

Caring for Colonial Maternal Bodies

Biomedical Constructions of Women's Bodies in the Early Twentieth-Century Philippines

ALVIN CABALQUINTO

Abstract This study explores the history of the biomedical construction of women's bodies through the medical and socio-cultural responses to maternal health in the early twentieth-century Philippines. It questions how colonial society defined the maternal body within the dynamics of colonial scientific biomedicine and gendered power relations. The paper first contextualizes the changes in education and public health during the US colonial era. It then investigates the colonial maternal body as a distinct biomedical category through content analysis of medical and scientific articles and textbooks on obstetrics. Examining the biomedical construction of maternal bodies of Filipino women shows the tensions in attempts to modernize colonial medicine and to understand the bodies of Filipino mothers in a changing colonial society. Such historical examination of the biomedical construction of women's bodies provides insights into tracing the roots of obstetrical violence and reclaiming bodily autonomy to decolonize obstetrics.

Keywords Filipino women's history – maternal health – colonial medicine – bodily autonomy

In 1938, the Filipino obstetrician RAMON LOPEZ FLORES selected several obstetric aphorisms for the third edition of his medical textbook. This textbook was a common fixture among students at the Faculty of Medicine and Surgery at the University of Santo Tomas, one of the leading medical schools in the Philippines. Its list of aphorisms begins with these two items: "Every female child is a potential mother" and "Women's most important biological function is reproduction" (LOPEZ FLORES 1938: xvii). While the long tradition of using aphorisms dates back to HIPPOCRATES' "Aphorisms" (1817, written 400 B.C.), the selection of these two phrases underscores LOPEZ FLORES's perspective as a physician on the biomedical functionality of women's bodies. The premise that women are conditioned to be mothers through their bodies links to the patriarchal view of motherhood, which reflects how a patriarchal society has defined and controlled the roles and obligations of women, who face various forms of oppression (O'BRIEN HALLSTEIN *et al.* 2020: 1–4). Furthermore, its inclusion in a medical textbook used by medical students in colonial Philippines raises questions about how such perspectives de-

fined and framed colonized women's bodies, particularly maternal bodies, in the context of early twentieth-century medicine.

Maternal bodies have been subjected to biomedical categories that define women's bodies. Medical histories from physicians in the Philippines have documented the medicalization of childbirth within the progression of the medical system, displaying the development of obstetrics in the context of maternal and infant care (FUENTES 1996; DAYRIT *et al.* 2002). Conversely, historian RONALDO MACTAL and anthropologist BONNIE MCELHINNY have demonstrated in their respective studies that maternal and child health programs reflect imperialist, racialized, and gendered biases inherent in the United States' imperial project in the Philippines (MACTAL 2009; MCELHINNY 2005, 2007, 2009). The social constructivist perspective on these public health programs also can be derived from recent works by historians MINA ROCES, LAURA PRIETO, and FRAUKE SCHEFFLER, which assert that women advocates and medical professionals had limited agency in the formulation and implementation of these programs (ROCES 2017; PRIETO 2018; SCHEFFLER 2019). This

article contributes to these discussions by examining the development of a biomedical perspective on maternal bodies alongside colonial medicine, public health, and welfare systems in the early twentieth-century Philippines. It aims to unpack notions of modernity within the context of colonial medicine and its implications for post-colonial medicine. Conducting archival research in physical and digital libraries and repositories, I utilized medical journals as historical sources to trace maternal bodies within publications circulated among physicians and colonial scientists during the US colonial period. As BYNUM *et al.* have pointed out, medical journals can be of great importance for historians to analyze the generating of biomedical knowledge and its dissemination among medical practitioners (1992: 1–5).

In the following chapters, I will explore how colonial society defined the maternal body within the dynamics of colonial scientific biomedicine and gendered power relations. By integrating methods from history and medical ethnography, this paper first examines a genealogy of gendered health education connected to the development of colonial medicine and public health in the early twentieth-century Philippines. It then analyzes the colonial maternal body as a distinct biomedical category through content analysis of medical textbooks and scientific articles on obstetrics. The analysis reveals efforts to modernize colonial medicine through claims made by US-trained Filipino obstetricians. Under the *pensionado system*, which sent Filipino scholars to universities in the US, these obstetricians contributed to the creation of medical knowledge in the colony and aimed to legitimize and institutionalize their field. The article illustrates how such legitimization reinforced racial and classist tendencies by criticizing indigenous knowledge, denigrating local midwives, and placing the burden on Filipino mothers to be 'healthy' and 'intelligent,' which became the roots of the obstetrical violence underlying epistemic injustice in the medicalization of childbirth.

Contextualizing Early Twentieth-Century Philippine Education and Medicine

Tracing the genealogy of the colonial maternal body in the early twentieth-century Philippines involves examining ideas and practices before US

rule. For centuries prior to Western dominance, indigenous traditions persisted in precolonial Philippine societies, where midwives, known as *hilots*, and their assistants, called *salags*, provided prenatal and postnatal care based on their diverse knowledge (BANTUG 1953; SCOTT 1994). During their initial rule in the sixteenth and seventeenth centuries, Spanish colonizers attempted to change childbirth practices by promoting hostility towards *hilots* and *salags*, whom they considered superstitious. Jesuit missionary Francisco Alcina criticized the practice of *lihi*, in which pregnant women followed customs to ensure the health of their infants, such as avoiding seafood and burying the placenta. Missionaries dismissed these as misleading acts of sorcery (KOBAK & GUITERREZ 2010: 759–785). Their disdain stemmed from the Catholic belief that the body is a sacred vessel of the divine. Furthermore, because female indigenous healers predominantly performed these practices, Spanish missionaries led efforts to marginalize their practices as works of "witchcraft" (BREWER 2004; NEWSON 2015). This 'sacred view' disciplined the colonized body, framing them on Western ideas of urbanism and civilization. By the nineteenth century, religious manuals such as *Lagda* and *Urbana at Feliza* dictated colonial body care methods, labeling indigenous practices as "uncivilized" and "backward" (WRIGHT 2004; CAMACHO 2007; BAUTISTA & PLANTA 2009). Engaging with colonizer discourse, Filipino nationalists, including physicians educated in Europe, adopted Western practices and advocated for public health measures such as check-ups and disease surveillance (SANTIAGO 1994; CAMAGAY 1995; MOJARES 2006; REYES 2009a; REYES 2012: 81–103; CHIBA 2020). These European-trained male physicians inadvertently surveilled the colonized body while redefining it through their perceptions, arising from their Western ideals of urbanity, civilization, and modernity.

