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**Physicians in Imperial Medicine:  
The Emergence of a Filipino Medical  
Profession in late Nineteenth Century Manila**

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# Physicians in Imperial Medicine: The Emergence of a Filipino Medical Profession in late Nineteenth Century Manila\*

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## **Abstract**

In the late nineteenth century, Filipino physicians occupied medical officer positions such as Médico Titular and Médico Municipal, where both medicine and welfare were connected through colonial governmental services, especially in Manila and its suburbs. State medicine was launched by the Spanish empire, which was dependent upon the Catholic Church. The number of Filipino physicians who obtained medical licences from the University of Santo Tomas increased up until the 1890s. In addition, owing to cholera epidemics and the Philippine Revolution, the employment of Spanish physicians oscillated greatly during the 1890s. In general, medical care was delivered in patients' homes using native medicinal plants. Such native medicine had not been separated from Spanish imperial medicine. However, not all Filipino physicians necessarily used the medicine promoted by the Spanish empire, and one Filipino physician criticised Spanish medical policies at that time. This paper starts considering the emergence of a Filipino medical profession, first, by investigating public health and medicine in Manila. Consequently, the relationship between the state medicine and physicians will be discussed.

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## 1. Introduction

This article investigates the formation of Filipino physicians during the late Spanish colonial era in the Philippines. It aims at determining the significance of a new, emergent medical profession in Filipino society. The term Filipino physicians is used to indicate medical professionals as intellectuals trained through higher education.

During the nineteenth century, in spite of the modernisation of Philippine society, many Filipinos were still dependent on native medicine, which used medicinal plants, fumigation, massage, and religious and ceremonial healing. In Luzon Island at that time, native medical doctors called Babaylans, among others, who also played the role of fortune tellers, were called *Mediquillos* or *Curanderos*.<sup>1</sup> However, up until the late nineteenth century, the number of Spanish physicians remained inadequate. Therefore, Filipino medical professionals attended higher education. In addition, during the late nineteenth century, new scientific fields such as bacteriology emerged globally and paved the way for modern medicine. Simultaneously, more professional occupations were created through higher education institutions all over the world. Even in the Philippines, the numbers of both *colegios* (middle education institutions) and trade schools were increasing, along with the establishment of the Faculty of Medicine at the *Universidad de Santo Tomas* (University of Santo Tomas), which trained Filipino physicians. This shows that the Philippines was not exempted from the transformation of higher education and the growth of professions and trades, which diffused all over the world during this period.

Through the establishment of higher education institutions, medical doctors, clerks, and scientists obtained specialised capabilities. In addition, the humanities and social sciences, including literature, science and philosophy, helped intellectuals broaden their horizons beyond the context of the Philippines. Some Filipinos, including Filipino physicians, earned opportunities to study abroad, which helped in launching the propaganda movement that fueled the Philippine Revolution, through proponents such as José Rizal. In an attempt to reiterate a compromise with, and resistance to, both Spanish and American colonial control, some Filipino physicians stood as politicians. Meanwhile, local communities were experiencing an awakening of Filipino nationalism as Filipino secular priests began to resist the Spanish friars. Many studies of the propaganda movement emphasised the higher educational background and political activities of various groups such as the Freemasons.<sup>2</sup> Meanwhile, Filipino physicians

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1. Ma. Mercedes G. Planta, *Traditional Medicine in the Colonial Philippines: 16th to the 19th Century* (Quezon City: UP Press, 2017).

2. John N. Schumacher, S. J., *The Making of a Nation: Essays on Nineteenth-Century Filipino Nationalism*. (Quezon City: Ateneo de Manila University Press, 2008); John N. Schumacher, S. J.,

played a part in supporting the rise of Spanish imperial medicine.

The rise of Spanish imperial medicine in the Philippines, meant that the smallpox vaccination was especially promoted by the colonial government, the military and the Catholic Church from the early nineteenth century. However, it was not until the late nineteenth century that public health administration was centralised and demographic statistics were collected. In Manila, the *Médicos Municipales*, or municipal physicians, were assigned to sanitary districts to provide free medical services to the expanding poor population. A system of *Médicos Titulares*, or public physicians, was also developed to promote Western medicine in each province. However, the influence of parish priests remained strong in the public health of the *pueblos* (municipalities), even during the late nineteenth century, because the Catholic Church was integrated into colonial governance. This study explains the formation of the medical profession as a component of a broader social authority and describes medical activities in relation to colonial governance in the Philippines.

The documents that this article uses as sources include Spanish Period Documents 1552--1900, Spanish Document Section and the Philippine National Archives. The texts that are classified under the titles of 'Beneficencia y Sanidad' and 'Médicos Titulares' are a particular focus of the analysis below.

## **2. Approaches to Physicians of Asian Colonies in Historiography**

In modern Asia, some colonised societies, including the Philippines, have native physicians who have promoted nationalism, accompanying alongside their experience of qualifying in Western medicine. For example, medical historian Hans Pols investigated how Western ideals of science and progress inspired Indonesian physicians to participate in the nationalist movement. A training school for native physicians was established in mid-nineteenth century Batavia in Dutch East India, and in 1898, it became the Batavia Medical College (STOVIA), which produced many nationalist leaders from the provinces.<sup>3</sup> In addition, in late nineteenth century India, middle class natives attended medical colleges to become physicians. After the 1910s, some Indian physicians worked for the colonial government in the Indian Medical Service and consequently became leaders of the Indian National Congress to no small extent.<sup>4</sup> In

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*The Propaganda Movement: 1880-1895* (Quezon City: Ateneo de Manila University Press, 2009).

3. Hans Pols, *Nurturing Indonesia: Medicine and Decolonization in the Dutch East Indies* (Cambridge: Cambridge University Press, 2018).

4. Mark Harrison, *Public Health in British India: Anglo- Indian Preventive Medicine, 1859-1914* (Cambridge: Cambridge University Press, 1994).

this background, the Indian Mutiny of 1857 restrained the government's intervention in native societies, and Western medicine was unable to have much of an impact on Indian people. Consequently, imperial medicine could not function as a means of social control. However, after 1814, owing to the rising numbers of Indian physicians, Western medicine enjoyed a wider authority and cultural rhetoric among the Indian elite. Western medicine depended on the leadership of the Indian elite for its integration into native societies, and it was transformed by native patronage and networks, albeit in the face of resistance from local arenas.<sup>5</sup>

Similarly, in the Philippine context, it is important to analyse the formation of professional organisations as intermediaries between colonial rulers and subordinates. During the late nineteenth century, Filipino physicians were part of the wealthy educated class, called the *Ilustrados*. Philippine authorities evolved through the relationships between the governmental administrations, the Catholic Church, the Filipino elite and local communities. Although many studies have emphasised the continuance of the nationalist movement led by the *Ilustrados*, Reynaldo Ileto outlined the contributions of popular Catholicism to the Philippine Revolution.<sup>6</sup> However, the *Ilustrados* occupied the node between Spanish and native societies, which had a vital position in the Philippine social authorities. For example, the vote for the *gobernadorcillos* (municipal mayors) has also been analysed in search of a framework of social powers during the late nineteenth century Philippines.<sup>7</sup> In addition, the role of the *principalías* (local ruling class) as a node of social powers in Philippine colonial hierarchy has been explored by many monographs on Philippine history.

Therefore, this paper particularly focuses on the role of municipal physicians and public physicians as governmental officials. During the transition from the nineteenth to the twentieth century, Filipino physicians not only served as new authority figures with backgrounds in higher education and scientific knowledge, but they were also stakeholders in medical and public health policies in local communities.

In Taiwan, which was governed by the Japanese empire, native physicians were trained to inspire nationalism, despite their absence from government office. During the early twentieth century, many in the Taiwanese elite became schoolteachers or physicians, reflecting Japanese colonial policies. These Taiwanese physicians eventually rose up to oppose Japanese colonialism in the 1920s. However, the Japanisation policy of the late 1930s rendered the national division between the Japanese and the Taiwanese

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5. David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley, Los Angeles and London: University of California Press, 1993).

6. Reynaldo C. Ileto, *Pasyon and Revolution: Popular Movements in the Philippines, 1840-1910* (Quezon City: Ateneo de Manila University Press, 1979).

