

RESEARCH ARTICLE

Colonial policies on insanity in the Philippines, 1903 – 1928

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ABSTRACT

Background: Despite the persistent relevance of mental health in the lives of Filipinos and the long tradition of mental health care in the Philippines, scholarly works on the history of mental illnesses and mental health institutions, particularly during the colonial period, remain scarce.

Objective: This paper aimed to explore the various policies implemented by the American colonial government in the Philippines to address issues regarding insanity from 1903 to 1928.

Methodology: As a historical inquiry, the paper employed historical analysis in examining sources of data such as archival documents, official reports, bulletins, and statistics produced by the various offices of the American colonial government in the Philippines.

Results: Three specific policies were identified – the establishment of the Insane Department at the San Lazaro Hospital in 1904 as a response to the overcrowding and inadequate treatment methods at the Hospicio de San Jose, the Insane Department's adherence to the principles of moral treatment, and enactment of different laws pertinent to insane persons, most notably the Insanity Law of 1912.

Conclusion: The historical narrative shows that these policies had been used by the American colonial government to showcase their alleged benevolence and preserve public order. It was also demonstrated that the colonizers ultimately failed to develop the Insane Department as a modern insane asylum, as indicated by persistent problems such as overcrowding, lack of proper facilities, and outdated treatment methods.

Keywords: *insanity, Insane Department, San Lazaro Hospital, insanity law, colonial policies, Philippines*

Introduction

Compared to related fields such as medicine, diseases, and public health, the history of mental illnesses in the Philippines, particularly during the colonial period, remains relatively unexplored. This is quite surprising given the relevance of mental health issues in the lives of Filipinos. For instance, as one of the then few remaining nations without a comprehensive legislation on mental health, the country suffered from shortages in terms of appropriate facilities and doctors [1]. In 2017, it was reported that the Philippines only had one psychiatrist for every 250,000 individuals which was a far cry from the standard ratio of one to 50,000 [2]. Six regions, representing about 31 million people, also did not have inpatient psychiatric facilities in 2014 [3]. Thus, the enactment of the Mental Health Act in 2018 was considered a major milestone in the history of psychiatry in the country [4]. And more recently, the COVID-19 pandemic and its consequences led to higher levels of stress, anxiety, and

depression among Filipinos [5]. Aside from these issues, the Philippines also has a long history of mental health care. In the 19th century, facilities such as the Hospicio de San Jose and the Hospital de San Juan de Dios took care of the mentally ill [6]. Under the Americans, the colonial government endeavored to create a modern insane asylum in the early years of the 20th century which led to the establishment of the Insane Department at the San Lazaro Hospital and the Insular Psychopathic Hospital, the predecessor of the National Center for Mental Health.

Given these, this paper is an attempt to contribute to the literature on the history of mental illnesses and mental health care in the Philippines. Specifically, it aimed to explore the various steps taken by the American colonial government, formally known as the Insular Government of the Philippine Islands, to address issues regarding insanity –

an umbrella term historically used to refer to various forms of mental illnesses and which was interchangeable with unsound mind, deranged, crazy, *non-compos mentis*, lunacy, madness, and alienation [7]. This paper covered the years from 1903 to 1928 and discussed (a) the early American observations on the prevalence of insanity and quality of care provided to insane patients in the Philippines; (b) the opening and development of the Insane Department at the San Lazaro Hospital, as well as its administrators' attempts to adhere to the principles of moral treatment; (c) the various legislations enacted by the colonial government to improve the management of insanity, most notably the Insanity Law of 1912; and (d) the persistent problems experienced by authorities at San Lazaro in the 1920s.

Methodology

This paper presents a historical inquiry. Therefore, the researcher employed the historical analysis in examining sources of data, namely archival documents, official reports, bulletins, and statistics produced by the various offices of the Insular Government. The most important of these are those from the governors-general of the Philippines, secretaries of the Department of the Interior and the Department of Public Instruction, commissioners of public health, and the directors of the Bureau of Health and the Philippine Health Service. Physical copies of these documents are available at the University of the Philippines Main Library and at the Rizal Library of the Ateneo de Manila University, while digitized versions are maintained by the University of Michigan in an online archive called *The United States and its Territories, 1870 – 1925: Age of Imperialism* [8]. The data obtained from these sources were subsequently used to form the narrative and interpretations below.