Within such a notion, US rule in the early twentieth-century Philippines had a favorable condition to discipline colonized bodies through extensive surveillance and a bureaucratic public health system. Following Spain's defeat in the Spanish-American War, the 1898 Treaty of Paris incorporated the Philippines as a US territory. From 1898 to 1902, US military pacification efforts aimed to suppress Filipino revolutionaries under

the guise of 'benevolent assimilation,' attempting to reshape the Philippines in its image. Likewise, the US colonial government institutionalized public health programs based on US medical advancements. A 1903 report of the PHILIPPINE COMMISSION highlighted issues such as infant mortality, lack of medical care, and varying hospital availability (1903: 550–553). With this backdrop, Interior Secretary Dean C. Worcester established a civilian-administered Bureau of Health, led by VICTOR HEISER, which created regulatory codes and facilities to improve public health, especially maternal and infant care (PHILIPPINE COMMISSION 1905: 120–125; ANGELES 1971: 4f.). US officials recognized midwives at local births and, similar to the Spanish government, sought to license them. This led to higher demand for licensed midwives, disenfranchising many indigenous women unable to afford their services (PHILIPPINE COMMISSION 1902: 120–125; CAMAGAY 1995: 88–93).

The demand for regulated childbirth attendance to monitor and control the body proved advantageous for the emergence of obstetrics in the Philippines. Its early stages were facilitated by European-trained male physicians such as Fernando Calderon, Baldomero Roxas, and Galicano Apacible, who established private practices by the late nineteenth and early twentieth centuries (ALZONA 1991: 55–78; REYES 2009b: 255). During the initial years of US occupation, licensed midwives, unlicensed midwives, and obstetricians all supervised childbirth attendance. However, this arrangement was temporary, as US Colonial Health Bureau officers later deemed indigenous midwives and healers as 'quacks,' labeling their local medical practices as 'superstitious' and 'backward'. In promoting their notions of modern medical practices, Colonial Health Bureau chief HEISER initiated public criticism of midwives for what he considered unsanitary methods (1937: 37). This discrimination against indigenous healers and midwives reflected the experiences of US medical doctors in the development of obstetrics in the United States. The colonial health officers sought to modernize childbirth delivery practices the same way as the professionalization of obstetrics in the US medical system. CHARLOTTE BORST argues that hospitalized childbirth delivery was a relatively recent phenomenon in the United States during the nineteenth century. During this period,

educational reforms in American medical training were essential in establishing physicians as expert childbirth attendants rather than traditional midwives. Before 1905, medical schools in states like Wisconsin did not offer medical specializations, resulting in medical doctors who were general practitioners, ill-equipped for childbirth (BORST 1995: 90–100, 117–130).

These developments in US medical education reform also contributed to the growth of obstetrics as a specialization within the US imperial medical system. The "Flexner Report" called for reforms in medical education and training. It highlighted the overproduction of uneducated and poorly trained medical practitioners, commercialized medical schools with subpar training, inadequate medical facilities such as laboratories, the flawed argument supporting these poorly run medical schools in the name of helping the poor, and the lack of high-quality teaching in hospital schools (FLEXNER 1910: x–xi). Furthermore, the *American Medical Association* established standards requiring medical students to complete basic sciences as a prerequisite for medical school. Under the revised medical curriculum, the American government mandated that medical schools expose their students to research and various fields of specialization as part of their training (STARR 1982: 116–127; STEVENS 1998: 149–170). This shift towards specialized medical training led newly licensed physicians to pursue specialties such as obstetrics, which became a common trend among physicians throughout the USA. These advancements in medical education and specialization within the US medical system influenced medical education reforms in its colonies and the development of specialties like obstetrics.

To further their goals of modernizing medical practices to address public health concerns, US officials established a government-owned medical school, the Philippine Medical College, in 1905. This college, which would later be integrated into the state-run University of the Philippines (UP) as its College of Medicine, became a training ground for future physicians specializing in advanced medical services. Obstetrics was one of the specializations offered by the state-run medical school under the supervision of Filipino obstetricians FERNANDO CALDERON and BALDOMERO ROXAS. Initial obstetrical training took place

at St. Paul Hospital in 1910 and later at the Philippine General Hospital (PGH), both located in Manila (SNODGRASS 1912: 10–15). The operating room in PGH, as shown in Figures 1 and 2, was well-equipped with a maternity delivery bed and medical equipment positioned within the operating room, allowing medical students and physicians to observe the surgeries from an elevated area. It became a venue for future physicians to watch medical procedures such as childbirth practices performed by obstetricians.

Bureaucratic changes and improved infrastructure, along with efforts to update colonial medical practitioners with US knowledge, stemmed from developments in the colonial education system under US rule. GLENN MAY described this introduction of public education as social engineering. This push allowed the adoption of the American

industrial and vocational education model in the Philippines (MAY 1984: 121–126). The turn of the twentieth century, marked by the shift to US colonial rule, brought significant educational changes, reflecting US exceptionalism or how the US differentiated itself from other empires through its policies and programs and viewing its imperial project as a ‘civilizing mission’. From 1900 to 1909, transitioning from military to civilian control of American bureaucracy facilitated educational reforms across the archipelago under the Bureau of Education. These reforms varied according to directors’ visions, resulting in increased accessibility to education, emphasizing practical education and moral instruction, with English as the medium of instruction (TORRES 2010: 141ff).

Emphasis on hygiene and discipline in women’s physical bodies highlights the intended use of



Fig. 1 Outside the operating room of the Philippine General Hospital, undated. Source: American Historical Collection, Rizal Library, Ateneo de Manila University.