7. Juan Antonio Inarejos Muñoz, *Los (Últimos) Caciques de Filipinas: Las Elites Coloniales antes del Desastre del 98* (Granada: Editorial Comares, S.L., 2015).

ambiguous. Social historian Ming-Cheng M. Lo investigated the evolution of professional organisations in the context of modernisation under Japanese colonialism.<sup>8</sup>

As in Taiwan, historical attention should be paid to the *Ilustrados* and their complex social relations featuring a multitude of interests and compromises to understand the Philippine Revolution.<sup>9</sup> For example, Filipino historian Resil B. Mojares pointed out that the *Ilustrados* followed the order of colonial rank based on racism and held authority through wealth and education. They acknowledged themselves as representatives, enjoying the privileges entailed in being the mediating party between the ruler and the ruled. However, Mojares stated that their modern knowledge was obtained in the context of Philippine nationalism.<sup>10</sup>

So far, the formation of Filipino physicians in the Spanish colonial Philippines has not been disclosed because many scholars have focused on American policies in both public health and medicine during the early twentieth century.<sup>11</sup> This paper explains how Filipino physicians engaged in activities as medical professionals during the late nineteenth century. In such a situation, imperial medicine was a means of social control, and the socioeconomic activities of the wealthy educated class who adapted to changes in Philippine society have yet to be reported. Finally, this paper proves that, through the vague division between Western and native medicine, Filipino physicians motivated by nationalism repelled Spanish colonial policies, despite being colonial officers of imperial medicine. It is well known that in the early 1900s, Filipino physicians resisted American medical and public health policies albeit defending their own interests through conciliation. This study describes the continued resistance of Filipino physicians to both Spanish and American colonialism by examining their relationship with Spanish imperial medicine.

### 3. Public Health and Medicine in Manila

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8. Ming-Cheng M. Lo, *Doctors within Borders* (California: University of California Press, 2002).

9. Caroline S. Hau, *Elites and Ilustrados in Philippine Culture* (Quezon City: Ateneo de Manila University Press, 2017).

10. Resil B. Mojares, *Brains of the Nation: Pedro Paterno, T.H. Pardo de Tavera, Isabelo de los Reyes and the Production of Modern Knowledge* (Quezon City: Ateneo de Manila University Press, 2006), 470-1, 500-1.

11. Reynaldo C. Ileto, 'Cholera and the Origins of the American Sanitary Order in the Philippines', in David Arnold, ed, *Imperial Medicine and Indigenous Society* (Manchester and New York: Manchester University Press, 1988), 125-44; Rodney J. Sullivan, 'Cholera and Colonialism in the Philippines, 1899-1903', in Roy Macleod and Milton Lewis, eds, *Disease, Medicine, and Empire: Perspectives on Western Medicine and the Experience* (London and New York: Routledge, 1988), 284-300.

In the Spanish colonial Philippines, the Catholic order was the medical care providers for Europeans since the early Spanish colonial period. However, during the nineteenth century, military physicians participated in Philippine medicine and public health because of their increasing arrivals in the country. They were often involved in the administration of the Catholic order's hospitals, which, at the time, were facilities for poor people and lepers. Mid-nineteenth century Manila saw the formation of a few hospitals by the Catholic order, such as Hospicio de San Jose, Hospital de San Lazaro, and Hospital de San Juan de Dios.<sup>12</sup> During the 1890s, the Ch'ung-jen Hospital was established as a new hospital for the Chinese in Manila.<sup>13</sup>

Public health policies in nineteenth century Manila led to the launch of the smallpox vaccination, because of the cooperation between the government, the Catholic church and the military. First, the Royal Orders of 1803 and 1808 established the Central Council of Vaccine, also called the Junta Central de Vacuna, to control the administration of the smallpox vaccine. This conference was composed of the governor general, the archbishop, each religious order's provincials, and military physicians.<sup>14</sup> Medical practitioners in military hospitals also took responsibility for supporting the vaccine. In Manila, the Casa Central de Vacunación vaccinated infants in the pueblos of Intramuros, Tondo, Binondo and Santa Cruz. In each pueblo of Manila, the parish priest would send information on baptised infants to the Junta Central de Vacuna. Thus, parents who were notified had to have their children vaccinated twice at eight-day intervals. In the provinces, the Vacunador General, under the supervision of the provincial governor, collected data on baptised infants from parish priests and managed the vaccination programs.<sup>15</sup>

In 1876, public physicians who controlled nationwide sanitation as well as in Spain were appointed to each province. In 1889, 42 provinces or districts had public physicians at a salary of 50 pesos per month, although four posts remained vacant.<sup>16</sup> The insufficient number of social welfare facilities led to the establishment of the institution of public physicians, among others, because the administrative authority realised the

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12. Obispado de Nueva Segovia to Gobernador General de Filipinas, 11 March 1866, Beneficencia y Sanidad, Spanish Document Section, Philippine National Archives (henceforth PNA).

13. Edgar Wickberg, *Chinese in Philippine Life, 1850-1898* (New Haven and London: Yale University Press, 1965), 185, 188.

14. 'Reglamento para la Conservacion y Propagacion de la Vacuna en las Isla Filipinas, 4 November 1851,' in Joaquin Rodriguez San Pedro, ed, *Legislation Ultramarina (Overseas Legislation)* (Madrid: Imprenta de los Señores Viota, Cubas y Vicente, 1865), 338-32.

15. Filipinas, *Guía de Forasteros en Filipinas, para el Año de 1862* (Manila: Imprenta de los Amigos del Pais, 1862), 117-8.

16. Expediente sobre Lista de Médicos Titulares que Existen en el Archipelago, 21 August 1889, Médicos Titulares, PNA.

need to organise the Philippine public health sector at that time.<sup>17</sup> Public physicians in the Philippines were employed in accordance with Spanish law; then, it was recommended that professors of specific fields of medicine select public physicians because they had information on the candidates' achievements and voluntary social work.<sup>18</sup>

In Manila and its suburbs, municipal physicians started to provide free medical care and relief for the poor through the Royal Order of 26 February 1884.<sup>19</sup> Manila experienced accelerated urbanisation until the late nineteenth century, which resulted in an increase in the number of poor workers, such as cigar makers. At this time, the amount of exported agricultural products increased because of the opening of Manila port in the early nineteenth century and activation of a market economy. Central Luzon and the Southern Tagalog region, in particular, expanded their production of cash crops, draining away their poor to Manila. Consequently, Manila's population exceeded 100,000 in the nineteenth century, with the outer suburbs expanding. After 1859, areas north of the Pasig River, such as Binondo, San Jose, Santa Cruz, Quiapo, San Miguel, and Sampaloc, were transformed into urban areas under the administration of Manila City. In 1884, the southern parts of the Pasig River, including Ermita and Malate, also became administrative divisions of Manila. However, these changes led to the deterioration of water sanitation systems, as well as waste disposal, which necessitated the purification and purchase of drinking water. In spite of the completion of the Carriedo water supply system in 1882, the public health situation did not improve, resulting in a cholera epidemic.

The *Direccion General de Administracion Civil*, or General Direction of Civil Administration, created the law of the *Reglamento para el Servicio de Asistencia* for municipal physicians. According to Clause 1, Chapter 1, of this law, municipal physicians had to provide free medical services for poor families in Manila and its neighbouring municipalities. Like public physicians, their salary was 50 pesos per month. The selection of municipal physicians prioritised those who had obtained licences or doctoral degrees from Spanish universities who certified their capability as medical practitioners, despite the principle of public offering. The provision of free medical care for the poor depended on patients' *cédula personal* (identification certificate) or the approval of Manila councilors, parish priests or *gobernadorcillos*. Consequently, the activities of municipal physicians were limited to home visits. When necessary, medical

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17. Obispado to Gobernador General, 11 March 1866, PNA.

