

Treating the Body Politic:

Epidemics and Spanish Colonial Rule in the Early Modern Philippines



Nichole Poblete

Thesis Mentor Professor Juan Cobo

Seminar Director Professor Debra Blumenthal

Table of Contents

Introduction.....	1
Manila 1580-1600.....	2
A Brief Chronology of the Philippine Islands and Disease.....	9
Historiography of the Philippines and the Discussion of Epidemics.....	10
The Meaning of Healthcare and Early Modern Views of Death and Medical Care.....	12
A Review of Sources and Their Challenges.....	15
Structure.....	17
Part I. 1586-1590: History of Healthcare Preparations.....	18
The Creation and the State of the Hospitals.....	18
Funding the Hospitals.....	21
Local Officials and the Complications of Finances.....	23
The Response to the 1586 Memorial.....	27
Part II. 1591-1599: The 1590s Epidemics and the Local Response.....	29
The 1591 Epidemic and the Difference of Bamboo and Stone.....	30
The 1592 Epidemic and Proposing Reform.....	36
The 1599 Epidemic and the Good Works with Good Death.....	39
1599: The Epilogue of Stone Hospitals.....	43
Conclusion.....	46
Bibliography.....	49

Acknowledgement

My deepest gratitude extends to:

Juan Cobo, Natalie Cobo, and Debra Blumenthal who granted me the chance to pursue this topic in Philippine History, offered me valuable lessons and feedback, and supported me throughout this endeavor in its highs, lows, and the in-between.

The 11 fellow members of the cohort in the Senior Honors Thesis (Madeline, Emma, Gina, Albert, Cole, Keren, Logan, Marisol, Raana, Samuel, and Wei) who worked alongside me and inspired me with their research, projects, and passions.

And to my family that allowed me to pursue the field of my dreams.

Introduction

"If necessary, I am ready to undergo investigation, and I take oath in due form that this petition is made with no ill intent, and I beg justice" were the words of Hernando de los Rios, administrator of the Spanish hospital of Manila.¹ He wrote this within his 1594 petition to King Philip II of Spain. It may sound like it has to do with a criminal case, but rather it was part of an arduous process to endow one of the prime hospitals in Manila, if not the Philippine Islands. In this case, Rios was expressing his readiness to comply with civil and religious authorities who were charged with monitoring government expenditures. Rios submitted a questionnaire of twelve prompts. A wide range of witnesses, from the Jesuit missionary Antonio Sedeño to *Audiencia* member Gaspar de Ayala replied to the same twelve questions with a witness and a royal notary present. Governor-General Luis Perez Dasmariñas also placed his seal to certify the accuracy of the testimonies. It was a lengthy procedure done in order to prove the dire need of the Spanish hospital. But this was not the first appeal made by local actors in the Philippines. In the broader picture, it was one piece in a series of repeated attempts and correspondence to improve the hospitals in Manila, an effort only made more urgent by the 1590s epidemics. It was one way in which local actors responded to issues of disease which troubled the still growing city of Manila. 1594 was a precarious time with two epidemics in 1591 and 1592 preceding it. Rios' petition reflected not only an urgency encouraged by past outbreaks, but an understanding that Manila's healthcare institution was not ready for future outbreaks. It needed to improve and for this to happen, not only Rios, but different members of Manila's population needed to contribute.

This thesis explores how in the final decades of the sixteenth century, local actors such as civil officials, religious authorities, and laymen participated in the creation, development, and

¹ Investigation of the Hospital, February 16, 1594, compiled in Emma H. Blair and James A. Robertson, *The Philippine Islands, 1493–1803* (hereafter B&R), vol.9 (Cleveland: A. H. Clark, 1903–1909), p.89.

management of hospitals in Manila in a period of preparation during the 1580s and a period of epidemic outbreaks during the 1590s. Through their letters, petitions, and correspondence, this thesis argues that this shared effort of these actors was necessary as they established these institutions, consistently recognized and confronted problems with their upkeep, and took more personal and hands-on roles by serving as staff especially during critical periods, namely epidemics.

Manila 1580-1600

When the three 1590s epidemics hit the city, Manila was in the middle of a time of transition and change. The epidemics that struck in 1591, 1592, and 1599 affected its diverse and growing population of Spaniards, indigenous peoples, and Chinese who called it home. These people served in a variety of roles such as servants, soldiers, shopkeepers and more that powered the city's growth and economy. Yet this was not the only transition that the epidemics coincided with as the physical shape of the city was in flux, too. Bamboo, wood, and palm were all utilized as material for building the city's residences and businesses. Even religious and government centers were made with these materials. A change to stone architecture was taking place in Manila especially for these centers, but also for hospitals that were integral to responding to the epidemics that hit in this development period. The state of the city was both vulnerable and opportune. 'Vulnerable' as problems like epidemics could hinder progress, but 'opportune' because it was a time of active improvement and planning, and thus an opportunity to prepare. To say Manila was completely blindsided by disease outbreaks is not accurate, but nor is it accurate to say it completely formed its preparations.

The city was home to 300-400 Spaniards who were either *vecinos*, the religious, or soldiers. *Vecinos* were citizens with political rights. Generally male, they could vote and participate in political affairs such as municipal council elections. Aside from the Spanish, living alongside them were the indigenous peoples of the islands and the Chinese. The indigenous peoples lived in the city, though historian Horacio de la Costa does not note much about them in Manila. He noted that they served as servants in the household of citizens and that they lived in other neighboring towns and villages.² Notably, the Chinese were given their own district with the Parian, though they were active beyond the district. They “were merchants and artisans” who “had their shops within the city.”³ They sold their wares at the plaza on market days. In 1599, their population was said to have increased to more than 3,000.⁴

In terms of how it was structured, sixteenth-century Manila contained a cathedral, churches, forts, libraries, convents, colleges, ironworks, carpentry shops, stone cutters, warehouses, and hospitals. It also had the same physical layout of many Spanish colonial settlements with the general plaza and the straight and right-angled streets that made the grid formation.⁵ In spite of all of these structures, it began from a humble start. The historian Horacio de la Costa described early Manila to have “stood on a tongue of land between the Pasig River and the bay, a cluster of perhaps a hundred wooden houses roofed with palm leaf thatch.”⁶ The Manila Cathedral itself, which was central to religious operations and where the Bishop of Manila held mass, was made with the same material. The city that became the capital of the Philippines was still at a work in progress. In the most tangible aspect, this was seen with the

² Horacio de la Costa, *The Jesuits in the Philippines, 1581-1768* (Cambridge: Harvard University Press, 1961), 11-12.

³ De la Costa, *The Jesuits in the Philippines*, 11.

⁴ Letter from Governor Francisco Tello to the King, July 12, 1599, in B&R vol. 10, p. 259.

⁵ De la Costa, *The Jesuits in the Philippines, 1581-1768*, 11.

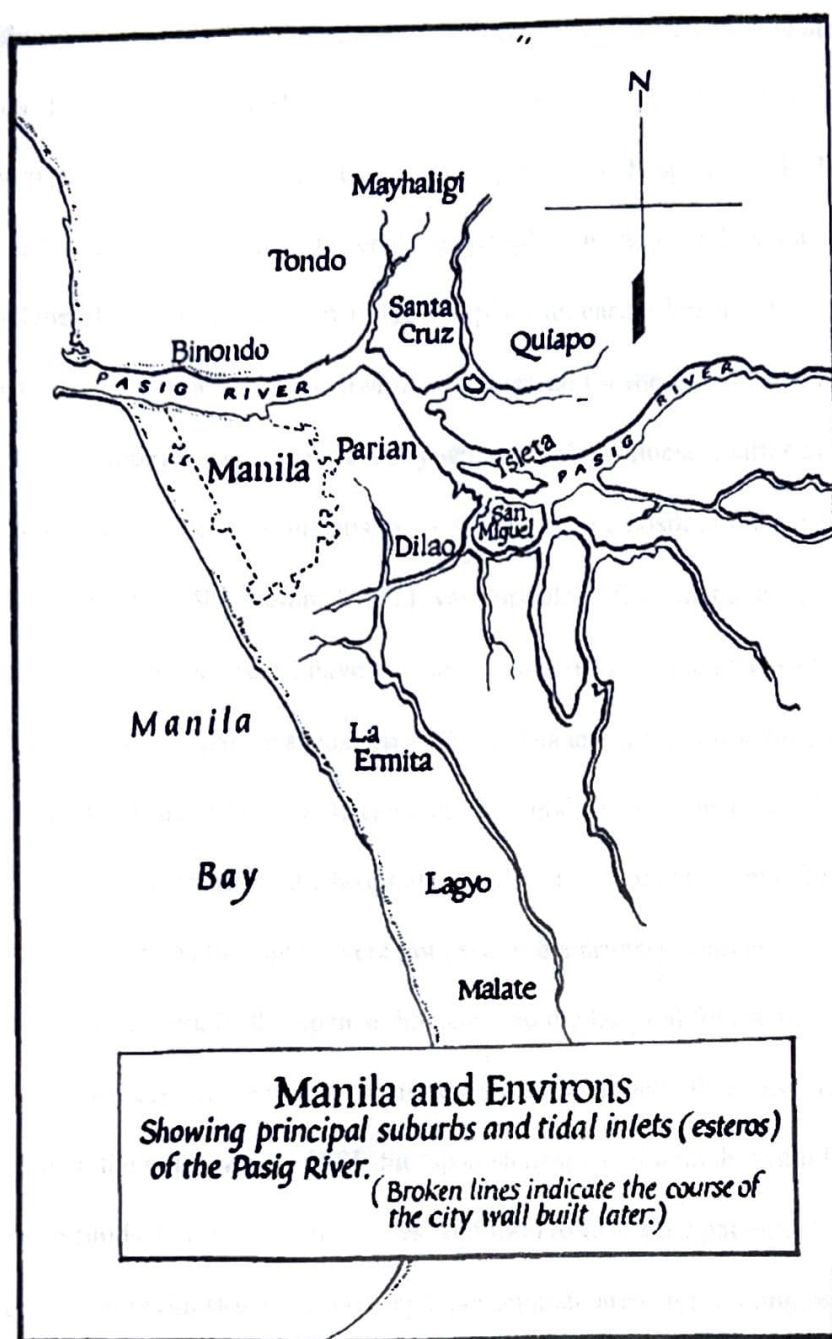
⁶ De la Costa, *The Jesuits in the Philippines*, 10-11.

rise of stone structures after the arrival of Jesuit missionary Antonio Sedeño. He not only built some of the first stone buildings in Manila, but also taught Filipinos and Chinese masonry.⁷

The late 16th century was a period of great change, not just in the city and its buildings but also in politics and administration. In 1584, the first Audiencia of Manila was established at the same time. An Audiencia is a bench of judges that collectively exercise executive, legislative, and judicial functions on behalf of the king. This group of Spanish officials were involved in running the colonial project in the Philippines. Their decisions and actions, alongside that of the Governor-General who was sometimes called the 'President of the Audiencia', had effects on the development of Manila's healthcare system. They aided in creating the hospitals, endowing them with funds through means of encomiendas and trade, and in proposing and petitioning solutions towards the Crown. The last point being important also in consideration to the limited resources and the period of transition that was taking place. In the range of this study and the sources used in it, four Governors-General had tenure. This list includes Santiago de Vera, Gomez Perez Dasmariñas, Luis Perez Dasmariñas, and Francisco de Tello de Guzman.