Insanity in the Philippines in the 19th and early 20th centuries

Institutional care for insane persons in the Philippines began in the Spanish period, particularly in the 19th century, when the Hospicio de San Jose, established in 1782 to assist poor orphans and the elderly, opened its doors to sailors who had become mentally ill traveling the sea. Many of its subsequent patients were those who had disrupted public peace and had been abandoned by their families, as reported by the police and the municipal governor. The mental condition of these patients was ascertained by a municipal physician called the *medico titular* and a Spanish doctor, but their confinement at the Hospicio de San Jose was ultimately approved by the governor-general who headed its board of directors. Inside the institution, the nuns of the congregation

Daughters of Charity of Saint Vincent de Paul cared for insane patients [9].

Between 1865 and 1898, 741 admissions were made at the Hospicio de San Jose. 716 cases were simply identified as *demente* or insane while 25 received more specific descriptions such as *piromania* (pyromania), *monomania* (monomania), *histerismo* (hysteria), and *tendencia de suicidio* (suicidal) [10]. The effort to establish the patients' diagnoses was most likely a reflection of the sophistication of psychiatric classification which occurred in the 18th and 19th centuries [11]. Nevertheless, it must be emphasized that, despite the presence of a standard medical observation on patients and attempts to distinguish their exact conditions, the treatment available at the Hospicio de San Jose was “more custodial care rather than medical treatment,” motivated primarily by humanitarian reasons [12].

In the early 20th century, the Insular Government produced several reports on the status of the Philippines after three centuries of Spanish rule. These reports inevitably recorded the condition of insane persons population of the colony and of the Hospicio de San Jose. The 1903 census, for example, identified 59,874 persons in the archipelago as “defective,” a broad category which included insane persons, blind, deaf, dumb, and people who had two or more of these conditions. Of the said total, 15,372 or around 25% suffered from insanity. This number, based on the census, was equivalent to 220 insane persons for every 100,000, a figure significantly higher than the United States' 170 insane persons for every 100,000 [13]. Earlier in 1900, the Philippine Commission, in a report on “benevolent institutions,” stated that the Hospicio de San Jose had 548 tenants by the end of 1897 [14]. By 1903, the highly influential interior secretary Dean Worcester claimed that the institution had become overcrowded and thus, inadequate to meet even the local needs. Such was the case that insane persons were either confined in the houses of their friends or relatives or in municipal and provincial jails [15], an arrangement that the commissioner of public health E.C. Carter condemned as deplorable and highly undesirable for all concerned [16]. In 1904, Worcester reported the slow development of mental health care at the Hospicio de San Jose despite the increment in its capacity made through the assistance of the Archbishop of Manila, citing how the care for insane patients remained increasingly difficult [17]. The director of the Bureau of Health Victor Heiser, meanwhile, noted that mental disorders received less attention from physicians and the government compared to other diseases in the Philippines [18].

Recognizing the pressing need to provide relief to insane persons, the Insular Government implemented certain measures such as the construction of a new insane asylum. Heiser, in 1904, stated that the government planned to procure buildings for the care of insane patients at the La Lomboy estate in the province of Bulacan [19]. This proposal, however, did not push through after inspectors concluded that the facilities in the area were limited and could not accommodate more than 80 persons. This limitation served as an impetus for health officials to create and push for the approval of an alternative blueprint for the care of insane persons at the San Lazaro Hospital in Manila which the Franciscans had established in 1577 [20]. By the 17th century, the San Lazaro Hospital became a specialized institution for the care of leprosy patients [21]. In 1905, Carter reported that the San Lazaro blueprint, which recommended the creation of properly separated pavilions, was favored due to financial, sanitary, logistical, and structural considerations. Located in the capital, health officials could easily and efficiently monitor the health conditions of patients at the San Lazaro Hospital with minimal expense, especially in terms of transportation [22].