18. Inspeccion General de Beneficencia y Sanidad to Gobernador Civil de Manila, 11 October 1894, Médicos Titulares, PNA.

19. Presupuesto de Gastos de 1897-98 por Casas de Socorro, August 1898, Médicos Titulares, PNA.



care was provided through cooperation between government officials, pharmacists, and municipal physicians. Furthermore, in each district, a university professor worked as an inspector who collected health statistics and managed public health during epidemics.<sup>20</sup>

The pharmacist also played the role of primary care physician. The decree of 1875 established public pharmacies, called *Botiquin Auxiliar*, particularly in areas experiencing a shortage of medicines. Some public pharmacies were set up on the outskirts of Manila during the 1870s, such as Tondo and Santa Ana. Pharmacists were frequently reassigned to these areas. In addition, in 1885, municipal physicians were assigned to public pharmacies created in 12 districts of Manila. Simultaneously, the prices of medical supplies were controlled; the minimum prices of their ordinal sales were set to stabilise the management of Spanish pharmacies. However, the prices of home remedies were standardised to allow the poor to access free medicines.<sup>21</sup>

Maternal and child health were a significant social problem associated with childbirth. *matronas titulares*, or public midwives, were instituted to provide free service to poor pregnant women. In 1891, public midwife posts were set in eight districts of Manila and in 16 provinces in the Philippines, with eight provinces having vacant positions.<sup>22</sup>

The cholera epidemic also triggered the modernisation of sanitation. The Philippines experienced two large-scale cholera epidemics that took place in 1882 and in 1888. In 17 October 1882, the *Junta Superior de Sanidad de Filipinas*, or the Supreme Council of Sanitation of the Philippines, was presided over by the civil governor and was established by a decree as a representative organ of the *Consejo de Sanidad del Reino* in Spain.<sup>23</sup> In 1888, the *Inspeccion General de Beneficencia y Sanidad*, or the General Inspection of Benevolence and Sanitation, was subject to the general direction of the civil administration. Then, Benito Francia took over as civil governor and exercised his authority over public health and the selection of medical officers. The General Inspection of Benevolence and Sanitation comprehensively supervised the Supreme Council of Sanitation, public physicians, public midwives, the Central Council of Vaccine, and the Office of Marine Quarantine.<sup>24</sup> However, during this time parish priests still wielded substantial influence over the public health of local communities.

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20. R. Ruiz Martinez, *Reglamento para el Servicio de Asistencia: Medico- Farmaceútica Gratuita á las Clases Proletarias de Manila, sus Arrabales y Pueblo de Santa Ana (Regulation for Social Welfare: Free Medical Services for the Poor in Manila, its Suburbs and Santa Ana Municipality)* (Manila: Imprenta Amigos del Pais, 1885).

21. Corregimiento de Manila to Director General de Administración Civil, 10 March 1885, *Beneficencia y Sanidad*, PNA.

22. *Datas para la Guía Oficial de 1891 por Direccion General de Administracion Civil*, 1891, *Beneficencia y Sanidad*, PNA.

23. Expediente sobre Reorganizacion de la Junta Superior de Sanidad, 29 July 1895, *Beneficencia y Sanidad*, PNA.

24. *Datas para la Guía Oficial*, 1891, PNA.

The sanitary councils in pueblos, which consisted of gobernadorcillos, physicians or vaccinators, and officers of the Guardia Civil, were under the authority of parish priests nationwide.<sup>25</sup>

The 1880s saw the establishment of research institutes for infectious diseases, which were centralised by the sanitation administration. Besides vaccination and vaccinator training under the management of public physicians and the organisational reform of the sanitation administration, the General Inspection of Benevolence and Sanitation created a bacteriology institute to perform research on vaccines which was legalised by statute.<sup>26</sup> Thus, in the 1890s, the Laboratorio Municipal de Manila launched research activities in medicine and chemistry. Initially, one pharmacist and one physician were employed in the fields of chemistry and medicine, respectively.<sup>27</sup> This research institute continued to operate until the American regime and was managed by the Bureau of Government Laboratories, established in January 1901. However, the research institute with others did not improve vaccine production during the Spanish era. During the late 1890s, a military physician working on the sanitation section pointed out that the Instituto Central de Vacunación was unable to proceed with analytical research and called for the substitution of research staff, as well as the supply of quality vaccine for medical doctors and military facilities.<sup>28</sup>

During the early nineteenth century, the public administration, the Church, and the military cooperated in vaccine administration. By the end of the century, the administration of sanitation had become centralised, and research institutes for infectious diseases were established. However, in spite of the new medical officer posts established to promote the social welfare for the poor, there were still too few medical doctors. Therefore, the limited inflow of Spanish physicians into the Philippines resulted in the need to train Filipino physicians.

#### **4. Spanish and Filipino Physicians**

The number of Spanish military physicians who were dispatched to the Philippines increased during the nineteenth century, following the Spanish military-imperial line.

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25. Filipinas, *Guía Oficial de Filipinas, 1885* (Manila: Establecimiento Tip. de Ramirez y Girudier, 1884), 477.

26. Inspeccion General de Beneficencia y Sanidad to Jefe de Junta Superior de Sanidad, 11 August 1892, Cólera, PNA.

27. Creación de Dos Plazas de Ayudantes para el Laboratorio Municipal, 21 May 1888, Beneficencia y Sanidad, PNA.

28. Expediente sobre Subinspeccion de Sanidad Militar, February 1896, Beneficencia y Sanidad, PNA.

Table 1 Spanish Physicians in Late Nineteenth Century Philippines

Names	Occupations	Qualifications and Degrees	Careers
Atanasio Rodríguez Martín	Public physician in Basilan (circa Oct. 1885)	License of physician (22 Feb. 1877)	Arrival at superintendent doctor (nontenure) in Chulilla, Valencia, in June 1878. Later, Public Physician in Asturias.
Enrique Riera y Espéjo	Public physician in Bohol (circa Oct. 1885)	License of physician (11 June 1878), doctor of medicine (26 Sept. 1879)	Assistant Physician in Huesca during Oct. 1881- Mar. 1883. Medical Assistant in the department of psychotherapy and medical treatment in Universidad de Zaragoza after Mar. 1883.
Felis Benito Martín Vicente	Private practice (circa Oct. 1885)	License of pharmacist ( 17 June 1869), license of physician and doctor of medicine and of pharmacy (27 June 1872)	Arrival at Public physician (nontenure) in Negros in May 1874. Acquisition of tenure in Mar. 1876. Engagement in Manila's voluntary activities in cholera epidemic of 1882.
Fernando Serra y Fosi	Municipal physician in Santa Ana (May 1886)	Acquisition of credits (unknown university)	Public physician in Escarpe, Lérida during Nov. 1880- Feb. 1882. Private practice in Lérida during Feb. 1882- Oct. 1884. Ship doctor in Cataluña (unknown period). Public physician (nontenure) in South Ilocos and Lepanto during Jan.- Oct. 1885. Municipal Physician in Santa Ana from Nov. 1885.
Francisco Pellecer y Vigneras	Public physician in Cebu (circa Oct. 1885)	unknown	Public physician in Cebu from circa 1874. Served the quarantine officer in Cebu, too.
Gregoria Sanchez Guer	Municipal physician in South Intramuros (circa Oct. 1885)	License of physician (20 June 1870)	Visit of Cuba and the Philippines as a ship doctor of a sailing warship of Cádiz, etc. after 1871. Public physician in Camarines Sur during Jan. 1873- Apr. 1880. After the return to Spain, doctor of ship to go and return between Cádiz and the Philippines. After Jan. 1884, Public physician in Cebu (nontenure) and ship doctor of <i>Santo Puerto</i> . Public physician in Cebu (tenure) in Sept. 1884. Municipal physician in South Intramuros in July 1885.
José Martín	Municipal physician in South Binondo (circa Oct. 1885)	License of physician (30 June 1874)	After the engagement in Public physician in Priego de Cuenca, the secondary military physician in June 1876. Associate professor of Faculty of Medicine, the Universidad de Cádiz in July 1877. Professor of same faculty during July 1878- Feb. 1883. Paid medical activities in Manila in cholera epidemic of 1882. Public physician in Laguna in Feb. 1883. Municipal physician in South Binondo in Sept. 1884.
Juan Fulle y Casdevant	Private practice (circa Oct. 1885)	License of physician (20 June 1879)	Passage to German, America and the Philippines as a ship doctor after May 1880. In the meantime, he engaged in the education in Cádiz. At visit at a Philippine port, voluntary activities for cholera patients in Negros.
Juan Grau y Dattle	Municipal physician in North Binondo (circa Oct. 1885)	License of physician (15 Feb. 1871)	Superintendent doctor (nontenure) on each sanatorium in Aláva, Málaga, Murcia, and Cádiz after May 1872. The primary quarantine officer of Manila port during Mar. 1881- Mar. 1883. Municipal physician in North Binondo in Apr. 1885.
Juan Herrera Alvares	Public physician in Burias (circa Oct. 1885)	License of physician (30 June 1877)	Public physician in Algarrobo of Málaga during Dec. 1877- Oct. 1882. Quarantine director in Puerto de Santa Maria during Oct. 1882- Mar. 1884. Public physician in Zambales during Jan.- Sept. 1885.
Manuel Murciano Bonilla	Public physician in Tarlac (tenured) (Mar. 1889 -Aug. 1889)	License of physician (27 Aug. 1879, the Universidad de Sevilla)	Medical specialist in hygiene in Velez of Málaga during July 1881- Feb. 1882. Public physician in Benamargosa of Málaga during Feb. 1882- June 1883. Quarantine director in the port of Pasages of Cádiz in Oct. 1881. Public physician in Pampanga (nontenure) in Mar. 1884, in Cagayan (nontenure) in Oct. 1885 and in Lepanto (tenure) during Dec. 1888- Jan. 1889.
Pedro Riera y Bertran	Public physician in Morong (nontenured) (Mar. 1897)	License of physician (11 Oct. 1881, the Universidad de Barcelona)	Born in Gerona in June 1850. Medical specialist in hygiene in Gerona during Jan. 1882- May 1883. Medical assistant activities for Gerona's residents during cholera epidemic of 1884- 1885. Then Municipal physician in Lal-loc of Cagayan and, successively, an industrial physician of a private company in Cagayan.
Pedro Robledo y Gonzalez	Municipal physician in North Santa Crus (circa Oct. 1885)	License of physician (30 Oct. 1877)	Nontenured Physician of Batangas provincial government during Dec. 1871- May 1876. Public physician in Caramian (nontenure) during May 1876- Mar. 1877. Municipal physician in South Tondo during July- Aug. 1885 and then in North Santa Crus.
Ramon Alva Martín	Public physician in Zamboanga (circa Oct. 1885)	Doctor of medicine (23 June 1884)	Public physician, quarantine officer and sanitary superintendent, etc. in Zamboanga after 1874. A member of Barcelona branch in medical field of the <i>Real Academia</i> .

