An Early History of the Insular Psychopathic Hospital, Philippines, 1920s – 1945

Francis Justine M. Malban

Abstract

This paper surveys the early history of the National Center for Mental Health, a psychiatric institution in Mandaluyong City, Metro Manila, which was founded in 1928 as the Insular Psychopathic Hospital during the American colonial rule. As a historical inquiry, this study collects information from a range of primary sources, including government reports, statistical data, bulletins, and correspondences. The study also focuses on three chronological themes: the circumstances surrounding the hospital's establishment in the late 1920s; the efforts by colonial and later Commonwealth authorities to expand its capacity during the 1930s; and the state of the institution during and after the Second World War. As evidenced by enduring problems such as chronic overcrowding and inadequate facilities, this paper contends that the various initiatives aimed at developing the Insular Psychopathic Hospital into a modern psychiatric facility were largely unsuccessful. However, this failure was not specific to the hospital or the Philippines; rather, it reflected the trend of mental health facilities declining in different areas of the world, which subsequently caused mental health professionals to reconsider the asylum model as an effective approach in treating mental diseases.

Keywords: *Insular Psychopathic Hospital; asylum; insane; Mandaluyong; Commonwealth*

Introduction

In 2018, after several years of being one of the few remaining nations in the Asia-Pacific region without comprehensive mental health legislation, the Philippines passed Republic Act No. 11036, more popularly known as the Mental Health Act (Lally et al., 2019; Hayes, et al., 1994). This law empowered the government to craft a national mental health care strategy that protects the rights and freedoms of persons with psychiatric, neurologic, and psychosocial needs and integrates mental health into basic health services. It also endeavors to promote mental health education in schools, workplaces, and communities and strengthen information systems, evidence, and research for mental health. A specific section of the legislation appoints the National Center for Mental Health, a tertiary hospital in Mandaluyong City, Metro Manila, with the task of increasing its capacity for knowledge production as a premier training and research center under the country's health department (Mental Health Act, 2017). This provision not only illustrates the consistent need for innovations in mental health interventions but also the importance of the National Center for Mental Health as a leading healthcare facility in the Philippines.

Interestingly, the enactment of the law coincided with the 90th founding anniversary of the hospital which began its operations as the Insular Psychopathic Hospital in 1928, when the Philippines was still under direct American rule (Gilmore, 1928a, p. 92). Four years before the passage of the law, the National Historical Commission of the Philippines (NHCP) installed a historical marker within the hospital's premises to recognize its fundamental role in the development of mental health care and psychiatry in the country, as well as its contributions in aiding and treating civilians and Filipino guerillas during the Second World War (Guillerme, 2015).

Given the longevity of the hospital as an institution, it is worth noting that the history of the Insular Psychopathic Hospital is yet to be properly explored. Most previous studies only partially delve into the topic to give a brief overview of more contemporary events and issues in the field of psychiatry in the Philippines. They also tend to rehash older published studies that did not necessarily consult primary sources, specifically archival materials. This, understandably, has led to a lack of substantial data and historical analyses. A notable exception to this observation is a recent article that has partly discussed the Insular Psychopathic Hospital to explain how disabilities, including mental health issues, were medicalized under American colonial rule (Rebong, 2020).

Aside from this apparent gap in the literature, the Philippines

continues to see a steady growth in the number of Filipinos diagnosed with mental disorders. Recent estimates indicate that more than 12 million Filipinos suffer from various mental health conditions, with anxiety and depression being the most prevalent. This has prompted groups such as the Philippine Mental Health Association and lawmakers to call for a more robust implementation of the Mental Health Act (Lalu, 2021; Cruz, 2023). Challenges in service delivery, governance, workforce, financing, and stigmatization similarly hinder the realization of an accessible and affordable mental health care system in the country (Alibudbud, 2023). For this reason, it is vital to foster a culture of research and knowledge dissemination within the mental health field in the Philippines (Mina, 2023).