In 1586, Vera and the Audiencia, alongside religious authorities and citizens, held a *general junta*, a meeting of government officials, clergy, soldiers, and citizens. Together, they formulated a list of grievances of the Spanish colony and the potential solutions to those problems that were to be sent to the King and the court. It is in the document that recorded these grievances and solutions that presents their initial concerns with the states of two Manila hospitals, namely the Spanish hospital and the hospital for the Indians.

⁷ Pedro Chirino, Jaume Gorriz i Abella, and José S. Arcilla, *History of the Philippine Province of the Society of Jesus*, vol. 1, 2 vols. (Quezon City: Ateneo de Manila University Press, 2009), 74.



Map II. Manila and environs, showing principal suburbs and tidal inlets (esteros) of the Pasig River. The broken lines indicate the course of the city wall built later.

Figure 1. Map of Manila and Environs, from De la Costa, *The Jesuits in the Philippines*, 16.

For this study, Manila's hospitals are a main focus. There were four hospitals in operation in Manila in the 1590s, distinguished by the different populations that they served. There was a Spanish hospital (also sometimes called the 'royal hospital'), the hospital for the Indians, the Chinese hospital, and a fourth hospital for enslaved people. The Spanish hospital was established by Governor-General Francisco Sande in 1577, to replace an earlier hospital for soldiers that had been destroyed in 1574 by corsairs.⁸ Meanwhile, the hospital for the Indians had been founded by the Franciscans, although it is unclear exactly when.⁹ In the Chinese quarter of the city, a third hospital was established by the Dominicans in 1590. Finally, the hospital for the enslaved was created sometime after 1594, but before 1597. I was not able to find the names of all four hospitals within the primary sources I have available, but historian Linda Newson notes a few of them. The hospital for the Indians was known as Santa Ana and the Chinese hospital was the Hospital de San Pedro Martir (that later became the Hospital de San Gabriel in 1598 after being moved to Binondo).¹⁰ The names of the hospitals based on the people they mainly served will be used throughout this work as the names were not used in the primary sources.

Out of the four hospitals, the Spanish hospital and the hospital for the Indians are the best documented in the sources, which record far more details about them, their resources, and even their buildings, than the other two. In 1586, the Spanish hospital and the hospital for the Indians lacked not only in funds, but in beds, medicines, and food to feed their patients.¹¹ The physical buildings were not built with stone nor did they have separate areas for treating patients of infectious disease. By 1591, Captain Cuenca, director of the Spanish hospital, wrote of his hospital only having one hall where "all classes of sick people are packed together."¹² It had no

⁸ Sande's Relation, 1577, in B&R vol.4, pp.78-117.

⁹ Letter to Philip II from Gaspar de Ayala, July 15, 1589, in B&R vol.7, p.132.

¹⁰ Linda A. Newson, *Conquest and Pestilence in the Early Spanish Philippines* (Honolulu: University of Hawai'i Press, 2009), 127.

¹¹ Memorial to the Council, 1586, in B&R vol.6, pp.160.

¹² Collections of Tributes in the Philippine Islands, in B&R vol.7, p.268.

kitchen and no quarters for staff. This did end up changing by the end of the century in 1599 as it was recorded that each of the hospitals had "two apartments of its building finished in stone, with its work-room."¹³ Furthermore, the hospitals both enjoyed more supplies in terms of food as Governor-General Francisco Tello noted there being farms for each.¹⁴

Unfortunately, Manila was also prone to a number of disasters. The rainy season and typhoons often caused substantial floods in the area, creating a breeding ground for mosquitoes. Severe weather conditions also made The climate also tended to be hot and humid. The city was often struck by fires that tore through the structures with ease, as not all were made of stone. In 1583, for example, a fire spread through the whole city destroying not only structures like food stores, but also the hospital for the Indians and the cathedral.¹⁵ Three additional fires hit the city in 1585, destroying property.¹⁶ In 1599, an earthquake shook the city and damaged churches and residences.¹⁷ The damage to the church was extensive enough to cause the need for repairs involving more than 1,000 people.¹⁸

Aside from these disasters, Manila was subject to three epidemics in the 1590s. These occurred in 1591, 1592, and 1599. Though the city was attempting to adjust and improve in its political structure and its infrastructure, epidemics tested Manila in its period of great transition.

¹³ Letter from Governor Francisco Tello to the King, July 12, 1599, in B&R vol. 10, p.250.

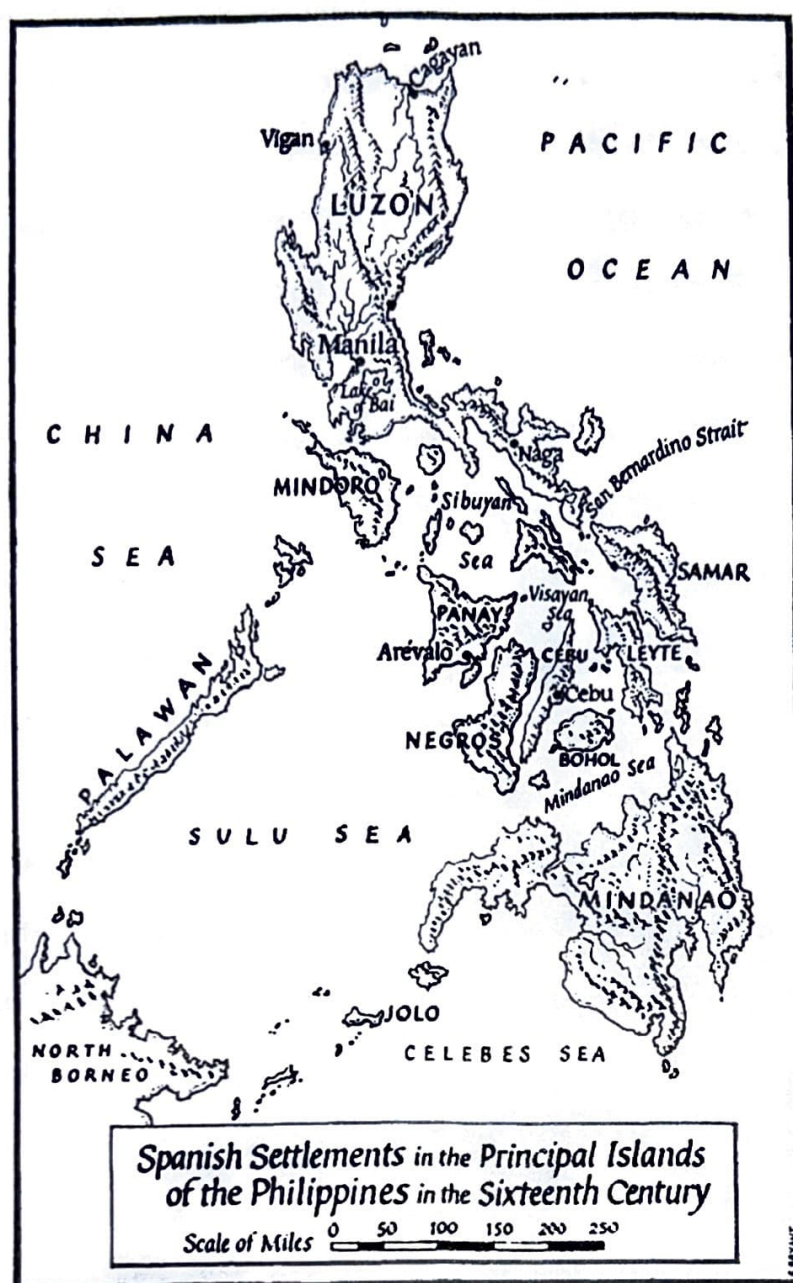
¹⁴ Letter from Governor Francisco Tello to the King, July 12, 1599, in B&R vol. 10, pp.250-275.

¹⁵ De la Costa, *The Jesuits in the Philippines*, 49.

¹⁶ De la Costa, *The Jesuits in the Philippines*, 67.

¹⁷ "Catalogue of Violent and Destructive Earthquakes in the Philippines. : With an Appendix: Earthquakes in the Marianas Islands, 1599-1909 / By Rev. Miguel Saderra Masó, S.J., Assistant Director of the Weather Bureau," n.d., 39.

¹⁸ De la Costa, *The Jesuits in the Philippines*, 180.



Map I. Outline map of the Philippines, showing the principal islands and Spanish settlements in the sixteenth century.

Figure 2. Map of Spanish Settlements in the Philippines in the Sixteenth Century.

From De la Costa, *The Jesuits in the Philippines*, 16.

A Brief Chronology of the Philippine Islands and Disease

The story of Spanish colonization of the Philippines often begins with Ferdinand Magellan, a Portuguese explorer who served under the Spanish Crown, who sought to find an alternative sea route to the Spice Islands. Instead of these islands, Magellan and his crew arrived in 1521 to the islands that would later become known as the Philippines. While this was the initial contact between the Spanish and the islands, efforts to settle in the islands did not happen until 1565. In that year, Miguel Lopez de Legazpi and his men were sent on an expedition by the Crown to establish a colony. The Spanish established a number of settlements, mainly in Luzon and Visayas. The episcopal see of the city of Manila itself was not established until 1579.¹⁹

Of the Spanish settlements, Panay, an island about 612 miles southeast of Manila, was the scene where the first epidemic on record in the Philippines, which took place in 1572. This first epidemic notably took the lives of more than half of the indigenous population of Panay, according to an anonymous *Relación* of the history of the Conquest of Luzon.²⁰ It was only further worsened by famines which occurred in conjunction. The history written by Jesuit chronicler Pedro Chirino noted that there was originally a population of 200,000 indigenous persons in 1568 Panay, but this it collapsed to a mere 30,000 in 1572.²¹ While it is not certain whether Chirino's figures were accurate, the amounts recorded by both accounts indicate a significant loss of life from epidemic disease. Unfortunately, this would not be the only recorded instance. As noted by Newson, recurring waves of epidemics continued to trouble the new Spanish territory. Another occurred in both Luzon and Visayas in 1574. While I do not have the sources to further expand upon it, Newson has mentioned it in her own work. She posits that the 1574 epidemic and the 1572 Panay epidemic were both smallpox outbreaks as able-bodied adults

¹⁹ De la Costa, *The Jesuits in the Philippines*, 5.

²⁰ Relation of the Conquest of the Island of Luzon, April 20, 1572, in B&R vol.3, p. 170.

²¹ Chirino, *History of the Philippine Province*, vol.1, 289.

were not the main casualties.²² She notes that this is because they had already faced the smallpox “at least a decade before.” The experiences with the previous epidemics factored into the future decisions of civil officials. It led to the subsequent emergence of the first hospitals in Manila and also influenced later urgent petitions as seen with the 1586 *general junta*. Following this, a whole series of epidemics struck parts of both Luzon and Visayas all throughout the 1590s. Of these 1590s epidemics, three hit the city of Manila in particular. These three epidemics are the main case studies for this project.

Historiography of the Philippines and the Discussion of Epidemics

In the historiography of the early modern Spanish Philippines, the question of epidemic disease was not initially a focus. While devastating outbreaks featured prominently in histories of colonial Latin America, scholars of the Philippines did not follow suit. However, this did not mean that outbreaks never happened or that they were not important. Records of both civil and religious authorities mention illness infecting Spaniards and Filipinos alike. Why is it then that there is not more attention placed on these epidemics?

