using its data, Hanchao Lu has demonstrated that four families per household was the norm in the International Settlement providing 30 square feet (337 cubic feet) per person (Fig. 4.11).[163]

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[159] For more on the Housing Committee, see: Kuo 'Urban Crisis and State Intervention', pp. 1-22. For a discussion of how living conditions in Shanghai in the 1930s compared poorly with later periods, see: Bruce L. Reynolds, 'Changes in the Standard of Living of Shanghai Industrial Workers, 1930-1973.', in *Shanghai: Revolution and Development in an Asian Metropolis*, ed. by Christopher Howe (Cambridge: Cambridge University Press, 1981), 222–240 (pp. 232-233). The Hong Kong government by 1935 had also established a Housing Commission to look into the social questions of housing, though like its Shanghai equivalent its plans, largely social and education in nature, were cut short by the Second World War. For more on this Commission, see: Pui-yin Ho, *Making Hong Kong: A History of its Urban Development* (Cheltenham: Edward Elgar Publishing, 2018), 113-114, 177. Jones, however, does assert that the Housing Commission and more philanthropic developments in Hong Kong entailed an embryonic form of social housing policy in the colony. Jones, 'Tuberculosis, Housing and the Colonial State', p. 673-679.

[160] "We would emphasize that the adoption of the report by the Council will not solve the housing problem. There is no intention of implementing the recommendations by displacing those for whom no other accommodation is available." SMCR (1937), p. 18.

[161] Lu, *Beyond the Neon Lights*, pp. 164-167.

[162] Kuo, 'Urban Crisis and State Intervention', p. 16.

[163] Lu, *Beyond the Neon Lights*, p. 158.

Fig. 4.11. Number of families per house found during SMC's Housing Committee surveys (1937).[164]		
Families per house	Families in this situation	Households in this situation
1	14310	14310
2	12884	6437
3	18945	6315
4	22764	5691
5	15435	3087
6	14028	2338
7	8840	1120
8	3824	478
9	2061	229

There were also 1,305 families living in households accommodating over nine families.[165] Within this were statistically rarer cases where as many as fifteen families were accommodated in a single household.[166]

The Report gave detailed delineations of how such density was accommodated through tenant's architectural alterations. The following passage shows the extremity of partitioning and subletting, exposing similar patterns to Hong Kong almost thirty years earlier:

> In the front part, about ten feet square, live the lessor [the second landlord] and his family, five persons in all. He customarily pays the rent of the whole house to the landlord, letting out the rest to subtenants [third tenants]. In the back portion, about 10ft. by 8ft., live three persons. The kitchen has been sectioned off and three more live in a 9ft. × 9ft. room. Upstairs, the large front room has been divided into two. The front part is the best in the house for it has light and air and runs the full width of the house—it is occupied by two persons.[167]

Continuing at length in the same tone, the Report recounted the myriad ways that sub-landlords and tenants supplemented their incomes by modifying spatial

[164] Shanghai Municipal Council, *Municipal Gazette of the Council for the Foreign Settlement of Shanghai*, 30.1653 (March 30, 1937).
[165] Lu, *Beyond the Neon Lights*, p. 158.
[166] However, this potentially only indicated fifteen different family names, some "families" may therefore have been single tenants. Lu, *Beyond the Neon Lights*, p. 158.
[167] Shanghai Municipal Council, *Municipal Gazette of the Council for the Foreign Settlement of Shanghai*, Vol. 30, no. 1653 (30 March 1937).

configurations, usually to the effect of making already thronged residences even more cramped. The most common alterations included extending out rooms into front courtyards, dividing larger rooms in two, and lowering ceilings to add extra rooms or even create false third floors.[168] Plainly, living conditions in Shanghai had gradually declined in the face of mounting population pressures, giving rise to entire rental economies in individual buildings. These processes brought the misfortune of tiny cramped living spaces for many, but extra income and a social climb for others.[169]

Shanghai's alleyway houses were partitioned and modified in similar ways to Hong Kong typologies, although horizontal partitions appear to have been more common. Likewise, it appeared that the removal of salubrious features was largely driven by residents in Shanghai, where in Hong Kong these features had likely already been sacrificed by designers to be further modified by tenants. Equally, spaces were modified and changed not only according to demands for more living space and income, but also assumed for cultural issues like privacy.