Ramon Lopez Florez	Private practice (circa Oct. 1885)	License of physician (21 Jan. 1882)	Public physician in Batangas (nontenure) after 21 May 1883.
Sabino Ordas y Fernandez	Private practice (circa Oct. 1885)	License of physician (22 June 1874)	Quarantine officer of Iloilo port in 1877 and, additionally, Public Physician in Iloilo (nontenure) in July 1879- June 1880. Medical activities for Iloilo's residents in cholera epidemic of 1882.
Ysidro Beneyto y Perez	Private practice (circa Oct. 1885), later, the Director of Sanitation of Port in Iloilo	License of physician (26 Feb. 1867)	Public physician in Caudete of Alicante for 11 years. Private practice in Albay in June 1881. Then director of sanitation of Iloilo port.

(Sources) Lista de Médicos, October 1885; Fernando Serra y Fosi to Gobernador General de Filipinas, 31 May 1890; José Maria Biada to Director General de Administracion Civil, 4 March 1887; Historial de Manuel Murciano Bonilla, Médico- Cirujano, n.d., Médicos Titulares, PNA; Provisión Definitiva por Concurso Libre de la Plaza de Médico Titular de Morong, 16 March 1897; Solicitud de Anticipo de Licencia para la Peninsula, por Ysidro Beneyto y Perez, 4 February 1895, Beneficencia y Sanidad, PNA.

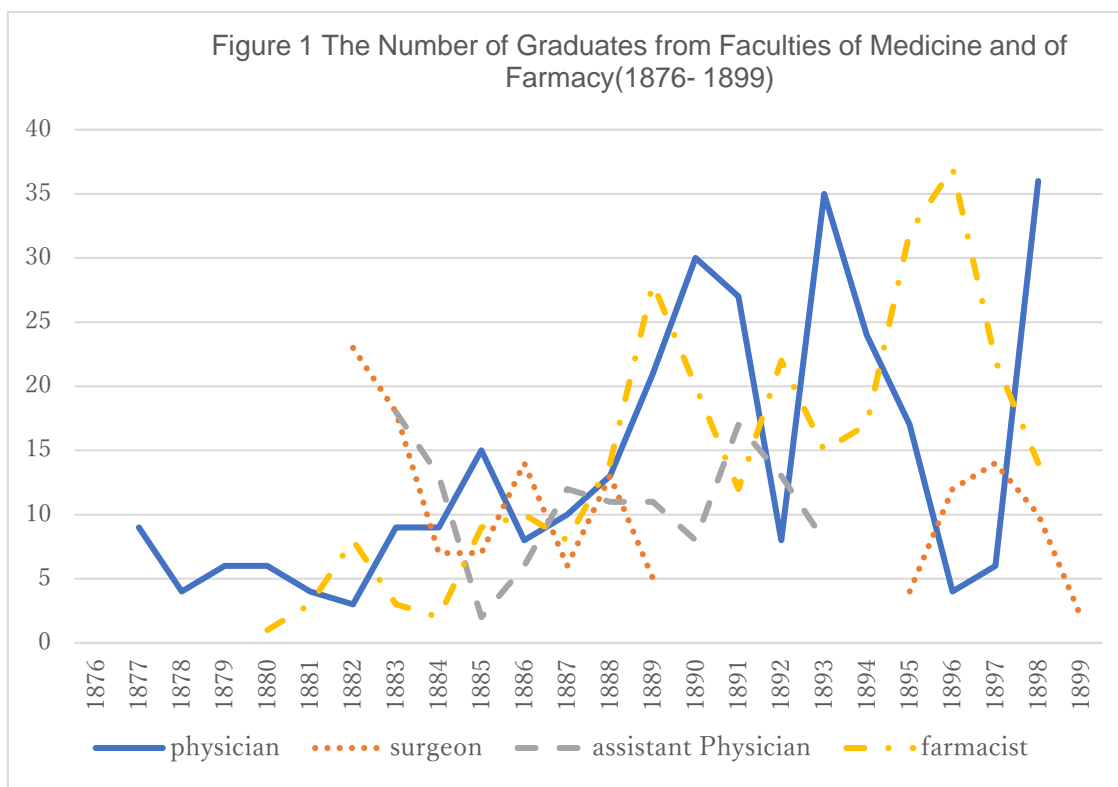
By the middle of the century, Spanish military physicians had often been working on medical and sanitation activities in Zamboanga and Cotabato, which were military bases in the fight against Muslims. Meanwhile, the Seven Years' War between England and France in 1756, which reflected their interests in acquiring their own colonies, caused Spain's turn toward pro-French diplomacy after this war. Spanish military physicians also strongly related to France and its colonies. They experienced advanced medicine in France, as well as the country's participation in the war in Indochina.<sup>29</sup> In 1892, in addition to military physicians, a ship's doctor on the steamer España was dispatched to the Bacteriological Laboratory in Saigon to conduct vaccination research. This aimed to produce quality vaccine through a process beginning with the preparation of vaccine lymph to the acquisition of the vaccine.<sup>30</sup>

During the late nineteenth century, Spanish civilian physicians also increased in number, although not substantially. As shown in Table 1, these physicians worked in private practice or in public services as public physicians and municipal physicians. Their careers had strong connections with Cadiz, the Philippines' arrival and departure point, as well as Barcelona, although Basque immigrants were particularly prominent at that time among all non-physician peninsulares. For example, their occupations included being ship's doctor on vessels whose home port was Cadiz (No. 6), a faculty member of universities (No. 7), a quarantine doctor (Nos. 10 and 11), and others (Nos. 8 and 9). Cadiz was able to provide job opportunities in the Philippines because of easy access to information. Spanish physicians who worked as public and municipal physicians in the Philippines frequently transferred to other offices or districts (Nos. 4, 6, 7, 8, 10, 11, 12, 13, 15 and 16).

Spanish physicians created a movement which established an academic society of medicine in 1893. It was named the Academia de Medicina de Manila and patterned after the Real Academia established in each district of Spain. The society was composed

29. Alejandro Belaústegui Fernández, *Sanitarios Militares en Filipinas, 1521-1898: La Lucha contra el Olvido VII* (Madrid: Ministerio de Defensa, España, 2012).