This study is a modest attempt to contribute to the scholarly works on the history of mental health institutions in the Philippines. Particularly, it aims to examine the early years of the Insular Psychopathic Hospital, which is now known as the National Center for Mental Health. With the of use primary sources such as government reports, statistical data, bulletins, and correspondences, this paper focuses on (1) the circumstances that led to the opening of the institution in 1928; (2) the initiatives made by authorities to expand and improve its capacity through the 1930s, initially by the American colonial government and later by the Commonwealth; and (3) its status in the 1940s, during and at the conclusion of the Second World War. By considering these themes and events, the study will demonstrate that similar to the fate of its predecessors, the Insular Psychopathic Hospital suffered from chronic overcrowding and inadequate facilities, the same problems that it sought to address in the first place. Overall, this paper argues that the efforts to develop the Insular Psychopathic Hospital into a modern psychiatric institution in the 1930s generally failed, mirroring the experiences not only of its predecessors but also of other mental hospitals around the world. Due to the high costs of maintaining insane patients in large, centralized facilities, combined with the destruction brought by the Second World War, many countries and mental health practitioners later reconsidered the asylum approach. This led to an important historical process in the field of psychiatry and medicine known as "deinstitutionalization," which aimed to move insane patients from isolated settings to nearby hospital wards, clinics, and other similar housing facilities, where community-based treatment methods could be dispensed.

The care for the insane in the early American period

In the early years of the 20th century, American authorities observed for the first time the prevalence of insanity in the Philippines. Insanity, similar to madness and lunacy, was a collective term

historically used to refer to various kinds of mental illnesses (Dalby, 1993; Tighe, 2005). According to the 1903 census, the earliest to be conducted under American supervision, there were 59,874 "defective" individuals throughout the archipelago. The "defective class" referred to the insane, blind, deaf, dumb, and those with two or more of these conditions. Of the said total, 15,372, or about 25 percent, were insane (United States Bureau of Census, 1905, p.533).

An earlier account prepared by the Philippine Commission, an investigative body headed by Jacob Schurman of Cornell University, noted that some insane patients were housed at the Hospicio de San Jose, a benevolent institution in Manila founded in 1810 through the pious bequest of some of the wealthy residents of the city. Located on a small island along the Pasig River called Isla de Convalescencia, where it remains open to this day, the Hospicio de San Jose was tasked with maintaining, sheltering, and assisting "poor children and insane persons who were sent from the provinces of the archipelago by competent authorities." This charitable institution was also notorious for housing patients deemed as dangerous and unpredictable. This included the *dementes procesados* or the insane who had committed serious crimes like parricide and infanticide, and the fire-loving *piromaniac* who was prone to torching houses and neighborhoods. As one of the few mental asylums in the islands, the Hospicio de San Jose relied upon vice royal patronage and donations and had 548 "inmates" in 1897 (Camagay, 1988; Philippine Commission, 1901, p. 43).

The following years saw the emergence of several reports highlighting the Hospicio de San Jose's deterioration, which was most visible in its overcrowding and deficient facilities. The interior secretary Dean Worcester, for instance, claimed that the establishment had been filled to its limit and "wholly inadequate to meet even the local needs." This compelled authorities and civilians alike to place insane persons in the houses of friends or provincial jails. For example, the health board managed transient, friendless, and dangerous insane persons by charging them with disorderly conduct "to procure their incarceration in the Bilibid Prison in order to secure decent care for them" (Worcester, 1904, p.13). Some patients were also abandoned by their kin, while others were forcibly kept in hidden and isolated portions of their houses. In these cramped and dark spaces, they were "tied to a stake with a dog chain" (Heiser, 1908, p.5) and left in such unprotected condition that "they were burned alive during fires" (Carter, 1905, p. 83). This method of managing the insane, although understood by many as deplorable, unsatisfactory, and unscientific, was comparatively easy and practical which led to its widespread usage in the provinces (Murillo, 1944, p. 190).

In the same period, Chief Health Inspector Thomas Marshall commented that while the sanitary conditions at the Hospicio de San Jose were "very good considering the system in vogue" and that its building was maintained cleanly, the quarters for the insane were not well adapted for the purpose (Carter, 1905, p. 144). Given this, the health board said that the care for the insane was one of the most important problems that the office had under consideration. The likes of Worcester also started to call for the creation of a new and more adequate mental asylum for the Philippines, a project which he believed "must be regarded as an urgent necessity" (Worcester, 1904, p. 13).