The Insane Department at the San Lazaro Hospital

The transfer of women patients to the newly opened Sampaloc Hospital, enabled authorities to inaugurate on November 13, 1904, the Insane Department at the San Lazaro Hospital which Worcester had described as satisfactory to house insane patients and provide relief to human suffering [23]. This new institution was envisioned to become a modern mental hospital with approximately 1,000 beds and where “the study of mental diseases may be carried on with profit and success [24].” With an initial capacity of 90 persons, it was placed under the supervision of Henry Brookman Wilkinson, also the Physician-in-charge of the entire San Lazaro Hospital, who declared that its establishment was a “step toward filling a very urgent and long-felt need” that the Americans had already recognized since the beginning of their occupation of the country [25]. From November 1904 to August 1905, there was a combined total of 227 admissions to the Insane Department and the Hospicio de San Jose. This figure was significantly lower than the 4,112 insane individuals previously recorded by authorities in a survey of the islands done in 1904 [26]. At the Insane Department alone, 118 patients were confined, with melancholia and delusional insanity as the leading diagnoses at 46 and 12, respectively. Other cases were identified as dementia, imbecility, catalepsy, paranoia, mania, temporary insanity, and epilepsy, a neurological disease previously deemed as a

mental disorder and was therefore treated in psychiatric institutions prior to the 20th century [27]. Thirty three patients, meanwhile, were tagged as “undetermined” [28]. By June 1906, with 91 patients, the Insane Department had already exceeded its capacity [29].

To avoid the looming overcrowding at the Insane Department, the Philippine Commission, in 1907, passed Act No. 1580 which allocated 55,000 pesos for the expansion of the facility whose capacity eventually grew to 350 [30]. By the end of June 1913, the Insane Department was able to house a record high of 297 patients [31]. While this number was still within the facility's capacity, Worcester posited that more budget was required for its continuous development given an official estimate which placed the total number of insane persons in the islands at 4,252 [32]. Heiser, meanwhile, insisted that at least 2,000 insane persons in the colony needed institutional care. For this, he encouraged the Philippine Commission to allocate an additional 640,000 pesos for the construction of new buildings at the Insane Department and another 500,000 pesos for the proper upkeep of existing facilities [33]. These huge amounts suggested by Heiser showed the serious inadequacies in the system of mental health care in the Philippines, despite the initial measures that colonial authorities had already initiated.

In terms of the regimen for patients, San Lazaro's administrators were influenced by moral treatment – a collective term for various yet related ways of managing insanity which emerged in Europe and the United States in the late 18th and 19th centuries [34]. During that period, physicians began to reject the inhumane approaches of Hippocratic and Galenic medicine which identified the imbalance and stagnation of bodily humors, such as blood, as the cause of insanity and other diseases. These approaches, sometimes referred to as “shock treatments,” were designed to stimulate the bodily humors of patients and included physical beating and flogging, the dispensation of experimental drugs to induce vomiting, application of electricity onto the body, administration of bloodletting and surprise hot and cold baths, and usage of special machines such as rotatory chairs and beds [35]. Proponents of moral treatment likewise condemned the unsanitary conditions in the asylums that Jean-Étienne Dominique Esquirol, a French physician, detailed in 1818. According to his account, insane persons were usually turned over to brutal custodians, chained, left naked with rags or nothing more than straw to protect themselves against the cold and damp weather, and were deprived of fresh air, water, and all the basic necessities in life. Such situation, he declared, could be observed everywhere in France and Europe [36].

In the Philippines, especially before institutional care was made available at the Hospicio de San Jose, insane persons also endured deplorable circumstances. Although medical establishments were present, the attribution of mental illnesses to the supernatural persisted during the early Spanish colonial period. It was common for insane persons, to be brought to churches for purification and exorcism while folk healers or herbolarios handled other cases, subjecting patients to physical and psychological distress in a bid to chase off their illness [37]. Many were also kept and chained within their houses as others, especially those who were deemed dangerous, were imprisoned at the Carcel de Bilibid in Manila, among others. The worst that happened to insane persons was the abandonment of their families [38].