30. Consulado de España en Saigon to Director General de Administracion Civil de Filipinas, 20 September 1892, Beneficencia y Sanidad, PNA.



(Source) University of Santo Tomas, *Alumni Directory, 1611-1971* (Manila: U. S. T. Alumni Association, Inc., 1972), 14-C -39-C.

of medical doctors and pharmacists and headed by the governor general as president.<sup>31</sup>

During the latter part of the nineteenth century, the Philippines suffered from a shortage of physicians. According to the colonial government's annual report from the late 1870s, there were only 20 Spanish physicians working in Manila.<sup>32</sup> In 1877, one navy physician reported that Spanish civilian physicians were few nationwide, although Spain had an excess of them. In Spain at that time, one public physician was legally appropriate for 500 poor families, and an additional public physician was appointed for an excess of 250 families. In the Philippines, one physician was responsible for 200,000 residents because the provinces depended on public physicians and military doctors only. From the standpoint of free medical services for the poor, this report suggested that such a system would be more suitable for the Philippines than Spain, although the public physician system was created to improve public health.<sup>33</sup>

This report also insisted on establishing the Faculty of Medicine at the University of

31. Profesores de la Facultad de Medicina y Cirujia de Manila to Gobernador General de Filipinas, 20 April 1894, Beneficencia y Sanidad, PNA.

32. Filipinas, *Guía Oficial de Filipinas, 1879* (*Official Guidebook of the Philippines, 1879*) (Manila: Imp. de Amigos del Pais, 1878), 156.

33. Memoria sobre la Nueva Carrera de Sanitarios para el Archipiélago Filipino, Dirigida al Ecmo. Capitán General del Mismo, por D. J. M. Médico de la Armada, 1877, Lib. 233. 12, Archives of the University of Santo Tomas.

Santo Tomas and educating native physicians there to address the shortage of medical doctors. Witch doctors and native herbalists were considered one of the reasons for the small number of physicians, with a navy physician arguing that native doctors were harmful to the country's people and negated the beneficial endeavours of Spanish physicians. They, who were said to have originated from the lowest people, were seen as ignorant and superstitious, and characterised by an unbelievable boldness and impetuosity that fostered blind the people's belief. It was also mentioned that such beliefs certainly undermined the progress of native societies.<sup>34</sup>

Consequently, the number of Filipino physicians began to steadily increase (Figure 1). The Faculty of Medicine at the University of Santo Tomas was established in 1871 and included the Hospital de San Juan de Dios for clinical education practice in 1875. Students could obtain licences as physicians by completing the six-year university program. However, the institution was not entitled to award a doctor of medicine degree. By 1899, 441 students had graduated from the faculty.<sup>35</sup> In 1884, the Faculty of Medicine had more than 115 registered students; the Faculty of Pharmacy (five-year system) more than 64 students; the Cirujano Ministrante or Assistant Physician Course (four years) 63 students; the Assistant Pharmacist Course (four years) 17 students; and the Training School for Midwives (four years) five.<sup>36</sup> Filipino physicians, consequently, increased in number, with public and municipal physicians transferring from one district to another, in addition to the Spanish. For example, around 1890, Benito Valdes, a tenured municipal physician in Santa Ana, transferred to the Quiapo district, and simultaneously, a municipal physician in Pasig moved to Santa Ana. In this way, the transfer of physicians' public posts characteristically involved several districts.<sup>37</sup>

Some wealthy Filipinos went to Europe to attend higher education. Most studied law or medicine in Spain or France. During the fourth quarter of the nineteenth century, there were twenty-eight Filipinos studying medicine in Europe, half of which obtained a doctor of medicine degree from the Central University of Madrid (12) and from Sorbonne in the University of Paris (2).<sup>38</sup> Notable Filipino medical students in Spain included Graciano López Jaena of Visayas, Mariano Ponce of Bulacan, and Dominador Gómez of Manila, who were leaders of the propaganda movement.<sup>39</sup>

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34. *Ibid.*

35. University of Santo Tomas, *Alumni Directory, 1611-1971* (Manila: U. S. T. Alumni Association, Inc., 1972), 13-C -39-C.

36. Filipinas, *Guía Oficial de Filipinas*, 1884, 256-61.

37. Propuesta del Gobierno Civil de que Pácese a Prestar sus Servicios to Santa Ana el Médico de Pasig y para Este Pueblo se Nombre un Médico Interino, 28 July 1890, Médicos Titulares, PNA.

38. Luciano P. R. Santiago, 'The First Filipino Doctors of Medicine and Surgery (1878- 97)', *Philippine Quarterly of Culture & Society*, 1994, 22, 103-40.

39. Schumacher, *The Propaganda Movement*, 2009.

Table 2 Prominent Filipino Physicians and Pharmacists (The Late Nineteenth to Early Twentieth Century)

Names	Qualifications and Degrees	Careers
Ariston Bautista Lim	License of physician (the Universidad de Santo Tomas)	Born in Manila. Research activities at the Universidad Central de Madrid, after acquisition of license of physician at the Universidad de Santo Tomas. Successively, research in Paris and Berlin. After return to the Philippines, engagement to establishment of a cigar factory, in addition, to medical practise. Imprisonment at Fort Santiago in 1896. A member of Malolos Congress after the liberation.
Benito Valdés	License of physician (the Universidad Central de Madrid, 1884), doctor of medicine (the Universidad Central de Madrid, 1885)	Born in Lubao, Pampanga in 1860. Entry at Spanish university before the graduation of faculty of medicine, Universidad de Santo Tomas. Engagement to Public physician in Tayabas and municipal physician in Santa Ana and in Quiapo, successively, after obtaining the degree. Professor of faculty of medicine(surgical pathology), the Universidad de Santo Tomas in American colonial times.
Canuto L. Reyes y Candelero	License of physician (Universidad de Santo Tomas)	Rescue operations in Manila, Laguna and Pangasinan as a medical student in cholera epidemic of 1882- 1883. Public Physician in Romblon (nontenure) during Mar. 1887- Sept. 1888.
Clodoaldo Abad y Recio	License of physician (the Universidad de Santo Tomas, 1890)	Police surgeon at the trial court of Nueva Ecija and at the justice court of Gapan. Voluntary service for medical care as a student in cholera epidemic of 1888. Ship doctor at both steamships of Salvadora and of Btutuan in 1889. Municipal physician in Tambobong (nontenure) in 1891 and in Mariquina (nontenure) in 1893. Public physician in Jolo (nontenure) in Dec. 1896.
Enrique Lopez de Seneca	License of physician (the Universidad de Santo Tomas, 1877)	Physician at the provisional cholera hospital in Manila during Aug.- Oct. 1877. Public physician in Tayabas in Aug. 1878 and in Albay in Nov. 1880. Educational activities at faculty of medicine, the Universidad de Santo Tomas in 1898-99.
Eulogio Roqué Santos	License of physician (the Universidad de Santo Tomas)	Born in San Roque of Cavite. Public physician in Nueva Vizcaya up to 1890 after the public service for about 11 years.
Jose Albert	License of physician (the Universidad Central de Madrid, 1887), doctor of medicine (the Universidad Central de Madrid, 1889)	Born in Binondo of Manila in 1867. Entry to Spanish university after learning the medicine at the Universidad de Santo Tomas for 4 years. The stay in Paris and Berlin for several years. The return to the Philippines in 1891. Participation at the Philippine Revolution as a director of military sanitation, later, a member of Malolos Congress. A leader of Federalist Party in 1902-04.
José Hidalgo y Padilla	License of physician (the Universidad de Santo Tomas, 1884)	After educational activities at the faculty of medicine of one university, municipal physician in Tondo in Aug. 1884. Municipal physician in San Mateo in Sept. of same year. Additionally, private practice in circa Oct. 1885.
Jose Ma. de la Viña	License of physician (the Universidad de Santo Tomas, 1878)	Born in Binondo in 1856. After obtaining the license of physician, private practice in Pampanga for 3 years. Public Physician in Negros (tenure) in Dec. 1880. Simultaneously, the director of military dispensary in Negros during Feb. 1881- Oct. 1882. Later, Public Physician in Bataan. in 1892, the Director of Sanitation of a railroad company running between Manila and Dagpan. In Malolos Congress, the representative from Occidental Negros. A candidate from Manila in election for National Assembly in 1907.
Manuel Xerez	License of physician (the Universidad de Santo Tomas, 1879)	Born in Manila in 1856. Medical services in Calamian islands during 1879- 81, municipal physician in Sampaloc in 1884. The second class officer of Manila navy during 1888- 92. He led the Philippine Revolution in Marinduque province in 1897. A member of Malolos Congress in 1898. Public officer of statistics division of the government and a member of Federalist Party, up to 1903.
Maximino Paterno	License of physician (the Universidad de San Carlos)	Born in Manila in 1863. The passage to Europe to study medicine in 1877. After return to Manila in 1888, municipal physician in Santa Ana. A ship dovtor of Spanish steamship <i>Luzon</i> in 1889. Public physician in Samar and Leyte in 1890. Municipal physician in Santa Cruz in 1891. The secretary of Department of Public Works, Malolos government in 1898.
Salvador V. del Rosario	Doctor of medicine (the Universidad Central de Madrid, 1888)	Born in Manila. Medical practice in the Philippines after acquisition of the degree. The representative of Malolos Congress. Then the editor of <i>La Independencia</i> until 1901. Municipal physician in some districts of Manila. Sanitary inspector as an additional post.
Trinidad H. Pardo de Tavera	License of physician (the Université de Paris, 1880), doctor of medicine(the Université de Paris, 1881)	Born in Manila in a family of Spanish lawyer or government official in 1857. He returned to Manila in 1892 and became a professor of the anatomy in the Universidad de Santo Tomas after obtaining the degree in Paris. After participation in Malolos government, the commissioner of Board of Health under American governance. He organised the Sociedad de Médicos y Farmaceuticos de Manila.