For the business elite running the Municipal Council in the 1930s, these overcrowded conditions were not considered such a threat to the wellbeing of the Western middle-classes.[170] Even if they were, municipal funding on the scale that could effectively intervene to correct these deep-rooted problems did not exist.[171] Besides, China's descent into conflict in 1937 soon overtook other contemporary social issues.[172] These factors together contributed to the educative and non-remedial ideology of medical governance in the International Settlement under its Public Health and Public Works Departments, an ideology that could scarcely have been less contrasting to that of Hong Kong's coercively interventional Sanitary Board.[173] What this distinction suggests, altering the texture of this thesis, is that fundamental differences in the structures of governance between the two cities under investigation could overshadow their foreign communities'

[168] Lu, *Beyond the Neon Lights*, p. 157.
[169] Lu, *Beyond the Neon Lights*, p. 161.
[170] Kuo, 'Urban Crisis and State Intervention', p. 16.
[171] Jackson, *Shaping Modern Shanghai*, pp. 55-60.
[172] Kuo, 'Urban Crisis and State Intervention', p. 19.
[173] Jackson, *Shaping Modern Shanghai*, pp. 199-202.

similar colonial cultures -cultures of health, race, and domesticity-, to ultimately cause divergent policy paths.

Conclusion

The question of overcrowding provided wide societal insights, permeating issues of space, domesticity, privacy, economics, and legality. Before all of this was the state and its medical arm. Tak-Wing Ngo has identified that the "dominant" view of the state in colonial Hong Kong was one that practiced indirect rule, combining *laissez-faire* economics with an absence of political interventions.[174] Housing policy in the immediate aftermath of the 1903 Public Health and Buildings Ordinance was quite the contrary. The Sanitary Board's night visits conducted throughout Victoria represented another nail in the coffin of *laissez-faire* colonial rule. This contrasted strongly with what Yip described as a "minimalist interventionist approach" in social and health policies.[175] The International Settlement's policy toward overcrowding was hardly comparable. Whilst the Council took a rhetorical stance against overcrowding through education, its policies were not remedial. Importantly, too, their policies were largely targeted against inanimate features of the urban landscape, not the people themselves. Hong Kong's colonial rulers, by contrast, entered private spaces seeking to solve a human problem coercively by moving bodies. This shows the limits of comparison between Hong Kon's formal colonialism and what Jackson calls "transnational colonialism" in Shanghai.[176] The priorities of the businessmen puppeteering the Municipal Council and the imperial administrators of Hong Kong, unlike during the plague, differed greatly when tackling health and social problems amongst the Chinese population in quotidian settings.

The efficacy of the methods and language adopted against overcrowding by authorities in each city was similarly ineffective. The shifting and adaptable quality of residency, operating on a private rather than public basis, created its own problems and solutions. In Hong Kong, the colonial government controlled

[174] Tak-Wing Ngo, 'Colonialism on Hong Kong Revisited', in *Hong Kong's History: State and Society under Colonial Rule*, ed. by Tak-Wing Ngo (London: Routledge, 2002), 1-24 (pp. 3-7).
[175] Yip, *Health Policy and Disease in Colonial and Post-Colonial Hong Kong*, p. 11.
[176] Jackson, *Shaping Modern Shanghai*, p. 8.

certain technical aspects of the situation, such as building dimensions, whilst tenants and landlords reacted on their own terms to changes. Though the government failed to drastically improve overcrowded conditions, the personal impact of their policy should not be understated. The government was not only intruding on private spaces across the colony on a regular, unpredictable basis; but were evicting people from their sleeping arrangements in large numbers, whilst providing no safety net. Rather than intense government coercion being confined to moments of crisis and panic, like epidemics or industrial action, compulsively intrusive policy operated year-round, throughout the colonial city. Perhaps it was for the better that Shanghai's policy was to monitor and police indirectly. Educational messages and social surveys created less interference and animosity for Chinese populations, even if its overcrowding remained severe.

The intrusive human-focused policy in Hong Kong required greater moral justification. In the previous chapter, issues of domesticity drove Europeans to seek refuge in the hills, on the coast, and through legal segregation. Foreign sojourners were willing to go to long lengths to separate their families from the "native" population. In Hong Kong, when the same issues were shone onto the Chinese themselves, they worked in the opposite direction. Still driven by concerns over safety and privacy, European attitudes to Chinese families, whilst "protective," pushed them into more confined spaces indoors. We might, as such, see the colonial government and private landlords as complicit in exaggerating the more patriarchal aspects of Chinese familial culture in the period. In any case, the ills of cubicles were often sidestepped with reference to Chinese familial interests, meaning that medical governance did not always align with domestic concerns. Whereas in the International Settlement, less interventional policy required lesser moral justification and thus did not draw so powerfully upon narratives of family, squalor, and difficulty. But health nonetheless masqueraded as a driver for greater imperial expansion and control.