Simultaneous with the rejection of the aforementioned harsh medical practices, advocates of moral treatment, as influenced by humanitarianism and the Enlightenment, discarded the notion that insane persons were hopeless and completely devoid of reason. Instead, they started to acknowledge that these individuals have retained their intellectual and rational capacities [39] and could still return to their normal mental state subject to a consistent regimen of humane treatment, compassion, and kindness, administered in bucolic and peaceful settings [40]. Advocates of moral treatment strived to create a warm, familial, and safe environment in asylums where medical attention, occupational therapy, and, in some cases, religious instruction were provided [41]. French physician Philippe Pinel, in particular, called for the removal of mechanical restraints and advocated the use of detailed case histories and statistics in treating insane patients instead [42]. Across the English Channel, philanthropist Samuel Tuke managed the York Retreat, founded by his grandfather and father William and Henry Tuke, where patients enjoyed beautiful building interiors, spacious and manicured gardens, and lots of sunlight and fresh air and engaged in different physical activities such as sports and handicraft-making [43]. In the United States, educator and social reformist Dorothea Lynde Dix campaigned for the expansion of existing asylums and the creation of new ones and insisted that they be spacious, well-ventilated, and with beautiful grounds [44].

San Lazaro's administrators attempted to replicate the methods of moral treatment in their institution. The Office of the Consulting Architect carefully planned the building of the Insane Department and ensured it was on par with modern asylums overseas and would be sturdy, sanitary, and peaceful. Decorative finishing was added to the design

of the building to attract and hold the attention of patients. According to Heiser, the structure of the Insane Department was ideal for the Philippines for it was near earthquake-proof and ensured protection from heat and the effects of prolonged rainy seasons, adding that the design was a radical departure in hospital construction and could become the guide for the future [45]. In addition, authorities filled open spaces with trees, plants, and concrete walkways for a more conducive environment for healing [46].

To promote physical activity, insane patients were encouraged to cultivate vegetables for the hospital kitchens. This undertaking was also made, according to Heiser, to help defray the rising costs of food and allow administrators to manage their budget [47]. Along the same lines, women were employed in sewing and bandage-making for various offices under the health bureau [48]. For amusement and recreation, patients were permitted to roam and play various games in the yards and to use a swing and a punching bag. During bad weather, they stayed in an enclosed balcony which served as an airing place. The Insane Department also purchased a phonograph to give concerts to patients from time to time while extra food and work suspension were provided during holidays [49]. Heiser also said that the patients were treated using the “humane reduction method” and were given nutritious food and “stimulus of moral encouragement [50].”

The application of moral treatment at the Insane Department became an excellent way for the Americans to showcase their alleged benevolence. Through the humane and charitable acts which the treatment promoted, the Filipinos were to be convinced that their colonizers were faithful to the promises of benevolent assimilation. First uttered by President William McKinley in December 1898, this policy projected the Americans “not as invaders or conquerors but as friends” who would protect the natives in their homes, employments, and personal and religious rights and “to win the confidence, respect, and affection” of the people by granting individual rights and liberties [51]. The establishment of the Insane Department, characterized as a “good hospital” and a “relief to human suffering,” together with other efforts to improve the public health system in the Philippines were in fact publicized in bulletins and reports released by government offices. In one occasion, the Philippine Commission described these initiatives as “important humanitarian work [52].” Conscious of the need to earn the trust of Filipinos, William Parsons, the Consulting Architect of the Insular Government, even argued that the building of these medical establishments, as well as of other

civic and government centers, “would not fail to impress the public mind [53].” In 1907, just three years after the opening of the Insane Department, Heiser lauded the facility for the percentage of recoveries observed which, according to him, was “as large as in similar institutions in the United States and Europe, where experts, specially trained in the treatment of nervous and mental diseases, are employed [54].”