Antonio Luna y Novicio	License of pharmacist(the Universidad de Barcelona), doctor of pharmacy(the Universidad de Madrid)	Born in Manila in 1868. After learning for 2 years in the faculty of pharmacy at the Universidad de Santo Tomas, acquisition of the degree in Spain. Later, research activities of pharmacy in Spain. The return to the Philippines due to commission of bacteriological research of infectious disease by Spanish government in 1894. The Professor of chemical division in <i>Laboratorio Municipal de Manila</i> in 1895. Deportation in the Philippine Revolution and the imprisonment in Spain. He learned the military strategy after the liberation and returned to the Philippines. The secretary of Department of Army, Malolos government in 1899. Unknown death in June of same year.
Leon Maria Guerrero	License of pharmacist(the Universidad de Santo Tomas, 1876)	Born in Ermita of Manila in 1853. The professor of faculty of pharmacy, the Universidad de Santo Tomas in 1887. Later, the representative of Malolos Congress and the trustee of Union Farmaceutica Filipinas. Up to 1913, the representative from the second district of Bulacan in National Assembly.
Mariano Vivencio del Rosario	License of pharmacist(the Universidad de Santo Tomas), doctor of pharmacy(the Universidad Central de Madrid)	Son of the provincial governor of Laguna or Lawyer. After the research activities in the University of Michigan, the professor of the Universidad de Santo Tomas, subsequently, the chemical specialist of the Bureau of Science in Philippine government.

(Sources)Lista de Médicos, October 1885; Provision Definitiva de la Plaza de Médico Titular del Distrito de Morong, 1891; Expediente de Eulogio Roqué Santos por Gobernador General de Filipinas, 16 October 1890, Médicos Titulares, PNA; Provision Definitiva por Concurso Libre de la Plaza de Médico Titular de Morong, 16 March 1897, Beneficencia y Sanidad, PNA; Biographical Information concerning Certain Distinguished Filipinos, Vol.21, Worcester's Philippine collection. Documents and papers. 1834-1915, Special Collections Library, University of Michigan;

The upper-tier people from the provinces also formed the urban rich through their pursuit of educational opportunities in Manila. As shown in Table 2, many Filipino physicians were from the rich class from Manila and its surrounding provinces and were members of the Ilustrados. In addition to education, the functions of the executive authorities were centred on Manila. Consequently, the nineteenth century centralization of administrative power increased one's chances of becoming a public servant. Filipino physicians worked in public services as public and municipal physicians, in addition to providing medical care in private practice, as well as in ships and hospitals. In the early 1890s, the salary of a public and municipal physician was 50 pesos per month. Meanwhile the wages of workers of both genders, such as domestic servants, were around 10 pesos, reflecting a fivefold wage differential.<sup>40</sup>

As mentioned above, there were only 20 Spanish physicians in the late 1870s. Meanwhile, the number of Filipino physicians who graduated from the Faculty of Medicine at the University of Santo Tomas was greater. By the early 1900s, physicians and surgeons all over the Philippines had increased in number. However, in spite of provinces such as Cebu and Panay having a wealthy class which had benefitted from sugar production and trading, physicians who provided Western medical services seemed limited to the residents of Luzon.

The 1903 census taken after the Philippine Revolution and the Filipino-American War reported 1604 physicians and surgeons all over the Philippines, recording 1362 Filipinos

40. Maria Luisa T. Camagay, *Working Women of Manila in the 19th Century* (Quezon City: University of the Philippines Press, 1995), 51; Frederic H. Sawyer, *The Inhabitants of the Philippines* (London: Sampson Low, Marston and Company, 1900), 180.



(males 1326 and females 36) and 155 Whites (all male).<sup>41</sup> However, there were only 441 physicians with medical licences from the University of Santo Tomas by 1899. In addition, the 1362 Filipino physicians hardly included witch doctors because females mostly worked as the latter. On the other hand, it is possible that native herbalists were counted as Filipino physicians since the boundary between native and Western medicine was unclear. Moreover, there were 2354 midwives, and 2261 were Filipino women.<sup>42</sup> The midwives worked with both native and witch doctors at that time. Consequently, physicians numbered 1077 in Luzon, 196 in Panay, 96 in Cebu, 58 in Mindanao and 15 in Bohol. The official physician count was not available in Leyte, Negros and Samar. Among the 1077 of Luzon Island, 264 were Physicians from Manila, in which 141 were Filipinos, and 75 were whites.<sup>43</sup> These *Ilustrados*, including Filipino physicians, participated in revolutionary activities such as the Freemasons, frequently coming in contact with the Spanish in the 1890s.<sup>44</sup> Furthermore, in Table 2, some physicians and pharmacists became members of either the 1898 Malolos Congress or the 1907 National Assembly (Nos. 1, 7, 9, 10, 11, 12 and 13).

In the University of Santo Tomas, the assistant physician course was founded to supplement the service provided by medical doctors. From 1883 to 1893, there were about 10 assistant physicians who graduated from the university. They worked as medical professionals in the religious order's hospitals and as vaccinators. In 1893, an assistant physician licence was required for first- and second-ranked vaccinators in each sanitation district. These professionals earned annual salaries of 300 and 240 pesos, respectively.<sup>45</sup> The assistant physicians from the University of Santo Tomas did their work in the vaccinator's office of the sanitation district.<sup>46</sup>

Many public pharmacy practitioners were Filipinos who obtained a *Practicante de Farmacia* licence from the university. By the 1890s, many public pharmacies had been established in areas around Manila such as Bulacan and Laguna provinces because of insufficient medical supplies for emergency patients.<sup>47</sup> However, in 1887, the training

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41. United States, Bureau of the Census, *Census of the Philippine Islands: Taken under the Direction of the Philippine Commission in the Year 1903*, vol.2 (Washington: Government Printing Office, 1905), 985-7.

42. *Ibid.*, 985-7.

43. *Ibid.*, 1019-28.

44. Michael Cullinane, *Ilustrado Politics: Filipino Elite Responses to American Rule, 1898- 1908* (Quezon City: Ateneo de Manila University Press, 2008), 10-46; Schumacher, *The Propaganda Movement*, 2009, 105-27.

45. Expediente sobre Vacunador en Provincias, por Inspector General de Beneficencia y Sanidad, 1893, Beneficencia y Sanidad, PNA.

46. Provision de la Plaza de Vacunador del Mariquina, 1896; Plaza de Vacunador de Bataan por Francisco Escaler y Ramirez, 25 and 27 January 1896, Beneficencia y Sanidad, PNA.