Fig. 2 Inside the operating room of the Philippine General Hospital, undated. Source: American Historical Collection, Rizal Library, Ateneo de Manila University.

colonial women's bodies and the early conceptualization of women's bodies in education. US colonial textbooks stressed the importance of proper body care through directives like "cleaning their bodies daily," "keeping their minds sharp," "being attentive to their surroundings," and fostering virtues of patriotism and engaged citizenship (FULLER 1911: 11f., 16, 39). US colonial education envisioned an ideal for Filipino women in their familial roles as daughters, wives, and mothers as hygienic, intelligent, practical, courteous, and productive, both within and beyond the home. The domestic sciences offered in institutions, established by women's educators in Manila, integrated reflected educational reforms at the tertiary level under the American colonial bureaucracy into the curriculum. With the rise of industrial education, which regarded its graduates as productive

resources for society, the reforms of the American education system expanded women's education to the tertiary level. The establishment of the premier state university, the UP, in 1908, along with its mandate not to deny admission based on age, sex, nationality, religion, or political affiliation, facilitated women's entry into undergraduate courses. By 1916, 171 out of 2,401 students were female, enrolled in the colleges of Medicine, Law, Pharmacy, Liberal Arts, and Fine Arts. Appointed as supervisors and advisers to female students, the university selected Maria Paz Mendoza-Guazon and Ramona S. Tirona as the Director of Women and Vice Director, respectively (TORRES 2010).

The combined impact of education and the growth of Filipino employment in the colonial bureaucracy significantly influenced the mobility and consolidation of the elite class and the

emerging middle class during the first two decades of American rule. The prospect of women becoming a vital part of the workforce in Manila under American authority extended beyond just manual labor. It steadily increased and became evident in professional and technical positions such as teaching, clerical work, and pharmacy, among others, in the early twentieth century. Regular employment opportunities within the colonial bureaucracy, including education and civil service, expanded toward the 1920s. This rise in employment was parallel to the increase in Filipino political participation, facilitated by the inclusion of Filipinos in civil government and the creation of legislative bodies composed of Filipino lawmakers, such as the National Assembly and later separate chambers of the Senate and Congress. The 1920s ushered in the period of ‘Filipinization,’ marked by greater political and civic engagement of Filipinos in US colonial society

(ABINALES & AMOROSO 2017: 136–140). Despite advancements in literacy and participation in the economic workforce throughout US rule, the educational system implemented and overseen by the American colonial government had limitations in fostering gender equality for women in the labor market. CAROLYN SOBRITCHEA noted that the US educational system even hindered women by reinforcing existing norms of gender division in its teaching methods through the promotion of traditional gender roles (1996). The ongoing demand for labor in the economy required women to acquire the necessary skills for the workforce. While traditional gender-specific roles persisted through domestic science and home economics, women’s increased literacy and involvement in the workforce nevertheless became essential tools for enhancing women’s awareness and social mobility in the 1920s and 1930s.

District	1903			1918			1939		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Binondo	16, 657	11,706	4,951	15,696	10,313	5,383	20,281	12,552	7,729
Ermita	12,246	7,199	5,047	14,371	7,743	6,628	108,554	9,815	8,739
Intramuros	11,460	7,149	4,311	14,371	7,710	5,317	21,352	11,301	10,051
Malate	8,855	4,668	4,187	13,027	7,517	7,146	54,487	26,667	27,820
Paco	6,691	3,408	3,283	14,663	7,351	6,926	30,830	15,484	15,346
Pandacan	2,990	1,489	1,501	5,215	2,656	2,559	11,242	5,784	5,458
Quiapo	11,139	5,954	5,185	14,128	7,711	6,417	21,377	11,147	10,230
Sampaloc	18,772	9,862	8,910	35,346	18,245	17,101	111,995	55,790	56,205
San Miguel	8,834	4,944	3,890	3,949	2,068	1,881	12,715	6,634	6,081
San Nicolas	29,055	18,772	3,890	25,972	15,596	10,376	35,330	21,262	14,068
Santa Ana	3,255	1,631	1,624	5,950	3,016	2,934	25,110	12,150	12,950
Sta. Cruz	35,030	20,859	14,171	46,518	26,121	20,397	94,884	52,034	42,850
Tondo	39,043	20,706	18,337	71,905	36,121	35,186	160,958	81,410	79,548
Vessels/Port	15,901	13,954	1,947	4,289	3,965	324	4,387	4,527	130
Total	219,998	131,659	88,269	269,704	145,820	123,192	623,492	326,287	297,205

Table 1 Population Data in Manila by Sex, 1903, 1918, and 1939.

	Total number of families
Families with male head	97,057
Families with female head	14,667
Total families	111,724

Table 2 Number of Families with Head of Household by Sex in Manila, 1939.

The glitz and glamor of the jazz era in the 1920s concealed the economic realities facing the rest of Manila. The economic conditions during the final two decades of US rule were marked by the Great Depression experienced in the United States and the restructuring of the Philippine economy as it moved toward independence through a ten-year transitional Commonwealth government (JOAQUIN 1990; DOEPPERS 1991). Economic indicators show that Filipino women began entering the workforce by the end of US rule in the early twentieth century. The demographic changes in Manila led to a population growth at the conclusion of US rule, as illustrated in Table 1. The 1939 Census recorded the presence of female household leaders or households with females as the lead income-earners in Manila, despite their numbers being lower than of their male counterparts, as detailed in Table 2. Nevertheless, these figures reflect women's economic and social importance within families and society in the following decades.

The integral role of women's reproduction was a concern for both the colonial government and the medical community during the last two decades of US imperial rule. As concerns about high infant mortality rates grew, the medical community and women's rights activists gained momentum within the progressive movement. The "National Maternity and Infancy Protection Act" ("Shepard-Towner Act") in the US provided federal funds for state programs educating lower-class rural Americans on prenatal health and infant welfare (MECKEL 2015: 124–178). In the 1920s, social welfare programs became tools to critique government bureaucracy and gain political support in the US and the Philippines, particularly under Governor General Leonard Wood, who opposed 'Filipinization' and condemned the management of public health by Filipino officials (ANDERSON

2006: 230; ABINALES & AMOROSO 2017: 139ff). As a physician, Wood highlighted shortcomings in Filipinized public health, such as the lack of hospitals and trained personnel. Inspired by the progressive movement, he aimed to strengthen the central government and consolidate his power by cutting budgets and vetoing benefits for Filipino politicians (SKOWRONEK 1982: 291; ABINALES & AMOROSO 2017: 291). He proposed that the Office of Public Welfare Commission (PWC), under Act No. 2988, should address infant mortality directly. The PWC, employing physicians and nurses, collaborated with local organizations to establish maternity hospitals and educate mothers on healthy practices. Initially located in Sampaloc district, the Manila Maternity House, created by PWC commissioner José Fabella, expanded from a six-bed facility to a sixteen-bed complex, training physicians in modern delivery and baby care. Such efforts aimed at providing "practical education to mothers on modern delivery methods and baby care, including care during puerperium" (PWC 1922: 8ff.). This maternity house later evolved into the Dr. Jose Fabella Memorial Hospital, now the busiest maternity hospital in the post-colonial Philippines, located in Tayuman, Manila.