The insanity law of 1912 and other legislations on insanity

In 1912, the Philippine Legislature passed an insanity law, formally known as Act No. 2122 or An Act Providing for the Confinement of Insane Persons in Government Hospitals or other Institutions for insane persons [55]. The enactment of this legislation led to a standard process of confining insane persons and bestowed greater government control over their lives. To a large extent, this act also conferred the health director and the interior secretary the status of being the most authoritative figures on matters concerning insanity. In particular, the director was given the power to inquire about the personal information, history, and mental condition of all insane and alleged insane persons, to admit them into any government hospital or other places approved by the interior secretary, and to prescribe rules necessary for their general welfare. Moreover, the law allowed the director to craft regulations on the erection, maintenance, and repair of buildings used for the confinement of insane persons and to make contracts, subject to the secretary's approval, with private institutions and individuals who could accommodate patients when government facilities became overcrowded.

District health officers in the provinces and medical inspectors in Manila, as emphasized in the law's Implementing Rules and Regulations (IRR), were also mandated to conduct routine inspections in their jurisdictions to assist the health director in identifying and locating insane individuals. These officers were also obliged to submit reports with details on the total number of insane individuals in their area, description of places where they were found, and the methods used in restraining them. Furthering the colonial government's surveillance power, the law encouraged government workers and the public to convey any knowledge concerning the improper detention, care, treatment, or confinement of insane or alleged insane persons.

Several other provisions of Act No. 2122 meanwhile highlight its public order dimension. The municipal presidents, for instance, were tasked to take immediate action when insane persons had become a threat to others and to themselves. Specifically, they were allowed to arrange for the

immediate restraint and proper custody of those who constituted a menace to the safety of others or were in danger of committing serious injury to themselves. If an insane person or his/her guardian had refused to be placed in a mental facility, the health director, with the assistance of these local officials, could ultimately petition to a court that the internment be executed. Also accentuating the law's character as a tool for the preservation of public order is the final clause of the IRR which, amidst the limited accommodations and budget for the care of insane persons, reminded medical officers to always prioritize admission of those assessed as violent cases and who, therefore, needed to be restrained under skilled control inside hospitals [56].

Immediately after the enforcement of the insanity law, the health bureau was able to monitor and confine insane persons in the Philippines more effectively, as indicated by the consistent rise in the number of cases stated in government records. In 1914, for example, there were 620 patients of the total 4,324 confined at government-approved institutions, double that of the previous two years [57]. Anticipating another episode of overcrowding at the Insane Department, Heiser, in his final report as health director, urged authorities to make appropriations for the construction of additional buildings at the facility where provisions were “entirely inadequate to meet the needs of even the most urgent cases [58].” Worcester, on the other hand, expressed concern regarding the growing practice of sending insane persons from the provinces to Manila only to be abandoned [59]. Unsurprisingly, the Philippine Health Service, the successor the Bureau of Health, noted that the cases of insanity in 1917 had already reached 4,759 of which 437 were being treated at the San Lazaro which, at the time, only had a maximum capacity of 350 [60].

As a response, the Philippine Legislature enacted other laws to further develop the Insane Department. These legislations were Act No. 2671 which provided 150,000 pesos for charitable purposes including the care for insane persons, Act No. 2704 which appropriated 60,000 pesos for the expansion of the facility, and Act No. 2736 which gave an additional budget of 40,000 for the project [61]. These allocations quickly translated to an increase in the number of accommodations as reported by the new interior secretary, Rafael Palma. In 1919, he said that close to 500 patients were treated at the facility with the help of the members of the Women's Club of Manila [62]. The involvement of the organization in taking care of insane persons signified the heightened demand for manpower not only at the Department but also in other hospitals due to the recent cholera epidemics in parts of the archipelago [63].