In his 1959 book *The Hispanization of the Philippine*, John Leddy Phelan stated that indigenous peoples in the Philippines “had acquired some immunity to such diseases as result of their frequent contacts, before 1565, with neighboring peoples of southeastern Asia.”²³ The Philippines was thought to have belonged to the Eurasian meta-region and thus, it was thought that it had a similar situation to other places in that disease meta-region.²⁴ This immunity and idea was why there was not a similar loss of life as compared to colonial Latin America.

²² Newson, *Conquest and Pestilence in the Early Spanish Philippines*, 21.

²³ John Leddy Phelan, *The Hispanization of the Philippines: Spanish Aims and Filipino Responses, 1565-1700* (Madison: University of Wisconsin Press, 1959), 107.

²⁴ James L. A. Webb Jr, “Globalization of Disease, 1300 to 1900,” in *Cambridge World History*, ed. Jerry H. Bentley, Merry E. Wiesner-Hanks, and Sanjay Subrahmanyam, vol. 6, 3 (Cambridge: Cambridge University Press, 2015), 54–75.

Linda A. Newson reevaluated this theory in her own 2009 work *Conquest and Pestilence in the Early Spanish Philippines*. It mainly argued that Spanish conquest had a larger demographic impact on the Filipino population than previously thought. In response to the theory of immunity, Newson posited that it was instead distance and the low density of Filipino settlement patterns (prior to Spanish resettlement efforts) that hindered the spread of disease. In fact, she argued that the distance between populations also hindered the ability for a sustained immunity to emerge among the population.²⁵

Newson's theory did not entirely oppose Phelan's ideas, and built on points that he established within his book. Phelan had recognized distance, terrain, and the disparateness of Filipino communities as key challenges to the Spanish establishing control in the islands. He also recognized these as "additional barriers against the spread of disease."²⁶ Newson's answer in a sense not only offered a perspective which was informed by present understanding of infectious disease, but also integrated the previous scholarship's strengths at the same time. Her work as well as Phelan's set the key foundations that inspired this exploration into disease and responses in Manila.

Even so, Newson's work focused on the questions of epidemics during the Spanish invasion and military conquest, which has been a key topic in the historiography of colonial Latin America. In this topic of epidemics, I looked further to the works of Laura Matthew and Ryan Crewe, who while both having their distinct focuses in the historiography of Latin America, factor epidemics and disease within their studies. Laura Matthew's book, though focused on the matter of indigenous conquistadors in colonial Guatemala, notes that key to her presenting the stories of her subject is having a narrative that "admit a variety of indigenous

²⁵ Newson, *Conquest and Pestilence in the Early Spanish Philippines*, 23.

²⁶ Phelan, *Hispanization of the Philippines*, 107.

experiences, while communicating the dramatic overall losses that resulted from the disasters of epidemic disease.”²⁷ Matthew’s work strikes a balance in that this study seeks to emulate in looking at a variety of actors, but also still maintaining the communication of the effects of epidemics on the populace. In Ryan Crewe’s book on Mexican Missions and mendicants, Crewe consistently turned to epidemics during the period of military conquest for his arguments. However, he also expands on it and highlights “political intrigues, territorial rivalries, and unrelenting epidemics” as main of the factors that placed significant pressures on the operation of missions in the time after the invasion and conquest.²⁸ Similar to Crewe, this study focuses more on a period after the initial invasion of the Spanish in the Philippine islands.

My study seeks to pair the examination of epidemics with governance and local actions in a specific affected area — Manila. In this thesis, I argue that the shared efforts of local actors—civil officials, religious authorities, and laymen—played an important role in tackling the 1590s epidemics in Manila. In order to accomplish this, I examine Manila’s healthcare responses from 1586 to 1599 through letters, documents, and missionary chronicles. My focus will be the city itself, although places in the surrounding area such as Balayan and Antipolo will also be mentioned, to show other examples of response and offer a more comprehensive view of the epidemics that occurred.

The Meaning of Healthcare and Early Modern Views of Death and Medical Care

Before outlining this study, it is necessary to explain what I mean with the term “healthcare”. Early modern healthcare was not simply a precursor to modern healthcare. The

²⁷ Laura E. Matthew, *Memories of Conquest: Becoming Mexicano in Colonial Guatemala* (Chapel Hill, University of North Carolina Press, 2012), 283.

²⁸ Ryan Dominic Crewe, *The Mexican Mission: Indigenous Reconstruction and Mendicant Enterprise in New Spain, 1521–1600*, Cambridge Latin American Studies (Cambridge: Cambridge University Press, 2019), <https://doi.org/10.1017/9781108602310>, 19.

fundamental aim behind it was different from the present day. The best demonstration of this is with hospitals of the era. Foremost, these institutions were not intended for maintaining people's health. In her study on colonial Andean hospitals, Gabriela Ramos explains that "the institution of the hospital was not originally created to address the problem of health, but rather that of poverty."²⁹ While wealthy persons were cared for at home, the poor did not have this luxury. Early modern hospitals served as places for the poor who were ill. They would be tended to, but when they were close to death (which often became the case) the last sacraments were administered to save their souls. For the religious, hospitals made it easier for them to care for the poor and administer the sacraments. As a result, they made it easier for them to exercise the Christian virtue of charity.

The use of sacraments in this way had origins in Christian practices in Europe during late antiquity, in the context of disease outbreaks like the Antonine Plague. In his study of disease and religion in the late Roman empire and colonial Mexico, Daniel Reff noted how baptism as well as confession and the eucharist "were perceived as a kind of magical talisman against evil spirits, sickness, and death."³⁰ The previous history of epidemics like the Antonine Plague and other strains of disease in Europe led to sacraments being alluded to as remedies, especially in a situation where other treatments were not working.

While sacraments were viewed as a spiritual cure by early modern Christians, their main purpose was not to cure the body, but to ensure a 'good death'. This 'good death' was achieved through the cleansing of the soul that happened with the sacraments and thus, would allow for its secured passage to heaven. According to Ramos in her book about death and religion in the

²⁹ Gabriela Ramos, "Indian Hospitals and Government in the Colonial Andes," *Medical History* 57, no. 2 (April 2013): 187, <https://doi.org/10.1017/mdh.2012.102>.

³⁰ Daniel Reff, *Plagues, Priests, and Demons: Sacred Narratives and the Rise of Christianity in the Old World and the New* (Cambridge: Cambridge University Press, 2005), 69.

colonial Andes, “the moment of death was precisely when the devil would try and take possession of one’s soul, by tempting one to resist one’s fate, reject pain, and hold fast to one’s worldly goods and loved ones.”³¹ This concern spread following the 16th century rise of “priests of mystical and ascetic” leanings who were against materialistic and vain behaviors and spread the idea of the body as “a prison from which the soul must be freed.”³² Handbooks on dying well at the time cautioned that the devil could cause an attachment not only to worldly wealth, but to one’s body, thus, trapping a soul in the prison of the body.³³ The sacraments were a defense against malevolent forces that Christians believed would disrupt the process of a soul becoming free and thus, cause spiritual harm. These religious rituals made early modern healthcare, in practice, more of a palliative care endeavor. The reputation of hospitals in end-of-life care was also reflected in the reactions of indigenous peoples. In Ramos’ example, Andeans called a hospital the “house of the dead” and refused to use the facilities.³⁴ In a similar vein, Filipinos were notably “squeamish, hating every foul smell and sickness, for which reason they are quite repelled by the hospital.”³⁵

Now, while it retained this reputation, medicines and more familiar healthcare procedures also coexisted in these institutions. In Newson’s research, she noted how Franciscans serving in the hospital for the Indians “provided nursing care and used simple herbal remedies.”³⁶ The use of medicines like this do not collide with the previous point as they were simply for relief. Ultimately, then, early modern healthcare was primarily for the purpose of keeping the sick

³¹ Gabriela Ramos, *Death and Conversion in the Andes: Lima and Cuzco, 1532-1670* (Notre Dame, IN: University of Notre Dame Press, 2010), 80.

³² Ramos, *Death and Conversion in the Andes*, 75.

³³ Ramos, *Death and Conversion in the Andes*, 75.

³⁴ Ramos, “Indian Hospitals and Government in the Colonial Andes”, 197.

³⁵ Pedro Chirino, Jaime Gorri i Abella, and José S. Arcilla, *History of the Philippine Province of the Society of Jesus*, vol. 2, 2 vols. (Quezon City: Ateneo de Manila University Press, 2009), 178.

³⁶ Newson, *Conquest and Pestilence*, 128.

comfortable with food and other basic amenities, remedies for limited relief, and ensuring access to the sacraments when death was near.

A Review of Sources and Their Challenges

This study uses documents, letters, and missionary accounts. These materials come from Blair and Robertson's 52 volume *The Philippine Islands* and Pedro Chirino's missionary chronicle *History of the Philippine Province of the Society of Jesus*.

Most of the government documents and letters are from Blair and Robertson's *The Philippine Islands*. These include letters between local officials and the Crown, investigation testimony, tribute records, and hospital rules. All are translated into English from their original Spanish. Though it is extensive, the collection is still limited. However, the main challenge comes from the flaws of *The Philippine Islands* as a result of translation errors, misinterpretations, and questionable choices, in the context of US colonialism in the archipelago.

Historian Gloria Cano has written a detailed analysis of the collection and these problems in her article "Blair and Robertson's 'The Philippine Islands, 1493-1898': Scholarship or Imperialist Propaganda?". In it she argued the collection was not only filled with inaccuracies in both translation and interpretation, but that deliberate choices were made to misrepresent Spanish colonial rule and thus, contribute to American imperialism. As a result of this knowledge, I will not approach nor make key arguments with specific language or wording with any of the Blair and Robertson translated documents. Engaging with these documents in their original Spanish would avoid these problems. But I admit that I am not versed enough in Spanish to interpret the originals effectively and thus, need to settle for these translations. With this in mind, I have

carefully read these translations and studied them with care to not include the ill conclusions of the original compilers.

The second source base for this study is Jesuit chronicler Pedro Chirino's *History of the Philippine Province of the Society of Jesus*. It is a five-book manuscript mostly written in 1610, on the basis of an earlier, 1604 text, but was continuously worked on afterwards until sometime before Chirino's death in 1636. He wrote his chronicle based on his personal experience but also on written texts called *exempla*, which were included in *litterae annuae* sent to the Jesuit central office in Rome. *Exempla* were edifying anecdotes written by the missionaries in different places around the world. They contained stories of mysterious illness or occurrences being healed by divine providence and acts such as prayer or baptism. From these accounts, the superior picked the best and included them in a *litterae annuae* or an 'annual letter' sent to the aforementioned central office.³⁷ Another process of selection created a new compilation to be sent back to the missions. The intention was to inspire the faith in the missionaries from hearing the exploits of their brethren and to attract new members to the order.³⁸ Because of this practice, it enabled Chirino to collect information to utilize for his work, but only after it had been through this system that prioritized edification and Christianization over just recording or communicating. To best employ these sources, I draw inspiration from Daniel Reff's work. He used *exempla* in his book *Plagues, Priests, and Demons*, in which he shows that the challenge is in looking past the author's oppositions and rhetoric to find "other story lines besides the author's own will to truth."³⁹ Following this, I have made sure to not focus on Chirino's reservations against

³⁷ Markus Friedrich, "Circulating and Compiling the Litterae Annuae. Towards a History of the Jesuit System of Communication," *Archivum Historicum Societas Iesu* 77 (2008): 3–39.