What was remarkable in both cities was the popular response to the difficulties of dense urban living. Residency in Hong Kong and Shanghai in the period was strikingly protean, whether forced by topography or by political turmoil. Residency patterns were highly mobile, blurring indoor and outdoor space.

Partitioning demonstrated the capacity to adapt and create news spaces and new functions. From the perspective of imperial governance, this presented problems for administrators. At a time when governments were becoming increasingly concerned with tabulating, tracking, and regulating the lives of its population (even in the colonies), the makeshift living patterns were a barrier to such a simple social body.[177]

[177] Poovey, *The Social Body*, p. 2.

CONCLUSION

The public's health under imperialism

> The Chinese also have kinsfolk, and value their lives; consequently, if the plague should come to Shanghai, they would certainly endeavour to save their lives, they would not fail to have recourse to all means, and would redouble their efforts to prevent the development of the disease. It is certain that there is a difference between the internal administration of China and European nations, the feelings of the people are not the same, and besides, the Concession at Shanghai cannot be compared with the port of Hong Kong.[1]
>
> Mixed Court Magistrate Sung, Shanghai, 1894

In its annual report for 1894, the Shanghai Municipal Council included a despatch received from Shanghai's Daotai stating the misgivings of the city's Chinese populations towards the introduction of anti-plague measures. The Daotai had tasked his Mixed Court Magistrate with making an enquiry into the proposals of the Plague Commission, whose report was attached. Magistrate Sung declared "unanimously that it will never be agreed to by the natives."[2] He reported four main factors that precluded the acceptance of any forms of Western intrusion, including misgivings over the proposed methods of quarantine (especially noting the familial separation that it would induce), suspicion towards European doctors, and the way the proposals would interfere with the strictness of Chinese funeral customs.[3] It was the fourth objection, however, which is of most interest. Magistrate Sung ended his argument with the epithet that "the Concession at Shanghai cannot be compared with the port

[1] SMCR 1894, p. 286.
[2] SMCR 1894, p. 284.
[3] SMCR 1894, pp. 284-286.

of Hong Kong."[4] His argument underscored his view that there was an insurmountable difference between the two cities, owing to their socio-political and cultural conditions.

In contrast to this contemporary view, this thesis has shown how meaningful historical insights can be drawn via a historical comparison of Shanghai and Hong Kong.[5] Whilst Magistrate Sung was correct to point out the major differences between Chinese and European systems, and between the imperial administrations of Hong Kong and Shanghai, these by no means made the two cities incomparable, even if this was sometimes the case as in chapter four. I argue that British colonials in Hong Kong and the Shanghailanders of the International Settlement simply possessed a different set of tools through which they pursued healthiness, and each had a distinct geographic setting upon which to apply them. In both locations however, the nature of empire - formal and informal - powerfully shaped what these tools were and how successfully they were applied and mapped. Underlying this process were similar colonial cultures, cultures with a British complexion. As one might expect, the formal structures of colonialism in Hong Kong enabled racial and gendered biases to have greater impact upon the creation of healthy zones and practices in the colony. Whilst in Shanghai, the parameters of informal empire comparatively limited the influence such subjectivities could exert upon the management of healthiness.

In exploring these distinct manifestations of British imperialism, a central concern of this thesis has been the way space, health and culture intermingled in the colonial setting. These dynamics were most apparent in terms of the way the cultural associations of a space, from the narrow confines of an individual house up to an entire cityscape or landscape, practically impacted on how imperial citizens used that space to pursue healthy lives. There were extreme examples of such patterns, such as has been illustrated in chapter two when the isolation hospital ship *Hygiea* was shown as representative of a ghastly and

[4] SMCR 1894, p. 286.
[5] In this approach, I have taken cue from Potter and Saha's call for more interconnected studies of the ramifications of different types of imperialism. Potter and Saha, 'Global History, 'Imperial History and Connected Histories of Empire', pp. 2-3.