In this context, the social engineering of colonial education to meet US standards addressed the rapid changes in the progressing Filipino colonial society. Alongside these educational system changes, the *pensionado* system further reinforced the transition of the colonial medical system to align with US medical practices. Under the *pensionado* system, the colonial government provided scholarships to Filipino scholars, sending them to various colleges and universities throughout the United States to bring new knowledge and practices from the imperial core back to the colony. Noteworthy, *pensionados* included Filipino female phy-

sicians such as obstetrician Honoria Acosta-Sison and Olivia Salamanca, who earned their medical degrees at the Woman’s Medical College of Pennsylvania in Philadelphia between 1905 and 1910 (PRIPAS-KAPIT 2015).

These developments in medical education also transformed the practices of established obstetricians like FERNANDO CALDERON. After training in European obstetrics, CALDERON returned to Manila in 1902, and then furthered his education in the United States. Upon his return, he organized public health initiatives to address maternal health issues. The colonial government’s focus on eliminating what it deemed unsanitary practices to control diseases in a rapidly changing urban population influenced CALDERON’s efforts. In 1906, he collaborated with Gota de Leche, an organization mostly comprised of elite Filipino women who established milk stations throughout Manila to combat the high infant mortality rate caused by the widespread use of unsterilized milk (ROCES 2017: 477–502). CALDERON’s connections to prominent elite families in Manila and his subsequent involvement in the colonial government proved advantageous for US officials overseeing these elites’ activities and Filipino leaders with whom CALDERON had long-standing relationships. Particularly, the aforementioned ACOSTA-SISON and her mentor, FERNANDO CALDERON, played a key role in adapting obstetric practices to American medical standards.

Categorizing Maternal Bodies in Medical Journals and Textbooks in the Early Twentieth Century Philippines

With medical education’s development and obstetrics’ emergence in the US colonial Philippines, various medical perspectives on the human body, particularly maternal bodies, emerged in the early twentieth century. Throughout the four decades of US rule, the maternal body became the focus of numerous studies published in medical journals in the Philippines aimed at understanding women’s bodies in relation to their socially constructed roles and realities as mothers. These studies and medical textbooks were instrumental in establishing maternal bodies as a distinct biomedical category. Although their circulation was limited to the medical community, these printed sources reveal how medical professionals perceived maternal bodies.

Among the copies examined are issues of medical journals from the Colonial Health Bureau (*Monthly Bulletin of the Philippine Health Service*), the medical associations (*Journal of the Philippine Islands Medical Association* and *Revisita Filipina de Medicina y Farmacia* [Philippine Review of Medicine and Pharmacy]), and a hospital (*Bulletin of the San Juan de Dios Hospital*). Additionally, the examination included the journal of the Colonial Scientific Bureau (*Philippine Journal of Science*), which occasionally featured issues related to medicine. Table 3 displays the language, circulation frequency, and number of copies distributed. Almost all journals were published in English and circulated monthly, with over 500 copies across the Philippines, primarily used by medical practitioners and students.

Title of Magazine	Language	Frequency of Circulation	No. of Copies
<i>Bulletin of the San Juan de Dios Hospital</i>	English	Bi-Monthly	800
<i>Journal of the Philippine Islands Medical Association</i>	English	Monthly	640
<i>Monthly Bulletin of the Philippine Health Service</i>	English	Monthly	1,685
<i>Philippine Journal of Science</i>	English	Monthly	1,043
<i>Revisita Filipina de Medicina y Farmacia</i>	Spanish (with some English sections)	Monthly	500

Table 3 Circulation of Medical Journals, 1933.

The *Philippine Journal of Science*, which commenced publication in 1906, emerged as one of the most influential scientific journals promoting biomedical conceptions of maternal bodies. Among the articles featured in this journal are contributions from prominent Filipino obstetricians at PGH, such as FERNANDO CALDERON and HONORIA ACOSTA-SISON. A significant role in their research play the contrasting dichotomies of 'sanitary/unsanitary,' 'hygienic/unhygienic,' and 'intelligent/ignorant'.

In 1908, the Bureau of Science published FERNANDO CALDERON's "Obstetrics in the Philippine Islands" lecture in the *Philippine Journal of Science* (SULLIVAN 1991: 118). By this time, CALDERON had become an assistant professor of obstetrics at PGH. From 1907 to 1908, he spoke at public forums and addressed crucial issues obstetricians faced regarding maternal and infant mortality. To emphasize the risk reduction that obstetricians can achieve at childbirth, he published clinical case studies on the performance of invasive procedures, caesarian sections, and the challenges faced by obstetricians in the tropics.

CALDERON advocated for the medical education and supervision of traditional midwives as a strategy to address infant mortality due to the limited number of trained obstetricians. Sanitation and hygiene framed CALDERON's articles and policies. In his effort to act on what he saw as the "unsanitary and ignorant practices" of midwives, CALDERON established lying-in dispensaries under the supervision of the local Medical Bureau (1908: 245). As a Colonial Health Bureau administrator, CALDERON linked tropical obstetrical issues to public health administrative matters such as increased hospital services and reduced non-physician attended services to manage and minimize risks in medical procedures (SULLIVAN 1991: 105–115). This containment strategy emphasized sanitary practices in childbirth, as outlined in the Colonial Health Bureau's manual of operations, where physicians were required to wash their hands repeatedly to prevent diseases (BUREAU OF HEALTH 1911: 41f.). Such emphasis on hygiene and sanitation was based on reducing risks during childbirth delivery, which became significant in how obstetricians framed the necessity of their medical expertise concerning the perceived risks of complications during delivery. This type

of medical risk can be gathered from the same article featuring CALDERON's anecdote about assisting a "multipara mother," meaning a mother who had undergone more than one pregnancy in the past. CALDERON provided a detailed account of the delivery of a stillborn child who died from intrauterine *asphyxia* following his intervention with forceps and expressed sadness that the child could have survived, stating, "if the midwife had had enough intelligence to call a physician at the proper time" (1908: 255).