To alleviate the situation, the government identified a variety of locations where a new mental asylum could be placed. One candidate was the town of Baliwag, Bulacan where huge spaces with countryside features were still available at the La Lomboy Estate. However, it was eventually decided to have the mental asylum constructed within the premises of the San Lazaro Hospital in Manila due to logistical and financial considerations. In an official report, it was explained that:

> San Lazaro has the advantage of being conveniently situated in Manila under the immediate observation of the Bureau of Health and the Secretary of the Interior and other officials. The transportation of supplies and patients would be reduced to a minimum; the purchase of supplies, stores, furniture, etc., would be easier, and the expenses would be less than they would be at a place as distant as La Lomboy is. At La Lomboy roads would have to be constructed, which are always expensive (Carter, 1906, p. 96).

Dubbed as a "good hospital for the insane," the new facility was officially named the Insane Department and was inaugurated at the San Lazaro Hospital in November 1904 with enough provisions for 90 patients (Wilkinson, 1906, p. 183; Worcester, 1906, p. 10). The opening of the asylum was celebrated by colonial authorities including Worcester who proudly emphasized its fruition despite the very limited funds.

In 1906, Health Director Victor Heiser conveyed that the Insane Department's maximum capacity rose to 350 after the Philippine Commission had granted an additional budget for the institution (1907, p. 93). By 1919, it had expanded to handle close to 500 patients (Palma, 1920, p. 53), thanks to several legislations which provided a total of 250,000 pesos for its continuous expansion (Act No. 2671, 1917; Act No. 2704, 1917; Act No. 2736, 1918).

In addition to the opening of the Insane Department, an Insanity Law was enacted in 1912 which gave the colonial government, specifically the health director, the authority to profile, monitor, and

forcefully confine insane persons in the Philippines. These capacities primarily targeted those insane who were seen as dangerous to themselves and others and as threats to the normal functioning of society (Act No. 2122, 1912). Later, in 1916, this authority over the lives of the insane was confirmed in the Administrative Code of the Philippines (Act No. 2657). While this may be seen as a mere step to a more formalized and systematic delivery of care for the insane, it can be argued that the American colonial administrators, similar to their Spanish predecessors, exhibited a strong interest in controlling the lives of insane persons for the sake of public order.

Despite the efforts to improve the facilities of the Insane Department and the introduction of legal means to manage the mentally ill, authorities still faced serious problems pertinent to the treatment of insane persons in the Philippines. For example, the asylum regularly grappled with episodes of patient congestion in the 1920s. In a 1925 report written by Dr. Elias Domingo, a Filipino physician who was appointed as the asylum's chief as part of the Filipinization of government offices, it was revealed that the Insane Department had already exceeded its capacity. According to the report, the male ward, which was designed to accommodate 250 individuals at most, was taking care of 354 patients (Domingo, 1925, p. 175). And although the total number of beds at the asylum remained at 500, the same as it was in 1919, the patient count grew consistently, reaching 537 in December 1925 and 624 a year later (Fajardo, 1926, p. 123; Fajardo, 1929, p. 94). Additionally, authorities alleged that thousands of insane persons requiring medical treatment throughout the colony were left uncared for. In 1924, it was estimated that there were 5,000 of them outside the capital, many of whom were perceived as a "public menace to innocent citizens due to sudden violent psychotic spells" (Domingo, 1925, p. 175).

This persisted even after the establishment of the City Insane Asylum, a smaller mental institution operated by the city government of Manila in Bocaue, Bulacan. Official accounts indicate that the city asylum, which was built in 1921 in the aforementioned La Lomboy Estate, could take in around 200 patients (Laurel, 1924, p. 84). Consequently, health officials advocated for the accommodations at the Insane Department to be made more comfortable and adequate to the actual number of the documented insane in the islands (De Jesus, 1922, p. 22).

In addition to its dangerous congestion, the Insane Department was criticized for its facilities and the regimen that it extended to patients. In 1921, the newly installed Governor-General Leonard Wood, a medical doctor who expressed vocal opposition to Filipinization, enumerated the various shortcomings of his predecessors and the

colonial government as a whole. Singling out the Insane Department for its mediocre amenities, the governor-general said that:

> The care of the insane is medieval. Proper accommodations are entirely lacking. Steps should be taken to provide a proper establishment for the treatment of the insane. The present institution lacks practically every feature which should characterize a hospital for the insane and possesses many which can be guaranteed to turn those who are balancing between sanity and insanity in the wrong direction. There are no provisions for the separation of the violently insane from the incipient and mild cases and conditions are, from the standpoint of proper treatment, exceedingly bad and should have been corrected long ago (Wood, 1922a, p. 33).