³⁸ Reff, *Plagues, Priests, and Demons*, 6.

³⁹ Reff, *Plagues, Priests, and Demons*, 25.

indigenous practices nor his more personal convictions that may obstruct the more relevant pieces of his history.

Structure

This exploration into the topic of healthcare responses and epidemics is mainly split into two parts. The first, entitled '1586-1590: History of Healthcare Preparations', considers the period before the 1590s epidemics, to explore how officials set the foundations that would shape their responses to the 1590s epidemics.

In order to look at the efforts of local actors in the 1590s epidemics, it is necessary to examine their preparations prior to the decade. These preparations are most apparent through the study of the hospitals. The aim of this section is to set key facts about the hospitals to understand their origins and to gauge their change over time. Local actors, namely civil and religious authorities, were instrumental to the creation and subsequent funding of these institutions.

The second part of this thesis, entitled '1591-1599: The 1590s Epidemics and the Local Response', examines the 1590s epidemics in Manila themselves and the responses overall. The aim of this part is to look at the records of epidemics and to examine the responses of local actors, as in Spanish civil and religious authorities alongside Spanish and indigenous laymen. As seen in the 1590s and with the epidemics in context, the local actors made conscious efforts that factored in their knowledge of the state of the Philippines, created potential reforms to improve the state of the healthcare response, and took direct action in combating the outbreaks and helping those afflicted.

Part I. 1586-1590: History of Healthcare Preparations

In April 1586, under the governorship of Santiago de Vera, members of the Audiencia, religious personnel, soldiers, and citizens gathered in a meeting known as a *general junta*. They listed their grievances and suggestions in order to improve Manila and other settlements on the islands. In the section on hospitals, it was their suggestion and not the grievance that illustrated the most detail. They wrote, "His Majesty should provide money for a building, beds, food, medicine, attendants, and other necessities, bringing from Nueva Espana medicines and clothing."⁴⁰ Though its specific needs were not listed, the hospital for the Indians had a similar state, if not potentially worse. These hospitals were plagued with a number of issues: lack of facilities, insufficient supplies and staffing, and struggling finances. All of which were reflected in the petition. If they were not prepared normally, how could they face epidemics and outbreaks? Civil officials and religious authorities understood this problem and over the course of the 1580s tried to bolster the capital's early healthcare system.

Before examining the healthcare response and the actions of local actors during the 1590s epidemics, it is necessary to look into the state of healthcare in the prior decade of the 1580s. This section will discuss the establishment of the hospitals, their context, and their needs in 1586, the process of funding the hospitals, and the work of local actors on the ground to equip these hospitals. In examining these points, it can be better understood what changes in the institutions and the challenges to these changes.

The Creation and the State of the Hospitals

The *general junta* collected their grievances and accompanying suggestions into a report sent with an envoy to the King of Spain. Father Alonso Sanchez of the Society of Jesus was

⁴⁰ Memorial to the Council, 1586, in B&R vol.6, pp.160.

chosen to bring it to Madrid and the report resulted in a memorial. This document outlined a number of reforms needed, including for the Spanish hospital and the hospital for the Indians in Manila. The petition was a shared effort between civil officials, religious authorities, and laymen who were in attendance at the 1586 *general junta*.

The creation of these hospitals themselves were an effort by civil officials and religious authorities. The first hospitals in Manila were the Spanish hospital and the hospital for the Indians. The first iteration of the Spanish hospital was created in the 1570s. Governor-General Francisco Sande noted in his 1577 relation that soldiers “have no medicines, and are always ready to beg for them, as they have no other resource. When I came, I had a hospital built; but the corsair burned it.”⁴¹ Sande built a new hospital in Manila afterwards.⁴² This hospital mainly served Spanish soldiers, sailors, and workmen. While the Spanish hospital had been built by civil officials, the hospital for the Indians was formed by the Franciscans.⁴³ Both civil and religious officials were responsible for the beginning of this healthcare service in the center of Spanish colonial governance in the Philippines.

More documentation shows that both authorities continued to raise hospitals in Manila and other parts of the Philippines. In a 1590 letter, the first bishop of Manila Domingo de Salazar wrote to King Philip II “that a hospital has been built by the Dominican friars who have charge of the Sangleys of the Parian.”⁴⁴ This hospital was meant for the Chinese who lived within Manila. Another group which gained a hospital were the enslaved persons of the city through the petition of Governor-General Luis Perez Dasmariñas in 1594.⁴⁵ Hospitals also existed beyond

⁴¹ Sande's Relation, 1577, in B&R vol.4, pp.78.

⁴² Sande's Relation, 1577, in B&R vol.4, pp.117.

⁴³ Letter to Philip II from Gaspar de Ayala, July 15, 1589, in B&R vol.7, p.132.

⁴⁴ The Chinese and the Parian, June 24, 1590, in B&R vol.7, 237.

⁴⁵ Letters from Dasmariñas to Felipe II, June 15, 1594, in B&R vol.9, 139.

Manila. According to a memorial in 1618, there were hospitals in Cavite, Laguna, Cagayan, and Cebu aside from Manila.⁴⁶ There was also a hospital built in Antipolo in 1599.⁴⁷

The role of these hospitals in the healthcare response was cemented by the prior history of epidemics. In an account of the conquest of Luzon by an unknown writer, the Spanish arrived to the island of Panay in 1572 to witness “an extremely great plague of locusts, which has lasted three years.”⁴⁸ This destroyed crops and soon led to a “great famine and pestilence have sprung up among the natives of that island, so that more than half of them have died.”⁴⁹ Pedro Chirino’s *History* also recorded the events, but offered a more specific number on the death toll. The population decreased from 200,000 people to 30,000.⁵⁰ It also is notable that this was the first recorded epidemic in the Philippines. To Spanish local authorities, the creation of hospitals was not only part of building a Spanish imperial city, it was also prudent preparation for a potential catastrophe similar to what happened in Panay.

The matter of maintaining and equipping hospitals was a key issue of its own. The 1586 memorial outlined the needs of the hospitals. These needs were one of the first grievances made in the first section of the memorial. The members of the meeting asked the Crown to “provide money for a building, beds, food, medicine, attendants, and other necessities, bringing from Nueva España medicines and clothing.”⁵¹ This extensive list of demands starkly illuminated the institution’s current deficiencies at the time when the memorial was written, in 1586. The hospital had none of the resources it needed to realistically run well. This state was also the same for the other Manila hospital as the memorial stated, “there is another hospital for the Indians,

⁴⁶ Memorial Regarding Manila Hospital, 1618, in B&R vol.18, p. 113-114

⁴⁷ Chirino, *History of the Philippine Province*, vol.2, 182.

⁴⁸ Relation of the Conquest of the Island of Luzon, in B&R vol.3, p. 170.

⁴⁹ Relation of the Conquest of the Island of Luzon, in B&R vol.3, p. 170.

⁵⁰ Chirino, *History of the Philippine Province*, vol.1, 289.

⁵¹ Memorial to the Council, 1586, in B&R vol.6, pp.160.

which is in the same or greater poverty.”⁵² Not too dissimilar from the city, the two hospitals were also a work-in-progress. They were without proper amenities and did not have the resources, staff, and buildings. Unknown to the local authorities at the time and the people of Manila, an epidemic would hit the city in five years time. The hospitals were not ready yet, but the 1586 memorial illustrates that the officials were aware of its unreadiness and intended to fix this problem.

Funding the Hospitals

For the hospitals to be sustained over time, they needed to be consistently funded. The local officials did ask the Crown for money, but this was not the only action they took for the hospitals. To fund them more consistently, they utilized allotted government resources and assigned the income from grants known as *encomiendas*. The grant allowed for the holder, or *encomendero*, to collect tribute payments from a group of indigenous tributaries in a set area. A portion of this tribute was kept by the *encomendero* with the rest being sent to the government and the Crown. It was through part of this income that the hospitals were supported.

For both hospitals that he made, Governor-General Sande assigned part of the tribute from the Darandum encomienda in Ilocos.⁵³ He stated for the first hospital (the destroyed hospital for soldiers) that he “apportioned about one thousand Indians to the hospital.”⁵⁴ This could be misunderstood as him assigning physical people to work at the hospital, but this meant that he was assigning the income provided by the tribute of one thousand indigenous people. When he made the new hospital which was for the Spaniards, he stated that he “granted an

⁵² Memorial to the Council, 1586, in B&R vol.6, pp.160-161.

⁵³ Collections of Tributes in the Philippine Islands, in B&R vol.7, 267.

⁵⁴ Sande's Relation, 1577, in B&R vol.4, pp.79.

encomienda".⁵⁵ This was in regards to the Spanish hospital he built after the first one was destroyed by corsairs. While he does not specify which encomienda he assigned, a record on the collections of tribute from 1591 shows that it was the Darandum encomienda in Ilocos.⁵⁶ Assigning income from encomiendas to the hospitals was the work of civil authorities, but it is crucial to remember that the origins of this funding came from the labor of indigenous peoples that served as tributaries.

Nevertheless, money from the grants did not mean instantaneous stability in terms of finances. A 1588 letter by the Audiencia to King Philip II illustrates that civil officials found that the Spanish hospital needed more financial support. The Audiencia wrote:

as in this country there is nothing with which an income could be furnished to them [the hospital] sufficient for the care of the many Spaniards who are treated there, your Majesty might order, if you so please, that enough Indians be allotted to them to pay to each hospital one thousand pesos, one thousand fanegas of rice, and one thousand fowls, this amount to include what is already given to them.⁵⁷

The amount of pesos, rice, and fowls were meant to be used for the Spanish hospital. Although, this was not all. The Spanish hospital eventually enjoyed more supplementation in addition to these goods as ordered by the Governor-General at the time, Santiago de Vera. The Spanish hospital was given an additional grant and an extension to the time it was to receive additional temporary grant income. Originally, the duration of the extra funding was 3 years, but ended up extended to 6 years.⁵⁸ Considering the state of the hospitals in 1586 and actions in 1588, the other Audiencia was organizing what they could to improve the running of these hospitals.

⁵⁵ Sande's Relation, 1577, in B&R vol.4, pp.117.

⁵⁶ The Collection of Tributes in the Philippine Islands, 1591 in B&R, vol. 7, p. 267.

⁵⁷ Letter from the Audiencia to Philip II, June 25, 1588 in B&R vol.6, p.319.

⁵⁸ Letter from the Audiencia to Philip II, June 25, 1588 in B&R vol.6, p.320.

Furthermore, these efforts were not limited to the Spanish Hospital. The hospital for the Indians, though mainly run by the Franciscans, was also given more funds and resources. Yet, the 1588 letter by the Audiencia shares that “whereas for the hospital for the natives he only ordered one thousand fanegas of rice and one thousand fowls [which is not sufficient], and therefore great privations and hardships are suffered by those who are being treated there.”⁵⁹ The disproportion is not a surprise. The Spanish hospital was under the government’s management while the hospital for the Indians was mainly under the Franciscans. The Spanish were also more likely to give more resources to a hospital that serviced them and their colleagues. Yet, it should also be noted that the Franciscans also supplied the hospital through alms.⁶⁰ What is more essential to highlight is that even with the extra funding, there was not necessarily a guarantee of improvement. Funding the hospitals while an effort that the Audiencia was doing to prepare and bolster Manila’s healthcare, could not fix its problems in entirety. Endowing the hospitals was also not the work of officials alone, the grant income was from the tribute of indigenous peoples.