tyrannical form of medical oversight to Hong Kong's Chinese community. To them it recalled regional religious practices using effigy boats to appease or drive away disease-causing spirits. The way a space's "culture" implicated upon its healthiness, however, was best found in the light of generalised racially-, gendered- or youth-based discourses or, more accurately, a mixture drawing components from each.[6]

In this respect, this thesis supports and gives further contexts to the ideas expounded by Craddock and Shah that Western discourses directed at Chinese people portrayed those people as inseparable from the spaces they inhabited. They "embodied place" and to some extent, they embodied empire as well.[7] An essential structuring element of this discourse was the Chinese social body as an aggregated, unindividualized crowd, that possessed an unpredictable energy which posed a pathological menace but was equally a fundamental pillar of economic productivity.[8] For Western observers, Chinese spaces were also seen as inhabited by crowds, characterised by their chaotic abundance of dirt and unpredictability. These conditions were deeply unsettling to the authorities, requiring monitoring lest the situation assume threatening proportions against foreign imperialism as a whole. This did not correspond to an intention of remediation, since these very conditions were viewed as a natural consequence of Chinese existence and independent from, and not corollary to, foreign imperialism in China. In general terms, as well as (if not more) in terms of health specifically, spaces and bodies could not be divorced. These generalising assumptions typified common medical ideologies at the turn of the century, caught as they were between miasmatism, contagionism, and biomedicine. This thesis has focused on the ways concerns with the domestic sphere entered into this pattern of inseparability, as well as how such dynamics played out across the colonial divide, with predictably differing outcomes.

A persistent theme throughout has been the contrast between that which English-language sources labelled as "Chinese" and their own constructs of the

[6] These categorisations were highly malleable, reinforcing one another at different times. Stoler, 'Tense and Tender Ties', pp. 829, 843.
[7] Craddock, 'Embodying Place', pp. 370-371; Shah, *Contagious Divides*, pp. 10-15, 252-253. Peckham, 'Hong Kong Junk', pp. 34.
[8] Peckham, 'Critical Mass', pp. 380-381.

self – that is, "British," "foreign," or "Western."[9] This approach came as a natural result of the sources used, sources that repeatedly employed a motif of "us" against "them." What became apparent, indeed, was that a bi-racial dichotomy came to dominate medical visions of the space of the city and the wider landscape. The great diversity and cosmopolitanism of Shanghai and, to a lesser extent Hong Kong, was subsumed by this racial divide – of Western civility and health against Chinese dirt and danger. When taken in from the perspective of everyday life, the cosmopolitanism of the International Settlement would be difficult to ignore. The Sikh policemen patrolling the streets could not be missed, but these same figures largely disappeared from much of the medically orientated colonial source work. Even if a Sikh policeman was enforcing medical regulations or was active on sanitary inspections, the sources by and large fail to mention them. From the point of view of this thesis, then, the medical perspective essentialised the cosmopolitan layers to imperial society towards something resembling "foreign" against "native," closely aligning with colonial expectations. This does not downplay or refute the work of historians who have done much to expand of our understanding of the cosmopolitanism of these cities. Rather, it simply points to how a medical ideology identified targets in societies and, on the flip side, particular subjects of anxious vulnerabilities.

Within this dichotomy, there were nonetheless many nuances to constructs of "Chinese" or 'Western." Populations viewed as domestic, namely women and children, were most strongly targeted and essentialised by the discursive dynamics of health, space and culture. In this sense, I have related to the work of David Pomfret and others in showing the centrality of concerns with the domestic, especially youth, in the colonial setting.[10] For white imperialists, white women and children required specialised spaces of protection against the unfamiliar climate and the mores of colonial society at large. Imperial writers and rulers both positioned these populations as unsuitable to the get-rich-quick mentality of the colonial city that placed them into a dangerous climate and into

[9] In each case, these were both hugely problematic and variable constructs as scholars including Goodman and Bickers have shown retrospectively. Goodman, *Native Place, City and Nation*, pp. 9-22; Bickers, *Empire Made Me*, pp. 39-42.
[10] Pomfret, *Youth and Empire*, pp. 279-283; Stoler, 'Tense and Tender Ties', p. 829, 843; McClintock, *Imperial Leather*, pp. 34-36.

threateningly close proximity with “native” populations. For its residents under the formal parameters of colonialism in Hong Kong, these populations were best protected by the “British flag.”[11] This power allowed administrators to legally carve out formally segregated zones of racial exclusivity in especially desirable spots, showing the staying power of old-colonial logics. For Shanghailanders, this sense of separation was achieved by demarcating geographical distance, whilst downplaying the enclave’s dubious jurisdictional affiliations, and, even then, it was fragile. In short, spatial management claimed to be created for the protection of white women and children and thereby epitomised how colonialism laid claim to space, suggesting that only the best and the healthiest spots should be reserved for them under a guise of medicine and liberal morality.