Among these case studies, CALDERON and his protégé, ACOSTA-SISON, emphasized preventing medical complications in cesarean sections (CALDERON 1915a: 19–26). The cesarean section, the delivery of infants through an incision in the mother's abdomen and uterus, became a point of contention among obstetricians concerning the perceived risks to mothers. J. WHITRIDGE WILLIAMS, a prominent American obstetrician, cautioned his colleagues about the potential abuses of cesarean sections (WOLF 2018: 69f.). In his journal articles, CALDERON argued that Filipino physicians could perform cesarean sections (CALDERON 1915a: 19f.). To demonstrate their competency, he highlighted their abilities in carrying out such advanced medical procedures. In another article, CALDERON reinforced the notion of the qualifications of colonial physicians to perform abdominal cesareans, describing the procedure as "although a spectacular operation, it is simple and should be more frequently employed in cases of placenta praevia" (1915b: 380–382.). Interestingly, this perception of the "simplicity" of the cesarean operation was also shared by R.B. WOODWARD, a US Navy surgeon stationed in Manila, who reported on a case of obstructed labor and cesarean delivery for a 32-year-old Filipino woman who had undergone a ventral fixation. Notably, WOODWARD cited his experience of facing the "dangers of delivery at term" not due to his surgical skills but because the patient, as a "devout Catholic," refused to undergo the necessary operation (WOODWARD 1915: 69f.). Case studies frequently reference the religious and cultural disparities between American doctors and Filipino mothers, as seen in WOODWARD's patient, who declined a cesarean section. They highlight a tendency to underplay the physician's accountability while placing greater em-

phasis on the patient-mother's responsibility in cases of stillbirth.

Notable articles in these scientific and medical journals also reflect scientific racism within the US colonial medical system. Using *race* as a category for studies was not unique to the scientific community at that time, as the *Philippine Journal of Science* published research that employed *race* as a biomedical category in physical anthropology, including anthropometric studies on the height of Filipino children (LASCO 2018: 375–406). Just as physical anthropologists, medical physicians, and colonial health bureaucrats used height to finance nutrition programs, studies measuring Filipino women's anatomical and physiological differences advanced the need for assistance to help Filipino mothers prepare for childbirth. In a series of studies on women's pelvises conducted in 1914, ACOSTA-SISON employed pelvimetry—the study of women's pelvic size—to compare the pelvis of Filipino women with that of white and black American women (1914: 493–498).

Pelvimetry's racial context in the US influenced biases in measuring women's bodies, leading ACOSTA-SISON to distinguish Filipino women's pelvises from white and black women. Her study also showed that babies born to mothers in hospitals weighed more than those who were born at home. Filipino obstetricians stressed the importance of medical attention during childbirth and the benefits of medicalized care. WILLIAMS referenced this same study in the 1917 edition of his renowned textbook *Obstetrics*. Specifically, noting the limited practical value of anthropometric studies for obstetrics and highlighting racial differences, WILLIAMS devoted a section of his first chapter to discussing the racial differences of pelvises, revealing the highly racialized discourse that physicians were engaged in. He also compared the pelvis of Filipino women to those of white and black women in Baltimore, based on studies conducted by his former assistant, T. F. Riggs, emphasizing that black children “are somewhat smaller and have more compressible heads, thereby compensating for a smaller pelvis size” (WILLIAMS 1917: 16f.). CALDERON and ACOSTA-SISON observed the inclusion of ACOSTA-SISON's pelvimetry measurements in this section of WILLIAMS's widely utilized textbook, cited in various medical journal articles in the Philippines. Yet, CALDERON and

ACOSTA-SISON criticized such comparisons as “superficial,” suggesting that a more in-depth study could “show certain important differences” (1919: 253f.). Between 1914 and 1918, they analyzed 1,237 cases at the Philippine General Hospital by measuring the spines, crests, and Baudelocque's diameter among *primipara* (first-time mothers) and *multipara* (mothers with multiple childbirths). In the same study, they compared the pelvises measured and utilized the racial typologies established by physical anthropologists who conducted fieldwork in various regions of the early twentieth-century Philippines, including Robert Bean, Faye Cole Cooper, and H. Otley Beyer. Although they were unable to draw a conclusion regarding their proposed racial types for the Filipino pelvis, CALDERON and ACOSTA-SISON stated that their study on the anatomical and physiological distinctions in the female reproductive system between American and Filipino women indicated that the Filipino pelvis was “more similar to the white woman's pelvis than the black woman's pelvis” (1919: 260, 270–274). While they aimed to challenge racial stereotypes, they inadvertently engaged in another trope by situating Filipino pelvimetry within the racialized discourse of US obstetric studies. Their comparisons underscore a persistent need to contrast the bodies of colonized mothers with those of their colonial rulers, thereby exposing themselves to the racial standards established by the US empire. Consequently, the medicalization of the colonial maternal body under US imperial rule entails succumbing to the inherently racialized discourse of the US medical system despite its lack of practical or scientific utility.

In addition to a racialized discourse, the agenda of medicalized childbirth also reveals the implicit ethnocentrism of the US medical system, which dismisses traditional and indigenous medical knowledge in favor of modern medicine. The prevailing discourse surrounding medical progress, often at the expense of disregarding traditional medical knowledge, influenced many of CALDERON's efforts to showcase the effectiveness of obstetrical services to expectant mothers. In his article, “Obstetrics and Its Relation to Infantile Mortality,” he critiques various cultural beliefs, practices, and methods utilized by “traditional midwives” (CALDERON 1920: 20–25). Earlier, CALDERON outlined in his lecture the evolution

of traditional birthing practices through *hilots*, the elder and more experienced midwives, and *salags*, the younger midwives' assistants, considered as 'pre-colonial' traditional midwives. Childbirth then involved inducing the uterine opening through native herbal medicine while integrating humoral medicine. Over the centuries, traditional childbirth practices were inspired by the beliefs and methods of Spanish missionaries and Chinese traditional healers. With the medicalization of childbirth in the nineteenth century, propelled by advancements in obstetrics and the early regulation and professionalization of midwifery, CALDERON advocated for disseminating obstetrical practices in the US colonial Philippines. This occurred despite the preference of Filipino women, from both "cultured families" and "lower classes," for "illegal practitioners and midwives," a choice fraught in his opinion with danger for their lives and those of their newborns (CALDERON 1908: 246–260).