Local Officials and the Complications of Finances

Organizing and assigning the encomiendas was a central piece to funding the hospitals, but these same income sources were used for other people, groups and institutions in the Spanish Philippines. The civil officials, the Governor-General and the members of the Audiencia, needed to figure out how to balance these limited resources and split them for running the colony. In 1589, a member of the Audiencia, Gaspar de Ayala wrote a letter to the Crown to inform them about the state of the islands and matters pertaining to the encomiendas.

⁵⁹ Letter from the Audiencia to Philip II, June 25, 1588, in B&R vol.6, p.320.

⁶⁰ Letter to Philip II from Gaspar de Ayala, July 15, 1589, in B&R vol.7, p.132.

When encomiendas owned by individuals became vacant either by the death or abandonment of an encomendero, it reverted to the King, which either kept it or assigned it to a new holder. Encomiendas belonging to the King were administered on his behalf by the Audiencia. The governor-general also had the power to assign a vacant encomienda to a new holder. Though, his decision could be contested by the Audiencia.

Of the cases Ayala wrote about, the assigning of the encomienda of the deceased don Luis de Sagajosa was not straightforward. For this study, Ayala's account sheds light on the capabilities of civil officials. To clarify, this happened in a course of years of correspondence summarized by Ayala in this letter. Initially, Sagajosa's encomienda was to be issued to the hospital as Ayala noted, "Less than seven hundred Indians of this encomienda were apportioned to your royal crown in order that the income therefrom should be enjoyed by the hospital."⁶¹ This changed, however.

A fair illustration of the value of civil officials, they engaged in back and forth communications between one another and with the King. In Ayala's letter to King Philip II, Ayala mentioned how a decree arrived, instructing to give "a gift and alms of ten thousand ducats, payable within ten years in unassigned Indians" for the Augustinians.⁶² Ayala recounted the response to this as "I consented that from the encomienda there should be given them three hundred pesos every year, until your decree should be fulfilled."⁶³ What civil officials did cannot be summed up to simply following orders. At the end of the day, the officials within the islands had to figure out what the course of action seemed best for the situation on the ground and draft up plans of their own. Ayala's letter did not have him writing that the officials would exactly follow the orders given to them. The King's decree originally had a ten year timeline in mind,

⁶¹ Letter from Ayala to Philip II, July 15 1589, in B&R vol.7, p.117.

⁶² Letter from Ayala to Philip II, July 15 1589, in B&R vol.7, p.117

⁶³ Letter from Ayala to Philip II, July 15 1589, in B&R vol.7, p.117

but the Audiencia were aiming for a more flexible arrangement while also noting what encomienda would be suited. It should be mentioned, though, that ducats and pesos were not the same nor of the same value. The King was issuing the gift, but ultimately it was the Audiencia who assembled the pieces. A revision of the decree reflected the culmination of changes which came as a result of this back and forth. Ayala wrote:

Then, a revision of the decree was issued, ordering that the said encomienda be allotted to your royal crown; but that from the income thereof there should be given to the hospital six hundred pesos for eight years, and to the convent of San Agustin three hundred pesos every year until your decree should be fulfilled.⁶⁴

The revision ended up as a culmination of local officials' suggestions and actions. The vacancy of the encomienda and the Audiencia's decision to utilize the Sagajosa encomienda for the Augustinians and the Spanish hospital remained intact. Furthermore, the portion in regards to the Augustinians maintained the more open timeline decided by the Audiencia rather than the ten years. This is not to say the King had no control or power, but that to some degree the decision-making weighed more on the local actors rather than the King. While the King's involvement was seen in decrees sent to the territory, the Audiencia played a critical role in weaving decrees into plans that would work with the current situation within the islands. The effect this had on the Spanish hospital was later reflected in a 1591 record on tribute collection wherein it stated that the Spanish hospital had six hundred pesos "from the encomienda which fell vacant because of the death of Don Luis de Sagajosa in Ilocos."⁶⁵

The delay of messages between Philip II and the local officials meant the need for the latter to be active in including what the islands needed. In the same letter where Ayala told the

⁶⁴ Letter from Ayala to Philip II, July 15 1589, in B&R vol.7, p.117

⁶⁵ The Collection of Tributes in the Filipinas Islands, 1591, in B&R vol.7, p.267

story with the encomienda of Sagajosa, he wrote, "It would tend greatly to the preservation of the soldiers, should your Majesty order your viceroy of Nueva Espana to send a doctor to these islands, although he should be given a salary from your royal treasury of Nueva Espana."⁶⁶

Without active reporting, the Crown could not give aid. Nevertheless, this segment showed the limitations of local actors. Some of the resources needed for strengthening the healthcare system could not be grown, made, or bought in the Philippines. People like doctors needed to be sent to the islands. Local actors were more hands-on in the building and managing of healthcare, but it is important to remember their limitations.

Under these limits, the officials figured out alternative plans. Licentiate Gaspar de Ayala did not only request a physician, but also raised a solution to the funding of the hospital for the Indians. Ayala asked:

License should be given for said hospital to send four *toneladas* of pepper as cargo on the ships which sail every year from these islands to Nueva Espana. There should be levied on them neither duties in these islands, nor freight charges at Acapulco; for with this privilege, which would little affect your Majesty's interest, they can further the work, and support themselves.⁶⁷

What distinguishes Ayala's second request was his focus on the hospital for the Indians and his choice of solution to help it. The 1586 memorial and the 1588 letter by the Audiencia inclined towards the Spanish hospital more than the hospital for the Indians. Ayala did write of the Spanish hospital, but only in brief before he proceeded to make an appeal emphasizing the role of the Franciscans in the hospital for the Indians to the point he asked the King to insist for the order's members to continue servicing it. As for how to help support the hospital, Ayala sought

⁶⁶ Letter from Ayala to Philip II, July 15 1589, in B&R vol. 7, pp.124-125

⁶⁷ Letter from Ayala to Philip II, July 15 1589, in B&R vol.7, p.133.

to accomplish this through removing trading taxes that would have cut into the profit of the pepper shipment. It could be debated how effective this action would be, but it would not change the fact that Ayala wrote in ink a solution specifically for the hospital for the Indians. Civil officials were subject to limitations, but they navigated through these and the legal processes to try to improve healthcare in their governance.

The Response to the 1586 Memorial

The reply to the 1586 petition arrived in 1589 in the form of a letter of instructions from King Philip II to Governor-General Gomez Perez Dasmariñas. The needs of the hospitals were recounted. In these instructions, he noted that the two hospitals had “no building in which to be protected from the ravages of the climate, through the lack of beds, food, medicines, nurses and through other necessities.”⁶⁸ It mirrored the petition and called for these goods to be sent from New Spain. Notably, there was also a request for an assessment of the hospitals. To the problems with money and finances, the King suggested:

From the first repartimientos that may become vacant in the said island, you shall apply to the principal hospital sufficient for an income of five thousand pesos annually; and to that of the Indians, five hundred ducados annually, granted from the increase of the tributes of the Indians (which shall be collected in the manner set down in the sixth section of these instructions), so that both may enjoy the said income as long as may be my pleasure.⁶⁹

The solution was encomiendas once more. The income of the vacated encomiendas went to the Spanish hospital. On the other hand, the hospital for the Indians gained its income increase

⁶⁸ Instructions to Gomez Perez Dasmariñas, 1589, in B&R vol.7, p. 144.

⁶⁹ Instructions to Gomez Perez Dasmariñas, 1589, in B&R vol.7, p. 144.

through the raising of tributes. Raising tributes meant also increasing the strain on indigenous peoples who have to work more to meet them. In both cases, the income derived from indigenous labor and work. The instructions also stated that these funds will be used for the construction of buildings and the procurement of the needed supplies from New Spain. The King added, "In order that this may be commenced immediately, I have granted four hundred ducados to the principal hospital, and two hundred to that of the Indians to be paid from my royal treasury of the said Nueva España."⁷⁰ The Crown responded, but ultimately, most of the work would be in the hands of the local actors. It was through the deliberation of the officials that the encomiendas were assigned and the income from encomiendas came from the work of indigenous tributaries. The healthcare system was more in the hands of Manila's people rather than the King and the court.

⁷⁰ Instructions to Gomez Perez Dasmarinas, 1589, in B&R vol.7, p.144.

Part II. 1591-1599: The 1590s Epidemics and the Local Response

In the year of 1591, a smallpox epidemic spread in Manila and the area around it. In this same year, Captain Cuenca, director of the Spanish hospital, wrote a report. It listed down the encomiendas from which it received its income: Darandum, Sagajosa, Caruya, Lubao, Bondo, and Moron. In spite of having these sources, Cuenca claimed that “the said hospital cannot even support the expenses incurred for food and for services rendered by the Indians.”⁷¹ His report continued to summarize a list of needs for the hospital, calling for “a doctor, medicine, nurses, and other services.”⁷² It mirrored the 1586 memorial made by the general junta. But the most unsettling part was when Cuenca’s report stated, “Another infirmary is greatly needed for patients who suffer from buboes, and for anointings and sweatings; there are many sick with this disease.”⁷³ Spanish authorities planned and attempted to fix the problems of the hospitals prior to the 1590s. Nonetheless, their time ran out and neither their supplies, funding, nor their physical facilities were ready.

This part will examine the cases of the 1590s epidemics in Manila and its surrounding area in order to understand the effectiveness of prior preparations. Moreover, I will explore the efforts and changes made by Spanish authorities during the time period. Through this examination, I present that the local actors made a degree of informed decisions, proposed cognizant reforms, and took direct actions in response to the epidemics despite the lack of preparations.

⁷¹ Collections of Tributes in the Filipinas Islands, 1591, in B&R vol.7, 267.

⁷² Collections of Tributes in the Filipinas Islands, 1591, in B&R vol.7, 267-268.

⁷³ Collections of Tributes in the Filipinas Islands, 1591, in B&R vol.7, 268.

The 1591 Epidemic and the Difference of Bamboo and Stone

The Jesuit priest and scholar Pedro Chirino wrote in his chronicle that “In 1591, smallpox spread around Manila and the surrounding region. It spared neither young nor old among the natives. The European born are not affected by these maladies.”⁷⁴ This smallpox epidemic would be the first of a series of epidemics which hit Manila and areas nearby it over the course of the 1590s. In the years prior, the local government within the islands had attempted to improve the condition of their hospitals. However, places (even those near Manila) did not necessarily have hospitals of their own. In these locales, priests of the religious orders took care of the afflicted with limited resources. Chirino’s recording of events centered around Balayan, a town 49 miles south of Manila, where he was active, but the epidemic was not exclusive to it. Manila was hit as well. The reason why he focused his account of the epidemic on Balayan was because he was temporarily put in charge of the parish during Lent. He also arrived with the smallpox outbreak already happening.⁷⁵ Chirino also stated that “Help was given to the five most populated towns, Balayan, Santiago, Indan, Lian, and Manissua.”⁷⁶

⁷⁴ Pedro Chirino, Jaime Gorriz i Abella, and José S. Arcilla, *History of the Philippine Province of the Society of Jesus*, vol. 1 (Quezon City: Ateneo de Manila University Press, 2009), 264.