Wood also denounced the available treatment at the Insane Department for being rudimentary and lacking humane consideration. Meanwhile, the health chief Vicente de Jesus asserted that, although initial improvements had already been introduced at the institution, it still lacked many essential fixtures, including wards for patients with contagious diseases, wall partitions for the proper segregation of patients, and special rooms for therapeutic purposes (1923, p. 133). He also lamented the absence of isolation spaces for those who were "very excited and violent" and prone to harm others, revealing that the Insane Department only had six cells for such purposes. Thus, agitated patients were often subdued using restraint jackets, anklets, and wristlets. During such incidents, the scant education of security personnel often led to poor tact in handling insane patients (De Jesus, 1922, pp. 126-128). On an earlier occasion, De Jesus also regretted that an ornamental portion of the female ward was not completed which resulted in a bad public impression on the "account of its ugliness" (1921, p. 113). Domingo, meanwhile, thought that the very location of the Insane Department was undesirable due to its proximity to Avenida Rizal which caused patients to become stirred up by the sight of constantly passing funeral possessions (1925, p. 176).

Planning for a new insane asylum for the Philippines

Finding themselves at a juncture reminiscent of their experience at the Hospicio de San Jose and the decades prior, American colonial officials again pondered the establishment of a new insane asylum, one that would replace the Insane Department at the San Lazaro Hospital. In a speech delivered before the legislature in 1922, Wood reiterated his criticisms against the asylum and insisted that the available treatment there was still unsatisfactory. Thus, he urged lawmakers to take the necessary steps to address the worsening conditions at the institution. In the following year, he reemphasized his recommendations and pointed

out that a modern mental hospital, where the overall atmosphere and facilities may tend to a patient's recovery, was urgently needed in the Philippines (Wood, 1924, p. 51; 1925, p. 13).

Around the same time, Domingo outlined the design of an ideal asylum that may be replicated in the colony. According to him, a modern mental hospital should have:

> 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, plans, 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. (Domingo, 1921, p. 51).

Such a design, he imagined, would provide patients with a hospital including all the features of community life that facilitate the development and maintenance of health. It would also place them in a nurturing environment under the direct supervision of trained personnel who would understand their needs and limitations. However, in order to turn this ambitious proposal into a reality, Domingo admitted that it would require "vast sums of money be annually expended" and a serious commitment from colonial administrators (Domingo, 1921, p. 51).

With these consistent appeals from the likes of Wood and Domingo, legislation that aimed to create a new mental asylum in the Philippines was eventually introduced in Congress. According to Public Instruction Secretary Eugene Allen Gilmore, one bill from 1924 attempted to allocate 150,000 pesos for the purchase of a portion of the Carpenter Estate in Novaliches where the institution could be erected (1926, p. 93). A second proposed law, on the other hand, would have given the project an annual appropriation of 200,000 pesos for five years. This second bill named the future facility as the "Insular Asylum for the Insane," assigned the Philippine Health Service as its administering body, and authorized the asylum to "take charge of all the insane of any type coming from all points of the Philippines." Both bills, however, were not enacted (Gilmore, 1926, p. 93; Domingo, 1925, p. 179).

As a result, the administrators of the Insane Department were forced to find alternative ways to manage its growing number of patients. One measure was to make arrangements with the Bureau of Prisons to take 50 insane patients to its hospital at the Bilibid Prison,

resulting in some relief at the asylum in San Lazaro Hospital (Gilmore, 1926, p. 93). Domingo, whose goal was to free up space at the asylum, also discussed a system of discharging patients as soon and as much as possible. In an essay, he explained that:

> When after a certain period of observation, the patients are found to behave well and are quite adaptable to the social environment, then they are ready for discharge provided that a responsible person should present himself to take the patient out of the institution. Preferably, the patients are placed on parole for a certain length of time, and if another attack supervenes, then they are admitted again to the hospital.

The chief later admitted that even though the scheme had assisted in managing the congestion at the Insane Department, it was ultimately undesirable. Many of the patients who had been discharged never came back and hospital authorities eventually lost sight of them (Domingo, 1925, p. 178). Gilmore also clarified that these interventions were temporary and that the problems pertinent to the care of the insane remained unsolved (1926, p. 93).