In another article published in *The Monthly Bulletin of Health Service (MBHS)*, TEOFILO CORPUS, a medical inspector, described the traditional *hilots*, and *salags*, as "hopelessly dirty, ignorant, and incompetent" (1923: 133–135). Echoing CALDERON's assertions, CORPUS condemns the role of *hilots* in "civilized" countries and their "unscientific" practices, labeling them as "pitiful" for mothers and infants outside urban Manila (CALDERON 1908: 246–260; CORPUS 1923: 133–135). These characterizations reinforced dichotomies and contextualized them within moral evaluations. Moreover, CALDERON places the responsibility for safe childbirth on Filipino mothers through his call for 'intelligent motherhood'. By exploiting colonial officials' focus on hygiene, these physicians promoted the idea of a healthy and 'intelligent' Filipino mother. Public health officials utilized this notion to frame women's active role in tackling infant mortality rates as a public welfare issue. This concept of healthy and 'intelligent' motherhood was not solely based on physical attributes; other articles also aimed to legitimize obstetrics while denigrating unlicensed traditional midwifery as moral wrongs.

In various medical journals, maternal bodies were examined through case studies that highlighted 'abnormal' and 'special' instances of physical rarity among native mothers that modern

medicine can address. In its earlier issues, the *Journal of the Philippine Islands Medical Association (JPIMA)* devoted volumes to research and clinical notes from obstetricians in PGH. These articles range from case studies on *eclampsia*, *hymen atresia*, the performance of Gigli's operation, and the documentation weights of newborn babies in its ward (VILLARAMA 1921: 103–107; TOLENTINO 1921: 111f.; ACOSTA-SISON 1921: 112–114; ROXAS & VILLARAMA 1921: 114–117). Moreover, these articles from *JPIMA* emphasized the advancements made at the premier state-run hospital as the much-needed maternal and infant healthcare interventions driven by the colonial vision of modernizing healthcare delivery. For instance, leading obstetricians BALDOMERO ROXAS & ANTONIO VILLARAMA pointed out the advancements in obstetric practice within the colony. They highlighted the striking differences in obstetrical practice in Manila before and after US rule, recalling how he once used forceps on a mother experiencing *dystocia*, a condition characterized by slow dilation of the uterus, during the Philippine Revolution. Such recollections contrasted the developments in obstetrics from home-based indigenous practices to hospital-based and non-hospital-based medically attended childbirth as indicators of progress in modern society (ROXAS & VILLARAMA 1926: 127–130).

Similarly, the editorials from the *JPIMA* reflected diverse public opinion among the members of this professional organization, particularly regarding the colonial government's efforts to tackle maternal and infant mortality. The May/June 1921 editorial discussed the colonial legislature's achievement in establishing the PWC under the leadership of Governor General Leonard Wood, whom they praised for his "medical and sanitary mind" (EDITORIAL 1921b: 118). Furthermore, it emphasized that such reorganization would be more effective in addressing the issue of high infant mortality than simply providing financial aid to puericulture centers, a facility dedicated to the prenatal and postnatal hygienic care for mothers and their infants. For physicians, cooperation among government officials, medical professionals, social workers, and colonial mothers was crucial as it states:

The reduction of mortality is a special problem and procedures and means to stop it are therefore in order. The medical profession and other groups or organizations interested in health, social, and civic service work will do well to join and cooperate fully with the organization that was created by law in the attempt to stamp out the cause of high infant mortality. It is only through cooperation that a satisfactory result can be accomplished. (EDITORIAL 1921a: 119f.)

Recognizing the need for cooperation between medical professionals and colonial mothers, obstetricians frequently delivered lectures to promote the concept of 'intelligent' motherhood. This notion in colonial society was initially envisioned by Rebecca Parish, a Methodist medical missionary and physician at Mary Johnson Hospital in the Tondo district. For missionary physicians like Parish, it involved the integration of moral principles and physical health in promoting "proper motherhood," blending obstetrical care with religious and ethical guidance for expectant mothers (PRIETO 2018: 7–10). Similarly, these ideas advocating for 'intelligent motherhood' can be found in the lectures and articles written by ACOSTA-SISON that were published in *The Bulletin of San Juan de Dios Hospital*. In her article "Some Facts a Filipino Wife or Prospective Mother Should Know," she asserted that the Filipino woman's body was "deficient in proper self-care" (1927) and emphasized that it, particularly in its maternal role, faced a significantly heightened risk of mortality. She suggested various methods to enhance health, including decreasing squatting frequency, a position commonly adopted by working-class Filipino women during household tasks. ACOSTA-SISON contended that squatting could cause congestion and displacement of the pelvic organs, which predisposed potential mothers to inflammation. Furthermore, she highlighted the importance of ongoing medical advice and supervision, noting that the "reserved character" of Filipino women often hindered them from seeking essential medical check-ups. Additionally, she stressed the necessity for "intelligent" motherhood (ACOSTA-SISON 1927: 16f., 23).

The idea of 'intelligent motherhood' is also rooted in a classist view of elite Filipinos who regarded the lack of hygiene of the lower classes due to poverty. In another article, ACOSTA-SISON

highlighted the importance of 'intelligent motherhood' in lowering maternal and infant mortality rates in Manila. To combat these concerning rates, she pointed out the interconnected issues of poverty, undernourishment, and a lack of awareness among Filipino mothers about their health. For ACOSTA-SISON, being an 'intelligent' mother involved more than just general knowledge:

Apparently the solution of many of our physical ills lies in medical and hygienic education, beside general education which could awaken ambition for a better and saner mode of living. The prevalence of parasitic infestation on account of poor hygienic living, the failure of extension of modern methods of sewage disposal, the absence of running water in the homes, and the dustladen air of even the city of Manila itself – predisposing to the frequency of respiratory diseases, are contributory factors to the universal undernourishment which lessens our natural resistance to disease. (ACOSTA-SISON 1928: 150)

ACOSTA-SISON linked puerperal infections to inadequate knowledge and understanding of hygienic practices and environments, which were exacerbated by poverty. Emphasizing the importance of hygiene in postnatal care, including adherence to the *noli me tangere*-principle regarding the birth canal in late pregnancy, management of perineal wounds, and application of aseptic techniques during labor, ACOSTA-SISON introduced this intervention as "efficient motherhood." Filipino women navigate the challenge of managing a "long litany of gynecologic troubles" alongside their socio-economic roles as homemakers and workers. Furthermore, Filipino mothers grapple with the notion that "efficient motherhood is not only a medical but a sociological problem" (ACOSTA-SISON 1928: 148–152).