47. Solicitud de Permiso de un Botiquin Auxiliar en Baliwag, Bulacan, por Teodorico Sabas, 1873, Beneficencia y Sanidad; Establecimientos de un Botiquin Auxiliar Solicitado por Proceso Reyes,

Table 3 Spanish Officers to Ask the Suspension or Resignation for Health Problems

Date of Petition	Position of Applier
Jan. 1889	Custom inspector in Manila
Mar. 1889	Storekeeper at the treasury office of Pampanga province
Apr. 1889	Officer at the general account office of the Philippines
Apr. 1889	Public prosecutor in Bulacan province
Apr. 1889	Chief engineer of General Inspection of Public Works
May 1889	Judge at the trial court of Bulacan province
July 1889	Tax collector at the treasury office of Pangasinan province
Mar. 1890	Secretary of <i>Real Audiencia</i>
Mar. 1890	Auditor at the treasury office of Bulacan province

(Sourecs)Expedientes, Abril de 1889 a Marzo de 1890, Beneficencia y Sanidad, PNA.

course for midwives was created by the university to address the need for maternal and child health services, and the office of public midwives was established in 1887. A public midwife's monthly salary was 14 pesos at most, less than 30 % of a public physician.<sup>48</sup>

Filipino medical officers increased in number alongside other medical professionals such as pharmacists and midwives. Meanwhile, Spanish public servants requested suspensions from duty and offered their resignations. As Table 3 partly shows, these requests were triggered by their experience of the cholera epidemics in the 1880s, and they wanted to return to Spain because of health problems. Furthermore, the social unrest around the 1896 Philippine Revolution led Spanish medical officers to resign their offices in the provinces. For example, in 1895, Ysidro Beneyto y Perez, the director of sanitation of the Iloilo Port, requested leave to return to Spain to take care of his health, as a serious disease had put his own life in danger.<sup>49</sup> Furthermore, in 1898, the public physician of Bulacan province asked to resign, which was later approved. In the same year in Capiz province, the public physician wanted to resign for health reasons. However, the governor general rejected this request because of insufficient cause.<sup>50</sup>

Around the time of the Philippine Revolution, the Spanish colonial government

1885 and 1890, Médicos Titulares, PNA.

48. Establecimiento de Matronas Titulares por Gobierno General de Filipinas, 8 March 1887, Beneficencia y Sanidad, PNA.

49. Solicitud de Anticipo de Licencia para la Peninsula, por Ysidro Beneyto y Perez, 4 February 1895, Beneficencia y Sanidad, PNA.

50. Inspeccion General de Beneficencia y Sanidad to Ordenador de Pagos de Centro Directivo, 30 April and 5 July 1898, Médicos Titulares, PNA.

checked Filipino physicians for their loyalty to Spain. In October 1898, a report by senior colonel in Leyte on two public physicians from the same island, Don Jesus Sanchez Mellado and Don Tomás Pardo del Río, addressed to civil governor ‘Their medical services deserved praise. They showed the love and voluntary spirit for Spain by the prescribed evidence. Namely, the clean national flag was held in arms of the brave and devoted sons’.<sup>51</sup> On the other hand, Eduardo Rodrigues de los Santos, the public physician in Bohol, was deemed anti-Spanish and discharged in October 1896. He then asked to be reinstated to the Spanish colonial government.<sup>52</sup>

Following a 1897 advertisement for the public physician of the province of Morong, now Rizal province, a Filipino physician who graduated from the University of Santo Tomas was favoured over a Spanish with a medical licence from his own country’s university. He was prioritised in spite of the excellent career achievements of the Spanish candidate because his medical services were devoted and loyal to Spain. For example, when a revolt took place in Nueva Ecija, he provided medical treatment to some injured Guardia Civil personnel. During the Philippine Revolution, not only did the Spanish colonial government change appraisal standards for public physicians, but it also entered compromise agreements with Filipinos.<sup>53</sup> Such agreements demonstrated that the status of Filipinos had likely changed from subordinates to peers of the colonial government.

The employment of Spanish and Filipino physicians oscillated greatly during the 1890s. At this time, Filipinos were engaged in medical professions that were growing steadily because of higher education training. After the Philippine Revolution, some Filipino physicians became assembly men of the Malolos Congress and participated in politics that involved with compromise and resistance even during the American colonial period.

## **5. Practice of Imperial Medicine**

A Spanish military physician who went on an inspection tour of Luzon Island during 1845--1846 described the climate of the Philippines and the Europeans’ acclimation to it. Such acclimation, whose factors included heredity, customs, climate, foods, and ventilation, was necessary for Europeans as their health conditions depended on it, including their resistance to infection. This required changes in the human body because of the country’s high temperature and humidity. Bodily constitutions was obtained

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51. Coronel Gobernador en Leyte to Director General de Administracion Civil, 10 October 1896, Médicos Titulares, PNA.

52. Una Instancia de Eduardo Rodriguez de los Santos, 1898, Médicos Titulares, PNA.

53. Provisión Definitiva por Concurso Libre de la Plaza de Médico Titular de Morong, 16 March 1897, Beneficencia y Sanidad, PNA.

through exposure to the surrounding environment, which should contribute to good health. One sanitary discipline for Europeans was to live in houses with wide spaces to take in the east wind. To avoid sunlight, Europeans were advised to stay indoors. In addition, a diet with enough vegetables, as well as moderate exercise, was recommended. Moreover, at that time, in the centre of Manila, apartment houses for the native people that served as substitutes for nipa houses were deemed problematic because of their poor sanitation and ventilation.<sup>54</sup> Such practices were characteristically similar to those of tropical medicine, which emphasised disease and health in the context of nature and culture.

According to the classification of data collected by municipal physicians in Manila during the 1880s, the infectious diseases in the Philippines at that time included smallpox, measles, scarlet fever, cholera, typhoid fever, malaria, and beriberi.<sup>55</sup> In areas without physicians and pharmacists, one Spanish parish priest who stayed in Cavite introduced home remedies, such as using a herb plant to kill a flea and putting alunite or walnuts in a bottle to purify drinking water.<sup>56</sup> Medical physicians promoted home health care in the late nineteenth century. Patients were more treated with home remedies provided by them, with witch doctors and herbalists.

Filipino physician T.H. Pardo de Tavera wrote a book about how families could properly nurse patients at home to reduce the burden on physicians. Pardo de Tavera argued that patients families needed to cooperate with physicians by having adequate knowledge of attendance and home disinfection because home care by families was a difficult task, involving assignments such as providing meals that followed the physician's instructions.<sup>57</sup>

How did the physicians treat a patient during that time? In the late 1880s, a pamphlet was published about cholera prevention and treatment advocated in Spain. The Spanish intended to integrate sanitary discipline into Philippine society through this text, which depended on both bacteriology and miasma theories. Consequently, several preventive measures were recommended, such as cleaning houses using lime, the segregation of humans and animals, the surveillance of Chinese shops, avoidance of Chinese foods and the purification of drinking water. The miasma theory promoted the use of aromatic

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54. D. Antonio Codorniu y Nieto, *Topografía Médica de las Islas Filipinas (Medical Topography of the Philippine Islands)* (Madrid: Imprenta de D. Alejandro Gomez Fuentenebro, 1857), 109-14.

55. Estado Numérico de las Invasiones de Enfermedades Epidémicas, Beneficencia Municipal de Manila, May 1889, Beneficencia y Sanidad, PNA.

56. Fernando De Santa Maria, *Manual de Medicinas Caseras para Consuelo de los Pobres Indios, en las Provincias y Pueblos donde no Hay Médicos ni Botica* (Manila: Imprenta del Colegio de Santo Tomas, 1882).

57. Trinidad H. Pardo de Tavera, *Arte de Cuidar Enfermos* (Manila: Tipo Litografía de Chofre y Comp., 1895).

disinfection and burning disinfection liquids.<sup>58</sup> The characteristics of tropical medicine, which relates disease and health to nature and culture, were also obvious in this pamphlet. In recognition of local culture, native people were not segregated from colonials, except in statements that expressed concern about Chinese foods and restaurants.

According to this pamphlet, in cases of cholera infection, the family had to tend to a patient until the physician arrived at their house. The patient should be put on a warm bed in an isolated and ventilated room. Any nutrient intake should be avoided except hot water with or without oil. Enema was also promoted. After arriving, the physician would just repeat the same treatment. If the symptoms did not disappear, the patient would be transferred to the cholera hospital.<sup>59</sup> In cases where physicians were not in the vicinity, the assistant physician treated the patient, as described by a case in Morong province in 1888.<sup>60</sup> Physicians provided simple medical care with the family's cooperation.