⁷⁵ De la Costa, *The Jesuits in the Philippines*, 136-137.

⁷⁶ Chirino, *History of the Philippine Province*, vol.1, 264.



Map III. The Tagalog region, showing towns mentioned in the narrative.

Figure 3. Map of the Tagalog region, showing towns mentioned in Chirinos' narrative. from De la Costa, *The Jesuits in the Philippines*, 108.

This epidemic affected greatly populated places, which painted a concerning picture on how to face it. Manila had three hospitals at this time, but there were no guarantees that the other places affected had hospitals of their own. Evidence confirms the existence of hospitals in Manila during the 1590s. These were the Spanish hospital, the hospital for the Indians, and the Chinese hospital (which was established in 1590). In addition, a hospital in Antipolo, but this did not emerge until 1599. A 1618 memorial lists other hospitals in Cebu, Laguna, Cavite, and Cagayan.⁷⁷ However, it does not confirm whether these other hospitals existed in the 1590s nor the hospitals that were not considered under the King.

With this knowledge of a lack of verifiable hospitals available in the area, the conditions of Balayan were not promising. Within Balayan, Chirino recounted that, “the disease was all over the mission of Balayan, such that one-third of the people were ordinarily bedridden, no one left uninfected, many of them dying of it, more of the adults and aged.”⁷⁸ While no part of the account specified the population numbers, it did give an image of its effects. Most were infected and as many as a third incapacitated. Adults being the main casualty was an important detail as it meant a disruption of tribute payments. If left unremedied, it would have had consequences to the income that supported Spanish operations. Still, Balayan was not completely left at the mercy of the disease.

Efforts were still made by Spanish authorities in at least trying to help Balayan and the other towns. Albeit, this was not through its civil and more so through its religious arm. In the chronicles, it was stated that the clergy “despite all this tiredness and danger, they attended to all the sick in the area daily, morning and afternoon, attending to all in the region every time they called. Thus there were many baptisms and confessions uncounted.”⁷⁹ In face of the odds, priests

⁷⁷ Memorial Regarding Manila Hospital, 1618, in B&R vol.18, p.112.

⁷⁸ Chirino, *History of the Philippine Province*, vol.1, 264.

⁷⁹ Chirino, *History of the Philippine Province*, vol.1, 264.

traveled to administer sacraments, but these were not in order to heal people's bodies. Instead, it was done to ensure the dying would have a 'good death'. Baptism meant the person would be a Christian before they died and confessions meant their sins in life could be forgiven. A 'good death' meant to die with peace, spiritual comfort, and reassurance for what would happen after death. The last sacraments were more akin to hospice or end-of-life care though persons at the time may have seen it as a cure or alluded to it as a spiritual medicine.

Nevertheless, sacraments were not necessarily all that the missionaries utilized. Chirino's history of the Philippines recorded smaller instances where Filipino remedies were acknowledged and used. In the case of the Palo mission in Leyte, the missionaries were "cooperating with their well-known herbalists acquainted with natural antitoxins to cure various ailments."⁸⁰ This was not consistent across the board for all missions or areas within Spanish governance. But this example highlighted interesting points of consideration. It presented that it was possible for Spanish authorities to cooperate with indigenous peoples to utilize resources within the environment of the Philippines itself. It also showed that local actors could interact with this said landscape and peoples independently. This introduces the main point of this section— that there was an unequal measure of understanding of the Philippines between the local actors versus the King and his court.

One representation of this divide was in understanding the traits of the islands. Not only this, but also applying this knowledge to governance. In being physically in the islands, local actors could grasp and actively gain information. Yet as mentioned before, this did not mean this was consistent. A group of local actors could learn and use indigenous medicinal herbs, but this did not mean another group would do the same. Moreover, the King and his court were not simply blind because of the limitations of distance and presence. The reports they received did

⁸⁰ Chirino, *History of the Philippine Province*, vol.2, 100.

hold some crucial information and helped to maintain the connections between Spain and its holdings. But as Arndt Brendecke argued in his study of the information collection and the Spanish colonial administration, the informational reports produced for the King and his court's requests "did not serve merely the cause of 'being informed' so that decisions of a more substantive nature could be made."⁸¹ Instead, he posited that the nature of 'informing' supported a "belief in the responsiveness of the political system."⁸² This meant that the actual use of the information was not the main priority for the King and his court. The knowledge was not wasted, but it was used in the decision-making of local officials rather than of those in Spain.

In a sense, Brendecke's idea aids in explaining the subsequent gaps of understanding. Chirino's narrative about Balayan recorded a problem he found in the missionaries' efforts during the 1591 epidemic. He wrote that the "miserable" houses of the indigenous peoples "sufficed and was of much use, especially in a hot climate where one sweats night and day."⁸³ Prior to this comment, he made a detailed complaint about how the construction of the bamboo houses caused trouble for the missionaries who had to enter them. These houses used ladders instead of stairs and it was not uncommon for the missionaries to fall. Despite the inconvenience, Chirino pointed out in this excerpt the utility of it in the climate of the Philippines. It also indicates that he understood the climate of the Philippines. The same cannot be said about the King and the officials in Spain. This was demonstrated in a 1591 report sent by Governor-General Gomez Perez Dasmariñas in response to the King's 1589 instructions. Dasmariñas wrote:

⁸¹ Arndt Brendecke and Jeremiah Riemer, *The Empirical Empire: Spanish Colonial Rule and the Politics of Knowledge* (Berlin: De Gruyter Oldenbourg, 2016), 133.

⁸² Brendecke, *The Empirical Empire*, 134.

⁸³ Chirino, *History of the Philippine Province*, vol.1, 264.

The blankets which your Majesty orders brought from Mexico are not needed, as those of this country are sufficient, on account of the heat here, and because our blankets are cheaper. Consequently the money which is to be spent for them could be better employed for other necessities.⁸⁴

Dasmariñas and Chirino both recognized the Philippines' hot climate. The information affected their perceptions with Dasmariñas knowing that blankets were not needed as a result of it and Chirino knowing how the housing was built with it in mind. But despite these local actors knowing this, the King sent orders that clashed with their knowledge. Previous reports did mention important notes about the Philippines like its climate, but as seen through this, the King and officials in Spain did not use that information. Local authorities had to take the role of giving advice and suggesting, based on their own understanding, how to form better policy.

The other representation of the disconnect between Spain and local authority was seen in the topic of costs and funding. In the same 1591 report, Dasmariñas experienced a number of problems with the King's instructions. Because of a problem without having a "proper decree", he was unable to obtain money for the Spanish hospital from New Spain.⁸⁵ Aside from this, upon his review, the money the King kept issuing to the hospital was not enough. Dasmariñas stated, "There are usually many sick persons in this hospital, and although there is now an income of two thousand seven hundred pesos, more or less, much more is needed."⁸⁶ The local officials may have the information, but they cannot make their decisions without the resources to put them into action. This idea was emphasized more when Dasmariñas noted his own plan for the funds. He intended "to build a couple of rooms where contagious diseases can be treated."⁸⁷ 1591

⁸⁴ Letter to Felipe II from Dasmariñas, 1591, in B&R vol.8, 146.

⁸⁵ Letter to Felipe II from Dasmariñas, 1591, in B&R vol.8, 145.

⁸⁶ Letter to Felipe II from Dasmariñas, 1591, in B&R vol.8, 145.

⁸⁷ Letter to Felipe II from Dasmariñas, 1591, in B&R vol.8, 145.

was a time when an active epidemic was occurring. It makes sense that he would want money for this kind of project, but if he cannot obtain it, then not much can be done. King Philip II and his court did not also seem to understand that the money they were offering was insufficient.

Insufficient enough that local officials did not have enough “money sufficient to import medicines in bulk from Mexico” as “if they are bought here there is not sufficient to pay the expenses.”⁸⁸ The economic side of the King’s policies towards the Philippines did not match up to the needs of the islands. And without enough funding, local officials cannot make greater efforts to improve or sustain the islands. The 1591 epidemic highlighted the knowledge of local officials, but also the disparity on how it was not used by the King and his court. Thus, making disconnected orders that leave local actors unable to make significant changes or improvements that could have aided in handling crises like the epidemic.

The 1592 Epidemic and Proposing Reform

In Governor-General Gomez Perez Dasmariñas’ 1592 letter to King Philip II, he said “It is now necessary to describe in general the state of this land, although this year has been very unfortunate, deaths and sickness being common among both Indians and Spaniards.”⁸⁹ This is in regards to the epidemic which struck Manila and not too long after the 1591 smallpox epidemic. Unlike the previous, however, the 1592 outbreak affected both indigenous people and Spaniards alike. Dasmariñas’ words about it in his letter were short, but this did not mean the epidemic did not matter to him. He wrote within the same letter that he was “sending also a set of rules for the conduct of the hospital, in order that your Majesty may order them amended there.”⁹⁰ Sending it to Spain presented a notable part of the connection between Spain and the Philippines. Although

⁸⁸ Letter to Felipe II from Dasmariñas, 1591, in B&R vol.8, 145-146.

⁸⁹ Letter to Felipe II from Dasmariñas, 1592, in B&R vol.8, 237.

⁹⁰ Letter to Felipe II from Dasmariñas, 1592, in B&R vol.8, 238.

the local officials did have their advantages, Spain allowed further access to resources and knowledge that could prove useful. In this case, knowledge that could contribute to more effective policies for hospital management.

The codification of these rules gave a sense that Dasmariñas' reforms were a direct result of the 1592 epidemic. By studying the rules included with the letter, I will present how local officials made conscious proposed reforms following the 1592 epidemic. The reason I emphasize that these were 'proposed' reforms is that I cannot find documents which reflect their implementation and show of these rules in practice. Despite this limitation, the existence of these rules illustrate awareness and the intention to strive for changes. It also still stands as a direct response made after an epidemic.

In beginning the rules, Dasmariñas stated his intention to "reform certain matters in the royal hospital of this city that require such remedy, and to decide and establish other matters for its better government and service, for the welfare of its poor sick."⁹¹ It informed the reader that these rules were for the Spanish hospital and not the hospital for the Indians. It may be perceived as neglect of the latter hospital, but this was reasonable. The hospital for the Indians was under the Franciscans. While there was overlap between religious authorities and civil authorities, there was a level of separation and even conflict in some instances. This portion of the beginning also outlined the desire to improve its workings.

From hours of operation to designating books for recording patients, Dasmariñas' rules touch upon familiar details. It may seem simple or obvious to a modern person, but there is a difference between making rules in the present day versus the limited knowledge and resources during the early modern period. The rules also enabled the reader to understand Dasmariñas' reasoning for his choices. For example, he stated that the wealthy and their servants "occupy the

⁹¹ Letter to Felipe II from Dasmariñas, 1592, in B&R vol.8, 245.

places and beds which more properly should belong to His Majesty's poor soldiers, the workmen of this colony, and other poor, for whom hospitals are chiefly established."⁹² The policy he made to combat this was that the wealthy and their servants could not be served in the hospital. He further reinforced this with a penalty as "if the sick person belongs to the classes who ought not to be received, then he who shall have received him shall incur and bear the penalty of paying all the expenses incurred by the hospital for such sick person."⁹³ This rule and the accompanying penalty highlight two points. As an early modern hospital, the institution and its resources were meant for the poor. The other point is that this rule meant resources and space intended for the poor were not always assigned to them. In making this rule, the original intention of the hospital was to be reinforced.