Two years later, in early 1926, to the delight of its proponents, the new insane asylum finally received a preliminary budget through Act No. 3258, which was earlier enacted in December 1925. This law devoted more than eight million pesos to numerous infrastructural projects managed by the office of the Director of Public Works. Of this amount, 180,000 pesos was allocated for an insane asylum "to be approved by a committee composed of the Secretary of Public Instruction, as chairman, and the Secretary of Finance, the Director of Public Works, the Director of Health, and the Public Welfare Commissioner, as members" (Act No. 3258, 1925). 100,000 pesos was later used to acquire a parcel of land in the town of San Felipe Neri, currently known as Mandaluyong City. In 1927, an additional 250,000 pesos was then secured and deemed enough to construct an administration building, two receiving wards with 200 beds, and other miscellaneous facilities (Gilmore, 1928c, p. 89).

As acting governor-general for Wood, who had to return to the United States in 1927 due to declining health, Gilmore explained that the location was chosen to potentially reduce government expenses for the construction and future maintenance of the asylum. In his official report, he said that:

> With the money that has been already appropriated, 50 hectares of land has been purchased in San Felipe Neri adjoining the property of the public welfare commission, namely its welfare village. This location was selected

> because by cooperating with the work of the public welfare commissioner great economy can be effected through a central heat and light plant, a common bakery, laundry, and other service necessities.

Moreover, he disclosed that the government would firmly adhere to the earlier proposal to designate this new facility as the central insane asylum, where patients from all the provinces would be concentrated, emphasizing that the creation of regional institutions was impracticable. Given the shortage of funds and trained personnel, he reckoned that authorities would be able to provide proper care to insane patients only when all medical experts and financial resources were pooled together in one large central institution. Looking at these circumstances, one is easily reminded of the early years of the Insane Department which was organized and built by authorities with strong financial considerations in mind. Despite these compromises brought by budgetary constraints, the acting governor-general still welcomed these developments in San Felipe Neri for he believed that the Americans were still "very much behind in this humanitarian work" (Gilmore, 1928b, pp. 92-93).

By the middle of 1927, Gilmore detailed the progress at San Felipe Neri. He said that the new asylum, which he referred to for the first time as the "Insular Psychopathic Hospital," was one of the most important infrastructural projects undertaken by the government that year (Gilmore, 1928a, p. 19). Speaking before the legislature in July, he shared that the erection of an administrative building and two receiving wards was underway and approximated their completion by March of the next year. Once completed, these first units would be able to take in around 200 insane patients each. He cautioned, nonetheless, that at least 500,000 pesos would be needed in 1928 alone to sustain the project, and that the colony was still far short of having adequate facilities for the insane (Gilmore, 1928a, p. 92-93). True enough, even though there was a minute decrease in its overall population, the Insane Department was still crammed with 603 patients by the end of 1927 (Fajardo, 1929, p. 94). In the following months, construction work at the site was in full swing, and more areas of the asylum took shape. Seeing these, Gilmore claimed that the government had finally made substantial progress in improving the conditions for the care of the insane in the Philippines (1930, p. 58).

The newly appointed Governor-General Henry Stimson concurred, believing that the new asylum would give better services compared to the Hospicio de San Jose and the Insane Department. These developments, he proudly declared, "have been anything but a credit to the insular government" (Stimson, 1930, p. 21). Toward the end of 1928, more structures like the kitchen, sewer system, water supply

tank, roads, and telephone lines were finished. And given the available funds for 1929, colonial authorities expected to have the chronic disturb wards, the doctors' and employees' quarters, and the isolation building be completed next (Aguilar, 1930, pp.123-124). Nevertheless, Stimson, similar to his predecessor Wood, expressed disappointment over the rapid Filipinization at the Bureau of Health. This policy was first implemented by Governor-General Francis Burton Harrison, who believed that the best way to prepare Filipinos for self-government was to allow them as much latitude as possible in managing their affairs (Planta, 2008, p. 195). The process, Stimson alleged, led to the subpar quality of physicians, inspectors, and other medical personnel (1930, pp. 17-21).

The opening and development of the Insular Psychopathic Hospital

With some of its main buildings already completed, the Insular Psychopathic Hospital was formally inaugurated on December 17, 1928. Domingo, who had been trained at the University of the Philippines and in asylums in Pennsylvania, was appointed its chief, the Philippine Health Service as its main administering body. Appropriations were also made for the hospital's staff which included two assistant alienists, a pharmacist, a dentist, a social service worker, a chief nurse, two dieticians, three ward supervisors, a laboratory technician, and two instructors in occupational therapy (Act No. 3459, 1928).