What kind of biomedical knowledge was produced and circulated in the medical journals published in the US colonial Philippines? In the examined articles, the biomedical understanding of maternal bodies predominantly centered on the discourse of hygiene. Leading Filipino obstetricians, along with other physicians and Colonial Health Bureau officers, regarded these maternal bodies as requiring proper hygiene and sanitation to protect them from impurities. Central to this view of unclean bodies are the unsanitary conditions in which maternal bodies were situated. In

its physical and social forms, the environment was integral in caring for the maternal body during the US colonial period. These medical journal articles illustrated how the unsanitary living conditions of Filipino mothers contributed to complications in childbirth. Furthermore, the focus on caring for the maternal body included ensuring proper nutrition to avoid impoverished conditions. Medical physicians and colonial officials prioritized education for maternal care, frequently neglecting conversations about overall socio-economic improvements or changes to social structures.

Conclusions: Obstetrical Violence and Maternal Bodily Autonomy in the Construction of Women's Bodies in Early Twentieth Century Philippines and Beyond

This article traced a history of the biomedical construction of women's bodies through the medical and socio-cultural responses to maternal health in the early twentieth-century Philippines. Analyzing this history reveals how the biomedical construction of women's bodies, specifically the maternal bodies of the colonized, was built upon the dichotomies of 'hygienic/unsanitary,' 'health/impooverished,' and 'intelligent/ignorant'. These constructed dichotomies expose the inherent colonial hierarchies based on race, gender, and class within the US empire-making project in the Philippines. Under US colonial rule, Filipino maternal bodies were subjected to a reordering influenced by racialized conceptions. These biomedical perspectives from US colonial officials and physicians like HEISER and Parish are also mirrored in the views of Filipino medical practitioners such as CALDERON and ACOSTA-SISON, especially in how they characterized and contrasted Filipino maternal bodies with US biomedical standards. Specifically, the perception of the 'impooverished' state of Filipino maternal bodies arises from a classist perspective among Filipino medical physicians. As members of the Filipino elite class, they held the belief that the 'frail' native Filipino maternal bodies required proper nutrition to ensure the health of both mother and infant. Similarly, the characterization of Filipino mothers as 'ignorant' was evident in the paternalistic view held by US colonizers towards colonized Filipinos, who were seen as needing education. The assertion of legitimacy by

US-trained Filipino obstetricians reinforced racial and classist tendencies in criticizing indigenous knowledge, denigrating local midwives, and placing the burden on Filipino mothers to be 'healthy' and 'intelligent'. These racial and classist perceptions of maternal bodies reveal the medical paternalistic views of physicians towards their patients – the colonial mother.

The advancements in colonial medicine, education, public health, and welfare systems during the early twentieth century in the Philippines notably shaped the experiences of Filipino mothers. Initially, the transformations within colonial society under US rule sought to modernize and align the newly incorporated territory with American standards. Reforms in public education and colonial medicine directed the emerging generation of Filipino physicians toward the adoption of American medical practices. Moreover, the demographic transitions characteristic of the early twentieth century indicated a shift in the composition of Filipino women, whose socioeconomic status and social positioning underwent significant evolution. Within the context of colonial society, Filipino women attained access to public education and secured roles within the professional and technical labor market, thereby facilitating social mobility for numerous individuals. This progression played a pivotal role in redefining the social roles of Filipino women, particularly in relation to their maternal responsibilities.

The history of the biomedical construction of Filipino women's bodies positions maternal bodies as essential elements in shaping the colonial identity of Filipino women. Historians of colonial medicine, such as DAVID ARNOLD and WARWICK ANDERSON, argue that colonizing the body is influenced by the colonizers' reordering and "disciplining" of the colonized body (ARNOLD 1993; ANDERSON 2006). Medical knowledge, along with its production and circulation, is crucial for this process of disciplining the maternal body as a gendered, colonized entity. The analysis of medical and scientific literature, along with obstetrics textbooks, has elucidated a nexus between health education and colonial medicine. The advancement and dissemination of biomedical perspectives concerning maternal bodies were enabled by a contemporary, gender-oriented health education interconnected with the evolution of colonial me-

dicine. Furthermore, within this regulation of maternal bodies in a patriarchal context, there exists a paternalistic inclination to designate the colonial maternal body as a separate biomedical construct, underscoring the colonizer's necessity to understand the physicality of colonized mothers in order to provide appropriate care. The restructuring of perceptions regarding the colonized necessitated not only physical modifications but also transformations of their psychological states. Moreover, the biomedical interpretation of the colonial Filipino maternal body arose from the modernizing efforts within colonial education and public health during the American colonial era. This conceptualization embodies the intrinsic dynamics of colonial scientific biomedicine and the power relations influenced by gender.

More importantly, examining the articles from medical journals reveals an inherent contradiction in caring for the maternal body as required by the colonial regime. They indicate that colonial physicians and health workers perceived the care of the maternal body as primarily the responsibility of the mothers themselves, emphasizing the need to be healthy and informed. Prescriptions of intelligent motherhood' by obstetricians and colonial health officials placed the burden of caring for the colonial body on colonial women. The case of Filipino mothers in the early twentieth century parallels instances of working women and their mothering practices in urban centers during the nineteenth century in Western societies, including Europe and the United States, as well as in Japan and Brazil (KOVEN & MICHEL 1990; APPLE 2006; DOYLE 2018; MACKIE 2003; OTOVO 2016). The concept of being a healthy mother entails placing responsibility on the mothers themselves, suggesting that the complexity of being a healthy mother and nurturing an intelligent child relies on the mother as a rational individual. This historical examination of intelligent motherhood uncovers the dynamics between the state and the mother, illustrating how mothers are expected to act as rational individuals in alignment with the state's interests. Regardless of whether living conditions for women improved, mothers are expected to act 'intelligently'.