A large theme of the proposed reforms was reorganization and this was partly due to the epidemics. Aside from ensuring beds, medicines, and other resources were available to the hospital's intended clientele, the arrangement of other parts of the hospital also reflected this reform. The fourth section of Dasmariñas' rules focused on organizing items in the Spanish hospital. At first, he wrote that there would be a "numbered wardrobe" and that "respectively- the blankets being kept in one place, the sheets and the other white clothes in another, and the bandages to be used for wounds and sores in another."⁹⁴ These were understandable choices that kept items within the hospital organized and in their own designated places. It was a fairly simple instruction that helped with preventing contamination.

Dasmariñas' continued to state that "Great care must be taken in this division; and it is very advisable to keep the clothes and garments of those sick with contagious diseases in a place

⁹² Letter to Felipe II from Dasmariñas, 1592, in B&R vol.8, 245.

⁹³ Letter to Felipe II from Dasmariñas, 1592, in B&R vol.8, 245.

⁹⁴ Letter to Felipe II from Dasmariñas, 1592, in B&R vol.8, 247.

by themselves.”⁹⁵ He explicitly mentioned contagious disease, which was sensible when considering the 1592 epidemic having occurred around the time of the letter. Though, this was not the only time he talked about contagious disease. In a second instance, he wrote in the twelfth section, “Those who are sick of contagious diseases shall be treated separately, and their service of beds and clothes and their food shall be kept separate from those of the other sick; and much care shall be taken in this.”⁹⁶ Both guidelines were done with the epidemic in mind. They covered not only keeping items separate from the rest of the supplies, but quarantining procedures. Considering not only the statement he made within the letter about the epidemic, but also the rules that explicitly mention infectious disease, the 1592 epidemic directly led to this attempted reform—and one of the first codifications of healthcare guidelines for a hospital in the Philippines.

The 1599 Epidemic and the Good Works with Good Death

For about seven years, Manila would not experience another epidemic until 1599. Pedro Chirino’s chronicle remarked that the work of Tagalogs “was paid for this year with a common sickness that spread among them.”⁹⁷ This disease which affected Filipinos was not specified, but the impact it had was not lost in the account even without a clear number. Chirino said, “Many died of it in the church itself, after hearing their confession, giving them Holy Communion, and administering to them the last sacraments.”⁹⁸ He even added that the “church was hardly emptied of the sick”.⁹⁹ The new outbreak was fatal and its effect was great enough that it kept the church

⁹⁵ Letter to Felipe II from Dasmariñas, 1592, in B&R vol.8, 247.

⁹⁶ Letter to Felipe II from Dasmariñas, 1592, in B&R vol.8, 248.

⁹⁷ Chirino, *History of the Philippine Province*, vol.2, 176.

⁹⁸ Chirino, *History of the Philippine Province*, vol.2, 176.

⁹⁹ Chirino, *History of the Philippine Province*, vol.2, 176.

filled and in need of extra aid. Last sacraments being consistently given also expressed how dire the situation was as these were only given to those who were near-death or dying.

This was not lost on the authorities, not only in the recording of this situation, but in what they did. The religious authorities in Manila “ordered a solemn procession, with Mass, also solemn, to beg our Lord for physical and spiritual health.”¹⁰⁰ The 1599 epidemic drove a powerful religious response. The role of religious personnel during the epidemics was not uncommon as they served in hospitals and in lieu of hospitals in situations such as when no hospital was available in an area as seen with the 1591 epidemic. The 1599 epidemic highlighted the role of not only the religious authorities, but also laymen.

During the 1599 epidemic itself, a new Jesuit hospital was created, but not in Manila. As Chirino recounted, “Father Visitor this time also founded a hospital for the sick in Antipolo. The intention of this hospital was also stated as it was “necessary to administer to them the Holy Sacraments, at least that of the Most Holy Body of Christ our Lord, because of the great inconvenience in bringing it to their houses, since they are as we described them.”¹⁰¹ Having the sick collected within a hospital helped in making it easier for priests to give the sacraments in one place rather than traveling to individual homes. Moreover, the creation of hospitals and the ability to gather the sick meant ease in organizing relief efforts not only with priests, but other members of a community.

Confraternities, as scholar Christopher Black writes, were associations “for people who agree to come together according to certain rules to promote their religious life, prepare for death and the after-life.”¹⁰² They were groups for the clergy, but most were for laymen including the

¹⁰⁰ Chirino, *History of the Philippine Province*, vol.2, 177.

¹⁰¹ Chirino, *History of the Philippine Province*, vol.2, 182.

¹⁰² Christopher F. Black and Pamela Gravestock, *Early Modern Confraternities in Europe and the Americas: International and Interdisciplinary Perspectives*, (Aldershot, England; Burlington, VT: Ashgate Pub., 2006), 1.

confraternities in early modern Manila. They were also crucial in solving a prevalent issue of staffing the hospitals. The reason why confraternities did charitable acts of caring for the poor and sick was because of the “incentive to do good works, for the sake of their own souls.”¹⁰³ One of these groups was the Confraternity of La Misericordia, or Our Lady of Mercy. This confraternity notably models its name after a confraternity of the same name in Lisbon.¹⁰⁴ The one in Manila was established on April 16, 1594. It was composed of wealthy and notable Spaniards such as Luis Perez Dasmariñas and Francisco Tello (who both served appointments as Governor-General).¹⁰⁵ In a 1597 letter to King Philip, Luis Perez Dasmariñas called for “joining the hospital for the slaves, which the Confraternity of La Misericordia has founded, with the royal hospital.”¹⁰⁶ To clarify, when he gave this order, this did not mean that enslaved and Spanish patients would be given the same quarters and amenities. They would still be separated. Rather, it was to give the royal hospital something that Dasmariñas believed it lacked and hindered it in comparison to other hospitals. He reasoned:

At the same time other hospitals are well managed, because of being in the hands of persons who are members of religious orders and servants of our Lord; who being free and bare from personal interest, exert themselves for the good of the poor, merely for His love and service, and with charity and zeal for the good of their neighbors.¹⁰⁷

When reviewing the hospitals within Manila, all except the royal hospital were mainly held by religious orders and organizations. The hospital for the Indians, Chinese hospital, and the hospital for the enslaved benefited from having religious groups who operated them by charity and good works. To add, the alms gained by these religious groups aided in funding these

¹⁰³ Black and Gravestock, *Early Modern Confraternities in Europe and the Americas*, 16.

¹⁰⁴ The Santa Misericordia of Manila, 1728, in B&R vol.47, 23.

¹⁰⁵ The Santa Misericordia of Manila, in B&R vol.47, 27.

¹⁰⁶ Administration of the Royal Hospital at Manila, July 20, 1597, in B&R vol.10, 29.

¹⁰⁷ Administration of the Royal Hospital at Manila, July 20, 1597, in B&R vol.10, 34.

institutions. This is not to say they were truly better off. The Spanish hospital still benefited in its status through the income it gained from the encomiendas tied to it. Regardless, there was a key advantage to either being managed by a religious order or an affiliated organization.

The advantage of confraternities was best described during the 1599 epidemics both in Manila and Antipolo. Unlike La Misericordia, the confraternities written about by Chirino were not composed of wealthy Spaniards. Instead, he mentioned “During this same time of sickness, widespread and contagious, the Sodality or Confraternity of the Filipinos proved its importance.”¹⁰⁸ Indigenous confraternities became a highlight of Chirino’s recording of events in 1599. He wrote of how they “very carefully attended to the sick, providing them with gifts and medicines. For the dead, keeping vigil and accompanying them during their burial with lighted candles.”¹⁰⁹ While the focus of this study has been greatly on Spanish authorities, an example such as this underlines that indigenous peoples themselves were not stagnant though the sources do not always focus on them.

Though not directly mentioned to be the confraternity, the account of the epidemic in Manila also included a moment where one of the priests went to “the hospital of the Filipinos, followed by practically his entire audience, ordinarily more than three thousand souls, children even coming along, with brooms for sweeping.”¹¹⁰ Chirino listed their acts such as how “made the beds, cleaned the toilets, swept, scrubbed, fetched water, pounded rice, prepared supper for the sick, gave them a thousand alms.”¹¹¹ With this large of a group and this many services taken care of, it shows that religion can help in effective management, even in a time of crisis. This was not too different in Antipolo either. Chirino stated “On this occasion, the confraternities of

¹⁰⁸ Chirino, *History of the Philippine Province*, vol.2, 178.

¹⁰⁹ Chirino, *History of the Philippine Province*, vol.2, 178.

¹¹⁰ Chirino, *History of the Philippine Province*, vol.2, 178.

¹¹¹ Chirino, *History of the Philippine Province*, vol.2, 178.

these people were not less negligent than that of Manila in attending to the sick and the dead, as signing the members by days to help the sick, accompanying with lighted candles the burials ordinarily of more than two hundred dead.”¹¹² In Antipolo and Manila, confraternities actively aided the sick both within the hospitals and outside of them during the epidemics. While hospitals were made, they were not as effective without people to staff them. Confraternities aided in their maintenance and helped with overcoming the problem of understaffing.

1599: The Epilogue of Stone Hospitals

By the end of the decade, the Spanish hospital and the hospital for the Indians did improve from their original state in 1586. Unfortunately, no sources specifically allow for an evaluation as to whether these improvements factored into response towards the 1599 epidemic. In lieu of this, this last section serves to look at two letters addressed to the Crown from July 1599 written by Governor-General Francisco Tello and the other by the Franciscans at the hospital for the Indians.

To review, the Spanish hospital and hospital for the Indians lacked a number of basic amenities in 1586. The memorial called for “building, beds, food, medicine, attendants, and other necessities, bringing from Nueva Espana medicines and clothing.”¹¹³ By 1599 and as shown through Tello’s letter to the Crown, some of these grievances were resolved.

Starting with the most apparent, the physical buildings of the hospitals were a principal concern. One that was only further aggravated by the epidemics as there was a desire to create extra facilities for infectious disease. This was best demonstrated by Gomez Perez Dasmariñas. As in one instance in 1591, he asked the Crown for funding to create rooms for patients with

¹¹² Chirino, *History of the Philippine Province*, vol.2, 184.

¹¹³ Memorial to the Council, 1586, in B&R vol.6, 160.

infectious disease to be treated separately.¹¹⁴ Subsequently, his 1592 proposed rules for the Spanish hospital also reflected this need for a space to separately treat patients with infectious disease.¹¹⁵ According to Tello's 1599 letter, the hospitals were in "very good condition, each one having two apartments of its building finished in stone, with its work-room."¹¹⁶ The hospitals not only had multiple apartments, but they were now built in stone rather than the wood and palm thatch of Manila in the 1580s. These structures were not alone in this shift as the building for the Audiencia meetings and housing for civil officials were also built with stone.¹¹⁷ The change of these buildings were fitting considering the coming arrival of a new century.