Domesticized Chinese populations were portrayed as coveting the private recesses of the home as inviolable and the bodies within them as sacrosanct. This view was not merely a representation, the bubonic plague epidemics in both cities showed how Chinese people actively contributed to these generalisations by prioritising the concealment and protection of female members of the family. These actions often unwittingly served the opposite effect of that which was intended, empowering colonial visions of irrationality and justifying further medical intervention. In more routine governance, too, as in chapter four, ideas of privacy tested the limits of sanitary legislation and created a confused policy on behalf of Hong Kong’s colonial state. Here similar ideas of separation, privacy, and vulnerable bodies created, and served to justify contrasting spatial configurations, all done in cultural terms of health. In these two cities, white domesticity had its special spaces of green and nostalgic homeliness, whilst Chinese domesticity was naturalised towards environments of dark and cramped shabbiness.

In spite of these deeply held beliefs about place and the body, Western authorities did intrude, but in differing measures according to the manifestations of British imperialism in each city. Hong Kong was no means laissez faire, its medical governance was intrusive and coercive, showing the capacity to render

[11] “They selected Cheung Chau because they hoped to obtain the protection of the British flag.” HKGRO: HH (28 August 1919), p. 64

all things Chinese as contagious and requiring cleansing, as in the case of 1894. But even during periods of epidemic "peacetime", widespread night visits showed how the colonial authorities crossed into the home and moved bodies, over and beyond the pragmatics of responsive municipal health policing.[12] In the International Settlement, by contrast, the Municipal Council was limited in its response to bubonic plague by the very nature of the colonial system in China, as well as more limited (and perhaps realistic) in its expectations for reforming unhealthy conditions like overcrowding.

As the dominant architects and narrators of the governance of these spaces, white men appeared to enjoy the comparative freedom offered to them through their power in these spatial cultures, which were so different to those they would have experienced at home.[13] By their own accounts, they adventurously tested themselves in unhealthy climates, policed those climates, and created new healthy zones in which they could express their own desires, especially those of paternalism. Administrators and citizens combined, often without purposeful intent, in cementing decisions, even in instances of opposition, unwittingly confirming some of the central assumptions made about the connectivity between space and health. As Saha has argued, the everyday behaviours of low-level colonial officials enacted the state as it was experienced at the grassroots.[14] Health in the colonial context was equally a performative value of identity creation, both collectively and individually.[15] These processes defined healthiness and, vitally, naturalised them. The guidance literature discussed in chapter one provides a very literal representation of this pattern. Its writers tended toward the same objects of fascination and admiration, impressionistically reinforcing what was, and was not, healthy. Imperial rule contributed and responded to these concerns. In the case of chapter three, for instance, health resorts were often originally envisioned by local missionary

[12] The notion of epidemic "peacetime" is a helpful one. It confers the ways in which epidemics reverberate with conflict and panic, as well as the lurking impulse that these epidemic crises will inevitably reoccur. At the same it confers the need for preparedness that continues outside of these moments. Amy Roeder, 'Preparing in "Peacetime" for the Next Infectious Disease Outbreak | Radcliffe Institute for Advanced Study at Harvard University' (1 November 2017) <https://www.radcliffe.harvard.edu/news/in-news/preparing-in-peacetime-next-infectious-disease-outbreak> [accessed 18 September 2019].
[13] Pratt, Imperial Eyes, pp. 93-94, 135-136.
[14] Saha, *Law, Disorder, and the Colonial State*, p. 2; Saha, 'The male state', pp. 373-374.
[15] Bashford, *Imperial Hygiene*, p. 4; Nakajima, *Body, Society, and Nation*, pp. 17-18.

populations, but subsequently propped up the institutions of empire in Hong Kong and in Shanghai.