In one investigation in 1890, medicines were in short supply in many areas where public physicians were assigned.<sup>61</sup> For example, one pharmacy in Northern Luzon required lime disinfectant, an analgesic, chamomile, and an ointment.<sup>62</sup> In the same year, the military headquarters of Davao also required herbal medicines and disinfectants such as alcohol and carbolic acid.<sup>63</sup> The medications provided by Spanish imperial medicine were used as disinfectants or preventive agents rather than a cure. In addition, medical care by physicians was not wholly distinct from native medicine since physicians depended on herbs.

In the late nineteenth century, Spanish imperial medicine focused on herbs and hygiene. However, Filipino physicians did not necessarily follow Spanish authority. In fact, in the 1890s, an unnamed Filipino physician spoke out against it, and this assertion evolved into criticism of a publication by Benito Francia, who served in the General Inspector of Benevolence and Sanitation. His publication, *Cartilla Higiénica*, had been recommended by the Royal Order as a textbook of both medicine and sanitation in primary education.<sup>64</sup> For this anonymous Filipino physician, the *Cartilla Higiénica*

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58. Filipinas, *Cartilla Higiénica y de Desinfección* (Manila: Tipo Litografía de Chofre y Comp., 1888), 5-15.

59. *Ibid.*, 10-5.

60. Gobernador Civil de Morong to Director General de Administracion Civil, 25 August 1888, Beneficencia y Sanidad, PNA.

61. Expediente sobre Autorizacion para Regentar un Botiquin de Pasig para Arayat, Pampanga, 1884; Establecimientos de Botiquines en las Cabeceras de Provincias y Distritos a Cargo de los Médicos Titulares, 30 January 1890, Médicos Titulares, PNA.

62. Inspeccion General de Beneficencia y Sanidad to Jacoba Zobel, Farmacéutico, 12 June 1889, Beneficencia y Sanidad, PNA.

63. Relation de Medicamentos y Desinfectantes, para las Atenciones del Servicio Sanitario en Comandancia de Davao, 22 April 1890, Beneficencia y Sanidad, PNA.

64. Benito Francia y Ponce de Leon, *Cartilla Higiénica y Prontuario de Algunas Medicinas de Uso Común en Filipinas* (Manila: Tipo Litografía de Chofre y Comp., 1894).

appeared to be a draft of the supreme law by the Supreme Council of Sanitation of the Philippines. Therefore, this publication had been written by the state itself. The *Cartilla Higiénica* was composed of three parts: an ‘introduction’, ‘basic ideas’, and ‘detailed explanations’.

The anonymous Filipino physician asserted that, according to the ‘introduction’, people should have renounced the *Cartilla Higiénica*, which was praised by a newspaper in Manila. This Filipino argued that the responsibilities for this publication did not belong to individuals but definitely to the state. Furthermore, the content on medicinal plants, which was in books written by priests R. P. Santa Maria and P. Blanco, was not properly cited with references. On the other hand, Pardo de Tavera was praised as a well-educated physician, and his book on medicinal plants was filled with ‘accurate and scientific data’. Francia’s evaluation of native medicine in the ‘basic ideas’ section was also contended. The Filipino physician stated that Francia had insufficient knowledge of medicinal plants, which was unfortunate for those living in the Philippines. Moreover, it was a logical contradiction that Francia regarded Filipino *mediquillo* care, which involved the use of medical plants, as life-threatening, in spite of his promoting these medicinal plants. Consequently, the *Cartilla Higiénica* was despised as a science of heretics which rulers could use to control Filipino physicians. The final section of the publication criticised Francia’s notion of hygiene as backward and also contained arguments about habitation, ways of life, and vaccination. In addition, it was argued that similar efforts to criticize the text were impossible in periodicals because of censorship.<sup>65</sup>

According to this Filipino physician’s assessment, first, it was important to regard Francia’s book as a state publication that conveyed the ideas of imperial medicine. However, colonial control was not condemned in this criticism. Second, this evaluation set both Filipino physicians and *mediquillos* against the *Cartilla Higiénica*, since the issues raised were not differences between European and native medicine but between the Spanish authority and Filipino physicians. Pardo de Tavera was a Filipino physician admired for his scientific progressivism and for defending the medical practices of native doctors against Spanish imperial medicine. Although this Filipino physician denied being Pardo de Tavera, both sets of ideas bore a remarkable resemblance. At that time, Pardo’s works expressed respect for native knowledge and practices in medical institutions and specialisations and regarded the role of medicinal plants in native doctors’ treatments as highly important. His works highlighted the value of native practices from the perspectives of empirical experience, which inspired feelings of

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65. Anonymous, *Filipinas: Una Cartilla Higienica del Ilmo. Sr. Don Benito Francia y Ponce de León, Inspector General de Beneficencia y Sanidad de Filipinas, y su Refutación por un Médico Filipino* (Pandacan: Imprenta de París-Manila, 1895).

nationalism.<sup>66</sup>

The anonymous Filipino physician's criticism of Spanish imperial medicine not only emphasised empirical experiences but also took a political stand against the racially charged state intervention in the fields of medicine and public health. However, the anonymous critic did not apparently condemn colonial rule in the Philippines. This may have been because some Filipino physicians served in the colonial government as public and municipal physicians. The intervention of the colonial state in the areas of medicine and public health involved the potential to change Filipinos' way of life, which had been deeply connected to native medicine. However, the presence of highly educated physicians was limited to developed areas, including Luzon Island, in spite of the nationwide distribution of public physicians. Such intervention resulted in resistance from Filipino physicians who supported the medical practices of native doctors. This brand of resistance included compromise and cooperation would re-emerge during the American colonial period and confront American medical officers.

## 6. Conclusion

The nineteenth century Philippines required a new approach to medicine. The cholera pandemics worldwide often involved the Philippines which had strengthened a connection with the global economy, and the rapid urbanization of Manila led to an expansion of its poor population. These factors exacerbated social welfare problems, accommodated the emergence of new medical sciences and increased social welfare institutions' control of the population. Simultaneously, local community social welfare was influenced by parish priests. Filipinos were able to perform administrative duties as physicians partly because the Spanish colonial government prioritised social welfare over economic development, unlike the British colonial regime in India. This context involved the Church in social welfare as a controlling entity.

Spanish physicians were initially prioritised when hiring medical officials, and they and their medical knowledge travelled between the Philippines and Spain, including France and its colonies. However, the Faculty of Medicine of the University of Santo Tomas began educating Filipinos, which increased the number of Filipino physicians in the 1890s. Finally, around the time of the Philippine Revolution, some Spanish physicians offered their resignations from their own posts to return to Spain, and the employment of Spanish and Filipino physicians began to change in the 1890s as a result. Filipino physicians who had studied Western medicine were trained as physicians and

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66. Mojares, *Brains of the Nation*, 2006, 119-252.

served as nationalist leaders earlier than in other Asian colonial societies such as India, the Dutch East Indies and Taiwan.

In the nineteenth century Philippines, the knowledge and practice of Western and native medicine were not distinct, which differed from the situation in India at that time. In general, medical practices were mainly conducted at patients' homes and relied on native medicinal plants. In Manila, the poor could also receive medical treatment. However, in provinces outside Luzon Island and other similar areas, those opportunities were limited. Considering that there were more physicians on Cebu and Panay islands, which had largely benefitted from sugar production, the wealthy class in those places may have been more likely to use Western medicine. Provincial communities were affected by public health policies such as vaccination rather than by medicine itself.

However, at that time, Filipino physicians did not necessarily follow Spanish imperial medicine. For example, a Filipino physician reviled a Spanish medical dignitary with his criticism of the discriminatory intervention of the colonial state into the private lives of Filipinos. Among Filipino physicians involved in the propaganda movement, such criticism asserted knowledge of native medicine and was used as a weapon in the resistance, which added to the tensions and ambiguity resulting from colonial rule. Physicians who served as intermediaries between the colonial rulers and their subordinates were also administrative officials. Their critical views of Spanish imperial medicine continued to American colonial times. The resistance of Filipino physicians to American medicine and public health policies must be recognised in the context of the nationalistic social movement during the late nineteenth century.