Another legislation which had important implications on insane persons in the Philippines was Act No. 2657, more commonly known as the Administrative Code of the Philippines, which was passed in 1917. This law reiterated the tasks previously assigned to the health director by Act No. 2122, which provided his authority to inquire on the “history and mental condition of all insane or alleged insane persons,” to make regulations “for the sanitary erection, maintenance, and repair of buildings in which insane persons are quartered,” and to prescribe rules “for public safety and the general welfare and proper protection of all persons under treatment for insanity” whether they were under the care of public or private institutions or their guardians [64]. While this can be regarded as mere replication, the enactment of Act 2657 deserves emphasis for administrative codes are important pieces of legislation which outline and codify the specific duties of public officials such as the health director. Thus, the inclusion of the provisions of the insanity law in the Administrative Code of 1917 confirmed and bolstered the overarching power of the colonial government in handling cases of insanity.

Looking at these legislations, it is apparent that the colonial government endeavored to develop the capabilities of the Insane Department, particularly by augmenting its capacity. From a meager 90 beds in 1904, the maximum number of patients which the facility could accommodate had reached close to 500 in 1919. More importantly, however, the passage of these laws reflected the strong and consistent desire of authorities to monitor and control insane persons population for the sake of public order. It must be emphasized, nonetheless, that the profiling of patients, surveillance, and extensive record-keeping had become increasingly integral in the work of mental health practitioners since the 19th century. This was done not only to ensure public safety but also to study the nature, prevalence, and distribution of mental illnesses as seen in the works of Pinel and Esquirol. Mental asylums in the United States, meanwhile, performed data collection in order to justify financial support such as in the case of the Virginia Eastern Asylum which began submitting annual reports to the state legislature in 1822 [65].

Persistent problems at the Insane Department

As part of the Filipinization process, the Philippine Autonomy Act of 196 provided that several key positions in the Health Department should be handed to Filipino doctors beginning in 1919. Proceeding from this initiative, Dr. Vicente de Jesus was appointed chief of the Philippine Health Service, upon which he immediately confronted influenza, smallpox, and cholera outbreaks. In addition to these challenges, he

had to contend with a depleted medical workforce that mass resignations and the demand of World War I had caused, as well as the watchful eyes of the Americans who doubted Filipino capabilities [66]. Meanwhile, the San Lazaro Hospital was reorganized into five departments: executive office; administrative department; contagious disease department; leper, tuberculosis, and old people's department; and insane department [67]. Dr. Elias Domingo, previously chief resident at the Department of Medicine of the Philippine General Hospital and former pensionado who trained in psychiatric institutions in the United States, was assigned to head the Insane Department [68].

In his inaugural report in 1920, Domingo explained the kind of treatment offered at the Insane Department. To obtain support for his cause, Domingo set forth that insanity is a disease and that insane persons are sick persons who should be cured through humane and scientific means. In this regard, he ensured that patients underwent a thorough mental examination and were under close observation of qualified physicians as they were also tested for other possible ailments. He likewise initiated a system to sort insane patients based on their overall condition with labels “improved,” “unimproved,” “violent,” or “under physio-therapeutic treatment.” Incipient and curable cases, he averred, were subjected to “intensive psychotherapeutic, occupational, and hydrotherapeutic treatment” while those who consistently exhibited violent tendencies were temporarily restrained and isolated. However, he also lamented the lack of a separate building where the latter could be placed [69].

In 1921, the Republican Warren Harding succeeded the Democrat Woodrow Wilson as the president of the United States, a transfer of power which meant significant changes in American policy on the Philippines. For example, Leonard Wood was appointed new governor-general, replacing the highly popular and ardent supporter of Filipinization Francis Burton Harrison. In a speech delivered before the Philippine Legislature, Wood openly criticized his predecessor's administration and discussed his priorities. A medical doctor himself, Wood proposed that the quality of health and sanitation in the colony be improved and more hospitals and public institutions, especially for the care of the defectives, insane, and lepers should be made available for Filipinos [70]. The governor-general also singled out the Insane Department and denounced it as a facility which lacked practically every feature of a modern hospital, noting its rudimentary treatment, lack of consideration, and overall medieval system [71]. In the following year, 1922, Wood claimed that existing buildings at the Insane

Department were not properly constructed and such had led to the non-separation of different types of patients. These observations led Wood to conclude that there was no suitable insane asylum in the Philippines [72]. Since Wood was a known critic of Filipinization who was usually at odds with Filipino public officials, these pointed remarks were hardly surprising.