The history of colonial obstetrics in the early twentieth-century Philippines shows how 'in-

telligent motherhood' shapes state initiatives to promote rational reproductive health programs for mothers, often neglecting their autonomy over their bodies. A century later, the legacies of the clashes between indigenous knowledge and practices and colonial biomedicine still persist. In recent years, the postcolonial state's focus on women's reproductive rights has intensified, particularly evident in the passage of the "Responsible Parenthood and Reproductive Health Law" in 2012 and its implementation in subsequent years, which aimed to provide comprehensive access to reproductive health care. The Department of Health initiated facility-based deliveries under its "Safe Motherhood Project" to achieve globally set maternal health goals. However, challenges and criticism from skilled birth attendants, indigenous midwives, and mothers highlighted the limited progress in realizing their desired maternal health care, which advocates for the acknowledgment of women's fundamental rights to health and reproductive health (ENCINARES-ENAJE 2018). Although efforts to expand access to reproductive health services for low-income families promote the Philippines as a leading example in sexual and reproductive health rights (SRHR), the historical and cultural context reveals an underlying power imbalance regarding women's bodily autonomy. In her study of contemporary global politics relating to women's health in crisis situations across the Philippines, MARIA TANYAG emphasizes the necessity for feminist epistemologies that grasp the embodiment and situated knowledge, facilitating connections between bodily autonomy and the global politics of expertise and authority amid conflicting interpretations of crisis and security. This underscores the need to "decolonize universities, research practices, and academic knowledge production" (TANYAG 2024: 178–188). Examining historical examples from the United Kingdom, with its imperial history of medical care, reveals that decolonizing maternal health requires analyzing institutional biases, professional structures, power disparities between types of medical staff and stakeholders, and person-centered care through a decolonial perspective (LOKUGAMAGE *et al.* 2022).

Insights from this historical case study on colonial maternal health and its biomedical narratives prompt critical questions about the role of

medical institutions as sites of practice and academic knowledge. As venues for the reproduction of epistemic justice and injustice, medical institutions must confront implicit obstetrical violence within their research and practices, such as those seen in obstetrical care (BUFKIN 2024: 1–25; GOLDSTEIN 2024: 1–6). Recent discussions on epistemic injustice within the medical field expose the inherent power imbalance between physicians/obstetricians and patients/mothers during procedures often conducted without maternal consent, including forced cesarean sections (VAN DER PIJL *et al.* 2023: 611–617; LEE 2023: 618f.). The debate over obtaining consent during critical moments when the mother and child are at risk is not a new one; it has historical roots, illustrated by early twentieth-century Filipino mothers facing reduced bodily autonomy, rendered subjects to conform to colonial ideals of healthy, ‘intelligent motherhood’. Nevertheless, the imperative to decolonize obstetrics necessitates a comprehensive understanding of the foundational power imbalances that hinder the acknowledgment of mothers’ rights to consent and respect for their choices. This approach creates a space for negotiation between the state-imposed rationality over its perceived right to women’s bodies and the maternal bodily autonomy that the state often overlooks.

Figures

Fig. 1 Outside the operating room of the Philippine General Hospital, undated Source: American Historical Collection, Rizal Library, Ateneo de Manila University.

Fig. 2 Inside the operating room of the Philippine General Hospital, undated Source: American Historical Collection, Rizal Library, Ateneo de Manila University.

Tables

Table 1 Population Data in Manila by Sex, 1903, 1918, and 1939. Sources: UNITED STATES. BUREAU OF THE CENSUS. *Census of the Philippine Islands, taken under the direction of the Philippine Commission in the year 1903*. Vol. 2 (Washington: Government Printing Office, 1905), pp 230–234; PHILIPPINE ISLANDS, CENSUS OFFICE. *Census of the Philippine Islands taken under the direction of the Philippine Legislature in the year 1918*. Compiled and published by the Census Office of the Philippine Islands. Vol. 1, no. 2 (Manila: Bureau of Printing, 1920), p. 203; PHILIPPINE (COMMONWEALTH) COMMISSION OF THE CENSUS. “Manila” *Census of the Philippines, 1939*. Volume 1 pt.3 (Manila, Bureau of Printing, 1940), p. 3f.

Table 2 Number of Families with Head of Household by Sex in Manila, 1939. Source: PHILIPPINE (COMMONWEALTH) COMMISSION OF THE CENSUS. “Manila” *Census of the Philippines, 1939*. Vol. 1 pt. 3 (Manila, Bureau of Printing, 1940), p. 162.

Table 3 Circulation of Medical Journals, 1933. Source: VALENZUELA, JESUS 1933, *History of Journalism in the Philippine Islands* (Manila: The Author), p. 196–200.

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Alvin D. Cabalquinto holds an MA in History (2023) and a BS in Health Sciences (2014) from Ateneo de Manila University. Currently, he is an instructor in the Department of History at the same university, where he has taught courses in Philippine and Asian history, as well as bioethics and historical perspectives. He supervises health research projects for undergraduate students and serves as an editorial assistant for *Philippine Studies: Historical and Ethnographic Viewpoints*. Additionally, he is a Senior Fellow of the Ateneo Martial Law Museum and Library. This essay is based on his master's thesis regarding the history of political motherhood and embodied citizenship of Filipino women in early twentieth-century Manila. His research was funded by the David and Ruth Hopper and Ramesh and Pilar Bhatia Canada Fellowship in the Philippines, hosted by the Institute of Philippine Culture. His previously published work includes a co-authorship in the *Philippine History Source Book* (2021), an annotated compilation of primary sources published by the National Commission for the Culture and Arts – National Committee on Historical Research. His current project examines the history of biomedical ethics and family planning in twentieth-century Philippines.

Ateneo de Manila University Loyola Heights
Room 208, 2nd Floor, Leong Hall
Quezon City, Metro Manila
Philippines
Zip Code: 1108
e-mail: acabalquinto@ateneo.edu