There were notable changes to both material resources and to the people who managed the hospitals. Tello noted that the hospital received "five hundred pesos of income, two hundred pieces of cloth from Ilocos, one thousand five hundred fanegas of rice in the hull, one thousand five hundred fowls (which your majesty presents to them)."¹¹⁸ Reminiscent of Gaspar de Ayala and his solution of pepper shipments to help endow the hospitals, the letter mentions that the hospital was also granted "4 toneladas to be sent each year without duties or freight charges."¹¹⁹ Though the most interesting addition in this category by far was "a farm for breeding cattle." Since Tello included the accounts from an audit on the hospital, the report mentioned 1,000 cattle, 10 mares, 4 colts. The hospitals were given more ways to supply and sustain themselves. With the changes in both facilities and resources, there was a turn in the staffing of the hospitals. There were "stewards, nurses, and two Franciscan religious for each, who live in the hospital."¹²⁰

¹¹⁴ Letter to Felipe II from Dasmarinas, 1591, in B&R vol.8, 145.

¹¹⁵ Letter to Felipe II from Dasmarinas, 1592, in B&R vol.8, 248.

¹¹⁶ Letter from Governor Francisco Tello to the King, July 12, 1599, in B&R vol. 10, p.250.

¹¹⁷ Letter from Governor Francisco Tello to the King, July 12, 1599, in B&R vol. 10, 260-261.

¹¹⁸ Letter from Governor Francisco Tello to the King, July 12, 1599, in B&R vol. 10, 276.

¹¹⁹ Letter from Governor Francisco Tello to the King, July 12, 1599, in B&R vol. 10,

¹²⁰ Letter from Governor Francisco Tello to the King, July 12, 1599, in B&R vol. 10,

The hospital of the Indians grew in not only its physical structure, but as seen, in the resources it had and the people who ran these hospitals day-to-day operations.

Despite the improvement of the hospitals from their original states in 1586, a letter by the Franciscan priest Domingo de Santiago (dated July 3, 1599) was sent to the Crown with concerns for the hospital for the Indians. Santiago proceeded to list down the fowl, cloth, and the toneladas mentioned in Tello's letter. He also mentioned the amount of people the hospital served at the time, this number being 200 persons.¹²¹ The issue, as he stated, was "small is the income, sacred Majesty, and so many are the poor who come for help, that often we suffer great hardships."¹²² As with any petition, a suggested solution was given and in this case, Santiago asked for four toneladas of freight be continued to us, as we are accustomed to ship the goods free of customs duties or any other dues."¹²³ Though the state of the hospital for the Indians improved from its state in 1586, the need to advocate and to petition for them still persisted. This letter by Santiago reminds that though reforms may be implemented that they do not simply end. For times beyond the 1580s-1590s, local actors needed to continuously make efforts to ensure that the hospitals were supplied especially as future epidemics loomed.

¹²¹ Hospital for Indians at Manila, July 3, 1599, in B&R vol. 11, 82-83.

¹²² Hospital for Indians at Manila, July 3, 1599, in B&R vol. 11, 82-83.

¹²³ Hospital for Indians at Manila, July 3, 1599, in B&R vol. 11, 82-83.

Conclusion

The response of 1590s Manila was in no ways the efforts of any group alone. Spanish civic and religious authorities created, attempted to endow, and called for reforms and changes for the hospitals. Citizens of Manila, however, also had their place in aiding in maintenance and staffing. The latter of which was a consistent problem highlighted in letters sent by officials to the Crown. One can also say that this effort was not exclusively Spanish. Indigenous peoples of the islands themselves were the backbone that funded colonial institutions in tributes, but this study also allowed the exploration of indigenous people having a more direct role. Whether as part of a congregation or an actual confraternity, they were recorded as aides in this crisis. Though there are no accounts from the indigenous peoples on the situation, Chirino's chronicles recounted their hands-on role in serving hospitals and the ill in general. The plague of consistent communication and supplying problems with the Crown only further emphasized the crucial importance of these groups working together. Groups that have clashed against each other, but nonetheless, all had a role in the response to disease outbreak.

This study does not seek to make any overarching generalizations about healthcare throughout the Philippines. Instead, it is meant to piece together and present part of the Philippines' history that has been left neglected until works like that of Linda Newson. Her exploration into epidemics and conquest show a wider importance of this piece of the country's history. In comparison to her work, this study went toward the direction of governance and local actions through the examination of local actors in different parts of Manila's society.

I close this study here, but this does not mean the end of inquiry into the topic or related to it. While conducting and compiling this research, a list of questions remain for future consideration.

The first is prompted by the issues surrounding *The Philippine Islands* collection. If one could read the sources in their original language, what new perspectives and information could be gained? This route could not be explored in this study due to limitations and constraints, but it proves promising. Language and wording within letters, decrees, and documents can be indicative of the dynamics, practices, and ideologies that are not made clear on the surface. With the ability to read Spanish documents, a wider source base would also be made available to study as the sources I used and more are available in other Spanish collections. Engaging with these texts in their original language would ensure less trouble with the potential problems of mistranslation and alteration, both intentional and unintentional.

Another interesting direction is on how the healthcare response looks like in a different geographical or temporal scope within the Philippines. How does the response look like in other parts of the islands? In other towns or cities? In Visayas or Mindanao? How does the response change beyond the 1590s? Circumstances in the Philippines could differ depending on the region. For example, while the Visayas does have settlements like Cebu, some parts of the region were prone to conflict with the Muslims in Mindanao.

In studying early modern hospitals, they did eventually transform into places of healing that are more familiar to people in the present. When does this shift occur? How does it happen? This transition within the Philippines may have its own particular traits to study and dissect. With such a change, it also should be considered the shifts that occur with people themselves.

As I have shown, Filipinos have acted as informal healthcare providers in their nursing of the sick and also, in sharing their knowledge of medicinal herbs. Could the history of informal and later formal Filipino healthcare providers potentially be traced and examined? And if so, what constraints or challenges hindered the rise of Filipinos as formal healthcare providers?

These paths most likely tie closely with how Spanish authorities, both civil and religious, debated about Filipinos' abilities to learn. Some recognized their potential, while others were in staunch opposition.

The gallery of questions convey that there is much to explore about the history of the Spanish Philippines in the aspect of healthcare alongside its development and change.

Bibliography

Primary Sources

- Blair, Emma H., and James A. Robertson. *The Philippine Islands, 1493-1803*. 55 vols. Cleveland: A.H. Clark, 1903.
- “Sande’s Relation”, 1577, in B&R vol.4.
- “Memorial to the Council”, 1586, in B&R vol.6.
- “Letter from the Audiencia to Philip II” June 25, 1588, in B&R vol.5.
- “Letter to Philip II from Gaspar de Ayala” July 15, 1589, in B&R vol.7.
- “Instructions to Gomez Perez Dasmariñas” 1589, in B&R vol.7.
- “The Chinese and the Parian” June 24, 1590, in B&R vol.7.
- “Collections of Tributes in the Philippine Islands” 1591, in B&R vol.7.
- “Account of the Encomiendas in the Philippine Islands” 1591, in B&R vol.8.
- “Letter to Philip II from Dasmariñas” 1591, in B&R vol.8.
- “Letter to Philip II from Dasmariñas” 1592, in B&R vol.8.
- “Investigation of the Hospital” February 16, 1594, in B&R vol.9.
- “Letters from Dasmariñas to Philip II” June 15, 1594, in B&R vol.9.
- “Administration of the Royal Hospital at Manila”, July 20, 1597, in B&R vol.10.
- “Letter from Governor Don Francisco Tello” 1599, in B&R vol.10.
- “Memorial Regarding Manila Hospital”, 1618, in B&R vol.18.
- “Santa Misericordia of Manila”,
- Chirino, Pedro, Jaime Gorriz i Abella, and José S. Arcilla. *History of the Philippine Province of the Society of Jesus*. Vol. 1. 2 vols. Quezon City: Ateneo de Manila University Press, 2009.
- . *History of the Philippine Province of the Society of Jesus*. Vol. 2. 2 vols. Quezon City: Ateneo de Manila University Press, 2009.

Books and Articles

- Black, Christopher F., and Pamela Gravestock. *Early Modern Confraternities in Europe and the Americas : International and Interdisciplinary Perspectives*. Aldershot, England; Burlington, VT: Ashgate Pub., 2006.
- Brendecke, Arndt, Jeremiah Riemer, and Arndt Brendecke. *The Empirical Empire: Spanish Colonial Rule and the Politics of Knowledge*. Berlin: De Gruyter Oldenbourg, 2016.
- Cano, Gloria. “Blair and Robertson’s ‘The Philippine Islands, 1493-1898’: Scholarship or Imperialist Propaganda?” *Philippine Studies* 56, no. 1 (2008): 3–46.
- “Catalogue of Violent and Destructive Earthquakes in the Philippines. : With an Appendix: Earthquakes in the Marianas Islands, 1599-1909 / By Rev. Miguel Saderra Masó, S.J., Assistant Director of the Weather Bureau.,” n.d., 39.

- Cook, Noble David, and William George Lovell, eds. *"Secret Judgments of God": Old World Disease in Colonial Spanish America ; [Selected and Edited Papers from the 46th International Congress of Americanists, Held in Amsterdam, Netherlands, in 1988]*. 1. print. of the Red River Books ed. The Civilization of the American Indian Series 205. Norman: University of Oklahoma Press, 2001.
- Crewe, Ryan Dominic. *The Mexican Mission: Indigenous Reconstruction and Mendicant Enterprise in New Spain, 1521–1600*. Cambridge Latin American Studies. Cambridge: Cambridge University Press, 2019. <https://doi.org/10.1017/9781108602310>.
- Friedrich, Markus. "Circulating and Compiling the Litterae Annuae. Towards a History of the Jesuit System of Communication." *Archivum Historicum Societas Iesu* 77 (2008): 3–39.
- Newson, Linda A. *Conquest and Pestilence in the Early Spanish Philippines*. Honolulu: University of Hawai'i Press, 2009.
- Matthew, Laura E. *Memories of Conquest: Becoming Mexicano in Colonial Guatemala*. Chapel Hill, University of North Carolina Press, 2012
- Phelan, John Leddy. *The Hispanization of the Philippines: Spanish Aims and Filipino Responses, 1565-1700*. Madison: University of Wisconsin Press, 1959.
- Rafael, Vicente L. *Contracting Colonialism: Translation and Christian Conversion in Tagalog Society under Early Spanish Rule*. Ithaca, N.Y: Cornell University Press, 1988.
- Ramos, Gabriela. *Death and Conversion in the Andes: Lima and Cuzco, 1532-1670*. Notre Dame, IN: University of Notre Dame Press, 2010.
- Ramos, Gabriela. "Indian Hospitals and Government in the Colonial Andes." *Medical History* 57, no. 2 (April 2013): 186–205. <https://doi.org/10.1017/mdh.2012.102>.
- Reff, Daniel. *Plagues, Priests, and Demons: Sacred Narratives and the Rise of Christianity in the Old World and the New*. Cambridge: Cambridge University Press, 2005.
- Solari, Amara. "The 'Contagious Stench' Of Idolatry: The Rhetoric of Disease and Sacrilegious Acts in Colonial New Spain." *Hispanic American Historical Review* 96, no. 3 (August 1, 2016): 481–515. <https://doi.org/10.1215/00182168-3601658>.
- Webb, James L. A. "Globalization of Disease, 1300 to 1900." In *The Cambridge World History*, edited by Jerry H. Bentley, Sanjay Subrahmanyam, and Merry E. Wiesner-Hanks, 1st ed., 54–75. Cambridge University Press, 2015. <https://doi.org/10.1017/CBO9781139194594.004>.