Health policy was knottily entwined with the operation of imperialism in these cities. In his 1875 lecture, Hugh Lang stated: “Roads and Drains are not a very poetical[sic] subject; and yet in Shanghai this has been one of our chief difficulties, and latterly of our chief triumphs - emphatically a triumph of mind over mud.”[16] This quote has been chosen to reflect the idea of health I have presented. In his lecture, effectively a history of Western superiority and modernisation in Shanghai, Lang argued that the International Settlement had come far through its successes in sanitising and developing the local environment, but needed to go further in ensuring good temperance.[17] For the purposes of this thesis, it represents how I have conceived of health in a broad and negotiated sense, as of the “mind” and not reflected in “mud.” Lang was, after all, preaching self-policing of one’s behaviour.[18] Healthiness in this sense reflected, and was deployed in the service of, the myriad dynamics of the colonial encounter. It was not simply the roll out of medical insights about sanitation and the latest laboratory developments. The heuristic quality of health in both cities, for both foreign and native populations, permeated many issues of daily life. It was crucial in enacting what colonial society was, determining how imperial citizens endeavoured to spend their time, and informed how the state shaped lives of the colonized population.

Health across this period was loosely, and sometimes inconsistently, assembled from cultural artefacts, mostly in terms of bodily and environmental difference derived through racial and gendered tropes from older colonial sites, in conjunction with contemporary medical science and popular interpretations of it. As such, it confirms the social and subjective nature of health formulated by MacLeod, Gilman, Manderson and others.[19] The cultural approach to medicine taken here has also, I argue, reflected the lived reality of medicine in everyday

[16] Lang, *Shanghai Considered Socially*, p. 33.
[17] Lang, *Shanghai Considered Socially*, pp. 58-60.
[18] Lang, *Shanghai Considered Socially*, p. 60.
[19] Macleod, ‘Introduction', p. 1; Gilman, ‘Black Bodies, White Bodies’, p. 205; Gilman, *Picturing Health and Illness*, p. 174; Manderson, ‘“Disease, Defilement, Depravity”’, pp. 22-25; Forth, *Masculinity in the Modern West*, pp. 67-98; Nakajima, *Body, Society, and Nation*, pp. 17-18.

life in the period in a way that did constitute a "system," albeit a frequently idiosyncratic and protean one. How this quilt of cultural and spatial medical ideas interacted with and bounced off the forms of imperialism in Hong Kong and Shanghai echoed the intricate complexities of colonialism and how it enabled subjectivities to inform life in everyday and more panicked contexts. I use the term "quilt" for healthiness in deliberate reference to Catherine Hall's recent metaphor for British imperialism.[20] For, like imperialism generally, health in this period was complexly patterned, weaving out from different directions and axes of power.[21] Indeed, I argue that it was precisely this heuristic and broadly defined nature of this health "system" that means we can conclude that Shanghai did represent a form of "colonial medicine," particularly when it is recalled how frequently colonial tropes were revitalised in relation to women and youth.[22]

This thesis' comparative approach has sought to position the inter-relationality of health and space transnationally in terms of a study of the "Britain and the World," whilst engaging in an ongoing process with other historians aiming to incorporate broadly conceived narratives of colonialism more centrally in the study of modern China.[23] I have sought to elaborate how the collision of foreign imperialism with China in the nineteenth and early twentieth century was framed in terms of the culture of medicine through four distinct case studies comparing Hong Kong and Shanghai: the way imperial guidance literature sought to authoritatively portray how to best utilise these spaces; how medical cultures clashed during bouts of epidemic disease; how Westerners sought to create spaces of cultural familiarity and racial separation in health resorts; and finally how "native" housing and living conditions were monitored, and shaped, by the imperial state. These four chapters, whilst not accounting for the many and diverse ways medicine was lived in these imperial contexts, present a complex range of dynamics indicating the interrelation of space, health and culture. Centrally, these dynamics show the strength and continuities in basic

[20] Sasson, 'Britain and the World', p. 706.
[21] Sasson, 'Britain and the World', p. 706.
[22] Anderson, 'Biomedicine in Chinese East Asia', p. 613.
[23] Potter and Saha, 'Global History, Imperial History and Connected Histories of Empire', pp. 2-3; Sasson, "Britain and the World", pp. 677-680; Ogbord, *Global Lives*, pp. 1-14; Bickers and Jackson, 'Introduction', p. 15; Bickers, *Britain in China*, pp. 8-15.

subjectivities about domesticity and race under different imperial systems, and how they were an indispensable part of perceiving and ruling empires.

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