Interestingly, to some extent, the Filipino health administrators' observations supported Wood's criticisms against the Insane Department. De Jesus, in his 1921 report, wrote that while the institution had become infinitely better compared to how it was in the previous years, there was still much to accomplish if its state will be elevated to world standards at that time. The immediate need to increase capacity and provide space for the violent insane, considering that there were only six cells available for the isolation of these "very excited" patients who were "prone to do harm to others" in the hospital, was highlighted [73]. Domingo, on the other hand, wrote an essay titled *The Care of the Insane* where he elaborated on the ideal environment and treatment for insane patients, which were yet to be achieved in the Philippines. A modern insane asylum, he declared:

"Has a staff of physicians who are specialists; a staff of nurses who are intelligent and trained in the care of mental disorders; beautiful and costly buildings with bright wards, dining rooms, living rooms, all made more cheerful and attractive by rugs, window hangings, pictures, books, plants, birds, and musical instruments; laboratories for research-clinical, histological, psychological, and X-ray work; departments of electrotherapy, hydrotherapy, mechanotherapy, and occupation therapy; gymnasium, amusement hall, library, sewing rooms, shops, etc. Here are provided for these patients not only a hospital but all the features of community life which are essential to the development and maintenance of health, and environment which is specially adapted to their needs, where they are under the direct supervision of those who understand them and appreciate their conditions and know their limitations [74]."

Although Domingo's previous descriptions showed how colonial medical authorities attempted to adhere to the principles of moral treatment in their care for insane patients, his essay revealed how the more recent trends and innovations in the field of psychiatry and the extensive work still needed to transform the Insane Department into a modern asylum have yet to be implemented in the country. He also later criticized the very location of the facility, noting

how its proximity to Avenida Rizal often caused the patients to be "excited by the sight of constantly passing funeral processions [75]."

In 1924, Domingo stated that there were about 5,000 insane persons "at large" in the provinces who were uncared for and who constituted "a public menace to innocent citizens due to sudden violent psychotic spells;" another 500 were housed at the Insane Department [76]. Two years later, despite having no reports on the institution's capacity, the number of confined patients increased to 624 [77]. Constrained by the Insane Department's inadequate spaces, facilities, and budget, Domingo, in a bid to prevent overcrowding, had to devise certain mechanisms to manage the ever-growing population of patients without compromising their safety and of those around them. Most notably, he allowed well-behaved patients to be discharged with the proviso that they have guardians to look after them. Domingo, however, admitted that hospital authorities eventually lost track of these released patients [78]. Cognizant of the "crowded and unsanitary condition" at the Insane Department, the Secretary of Public Instruction Eugene Gilmore also authorized the designation of a portion of the Bilibid Prison Hospital as an additional venue for insane patients while clarifying that this option was a temporary measure as the "problem of the care and the treatment of insane persons still remains unsolved [79]." These arrangements and the view that insane persons are a public menace illustrate the colonial government's unchanged views on insanity. People with mental problems were still seen as highly potential disruptors of public order. Thus, the medical authorities' decision to allow insane persons to go back to their respective communities, given the financial limitations and the overcrowding at the Insane Department, was justified by arguing that those allowed were either self-possessed or were interned at the Bilibid Prison.

Eventually, the measures that medical authorities have adopted failed to transform the Insane Department into a modern asylum. Instead the 1920s saw the continued deterioration that overcrowding, lack of modern facilities, and outdated treatment methods had brought about. Although medical authorities campaigned for the allocation of more budget for the facility's improvement and expansion, these requests were not immediately granted. This shows not only the general lack of prioritization of mental health issues, which was first echoed by Heiser, but also the financial realities of the Insular Government. After all, proper asylum maintenance was deemed an expensive enterprise, even in the United States [80]. On top of this, more pressing public health problems were also present in the Philippines.

This failure, nonetheless, was not unique to the Philippines. For example, in other colonized parts of Southeast Asia in the 19th and 20th centuries, many asylums suffered from extreme congestion, the absence of adequate facilities, and employment of medically unqualified officials. These included the Rangoon Lunatic Asylum in Burma and the large mental facilities in Bogor, Lawang, Magelang, and Sabang in Indonesia [81]. Asylums in the West, such as those in the United States, Great Britain, and Germany, also experienced decline due to overcrowding. According to Edward Shorter, by the early 20th century, psychiatry reached a “dead end” after asylums had become “warehouses in which any hope of therapy was illusory” and too desolate “that would have made the earlier generation of reformers heartsick [82].” In the following decades, most notably in the 1950s, reforms were introduced in mental health care which resulted in the widespread closure and downsizing of asylums and the development of community mental health service, a process often referred to as “deinstitutionalization” [83].

Hoping to solve the problems regarding insanity and all matters that would arise from these concerns that Wood had foreseen, he proposed the creation of a new asylum in the Philippines. This initiative led to the introduction of a bill that allocated 200,000 pesos annually for the acquisition of land and the construction of buildings for the next five years. Gilmore also initiated a separate attempt to obtain an initial 150,000 pesos from the government budget for the purchase of a portion of the Carper Estate in Novaliches for the same project [84]. Both of these efforts, however, were unsuccessful. It was only in 1926, that the project finally received the budget needed for it to commence. According to Gilmore, 100,000 pesos was used to buy a tract of land at San Felipe Neri while around 330,000 pesos had been secured to erect an administration building, two receiving wards with 200 beds each, and other miscellaneous buildings [85]. A year after, Gilmore had described the construction progress at the site, stating that the first two buildings were nearing completion and would be ready for occupancy by early 1928. He also stated that an additional 350,000 pesos was available for the expansion of the new insane asylum which was crucial given the consistent overcrowding at the Insane Department that had a total of 634 patients by the end of 1927 [86].

The new insane asylum was named the Insular Psychopathic Hospital and was formally inaugurated in December 1928, with Domingo as the first head physician. The opening of the hospital enabled the transfer of 400 of the 667 insane patients at the Insane Department. Gilmore

described this accomplishment as a “substantial progress in terms of care for the insane [87].” This was significant given that the original blueprint only provided 800 beds for patients. In a bid to transform the hospital into a modern mental facility, the Insular Government, in the following years, strove to further expand its capacity and aimed to accommodate half of insane persons population of the Philippines, which had already amounted to more than 5,000. This vision reflects the continued interest of the colonial government to manage insane persons, particularly violent ones, by confining them in designated government institutions.

Conclusion

This paper explored the various measures the Insular Government had implemented to address insanity in the Philippines. Following the reports on the unfortunate status of insane persons in the colony, the Insane Department at the San Lazaro Hospital was inaugurated in 1904, and was envisioned to become a modern psychiatric asylum that would address the overcrowding and middling treatment at the Hospicio de San Jose. At the Insane Department, administrators tried to apply the principles of moral treatment, which promoted humane and compassionate methods of managing insane patients. This gave the Americans an excellent avenue to showcase their supposed care and kindness for their colonial subjects and their faithfulness to the promises of benevolent assimilation. Meanwhile, in 1912, an insanity law, formally known as Act No. 2122 of the Philippine Legislature took effect and gave the health director the authority to identify, monitor, and confine insane persons, particularly those who were deemed dangerous to themselves and others. These extensive powers were later codified in the Administrative Code of the Philippines in 1917, as other pieces of legislation were passed to increase the capacity of the Insane Department. The enactment of these laws exhibited the strong desire of authorities to control the lives of insane persons to avoid the disruption of peace and the normal functioning of communities. Despite these efforts, the colonial government ultimately failed to elevate the Insane Department into a modern psychiatric institution, a failure which also characterized the fate of other asylums around the world including those in the United States. By the 1920s, chronic overcrowding, lack of proper facilities, and mediocre treatment methods in the institution persisted which led to the opening of a new mental facility called the Insular Psychopathic Hospital in 1928.

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