The additional space at the new hospital brought immediate relief to the overcrowding at the Insane Department, which transferred all of its 200 female and 177 male patients to San Felipe Neri. Thus, by the end of the same month, the Insane Department only had 267 male insane patients, which was a far cry from the 603 that it had accommodated in January. According to authorities, these 267 remaining patients, along with other insane persons housed elsewhere in the colony, were to be relocated to the Insular Psychopathic Hospital as soon as more of its buildings and facilities were completed. (Gilmore, 1930, p. 90).

Despite being incomplete, the hospital was celebrated by many including the Filipino statesman and academic Conrado Benitez. Speaking before an international audience at the Conference of the Institute of Pacific Relations in Kyoto, Japan in late 1929, he characterized the inauguration of the Insular Psychopathic Hospital as "an advanced step in behalf of mental defectives." Benitez explained that, within the institution, patients had the privilege of being managed by personnel "specially trained in the modern scientific methods" of treating insane persons (1930, pp. 87-88).

Apart from achieving this much-needed decongestion at the

Insane Department, the opening of the Insular Psychopathic Hospital significantly expanded the overall capabilities of the colonial authorities to confine insane persons. This was a government initiative that had been pursued since the passage of the Insanity Law in 1912. According to official data from the Department of Public Instruction, government-managed mental institutions had 784 patients at the start of 1928. This rose to 879 in December due to the additional space created at San Felipe Neri (Gilmore, 1930, pp. 89-91). Improvements in these asylums, particularly in terms of lowering patient density, soon became visible. However, the health director Jacobo Aguilar clarified that the long-term objective was to still gather all insane persons in one suitable, conducive, and peaceful location for their easier, economic, and more humane supervision. This plan reflected the earlier proposal to designate the Insular Psychopathic Hospital, which was being built several kilometers away from the busy environs of the capital Manila, as the central insane asylum of the Philippines (Aguilar, 1930, p. 124). In the succeeding years, the government would exert much effort to turn this vision into reality. Construction and maintenance work, therefore, was a constant sight at San Felipe Neri. However, the Insular Psychopathic Hospital continued to struggle with managing the number of its patients as there were simply too many admissions and very few discharges (Lee et al., 2016, p. 243).

In July 1929, around six months after the establishment of the Insular Psychopathic Hospital, Dwight Davis arrived in the Philippines as the new governor-general, replacing Stimson and Gilmore. In his inaugural speech in the Congress, Davis discussed how health and sanitation, which he deemed the "most important field of government activity" in the Philippines, had become a top priority among American colonial authorities. Believing that a healthy citizenry is a marker of an advancing civilization, he commended the government's efforts in training public health officers, establishing a system of provincial hospitals, and developing the Insular Psychopathic Hospital, which he described as "an adequate institution for the care of the insane." Nonetheless, as some facilities at the asylum remained unfinished, he encouraged the legislature to continue providing liberal financial support for its expansion (Davis, 1931, pp. 24-25).

Meanwhile, the Department of Public Instruction, through Undersecretary Alejandro Albert, communicated the specific details of the progress of construction at San Felipe Neri. He reported that the male chronic ward, the doctors' quarters, and the garage were all nearing completion, while the building of an infirmary, isolation ward, morgue, and rooms for occupational therapy was about to begin. The overall capacity of the hospital, he added, was at 400, but would be doubled instantaneously once the male chronic ward was completed.

However, Albert disclosed that his office's most urgent objective was to house at least 50 percent of the insane people in the archipelago, which was around 2,500 individuals (1931, p. 52). By the end of 1929, as official statistics indicate, the Insular Psychopathic Hospital was already slightly overcrowded for it housed a total of 403 patients (Philippine Health Service, 1931, p. 73).

The prospect of keeping all insane persons in the Philippines at a single location neared completion by 1930. Albert relayed that in September, the number of institutions tending to the insane had been reduced to three, namely the Insular Psychopathic Hospital, the City Insane Asylum, and the Bilibid Prison's Insane Ward. This was the time when all male patients at the Insane Department were finally relocated to San Felipe Neri, which was formally renamed as Mandaluyong in 1931 (Act No. 3836, 1931). Although the Insane Department at the San Lazaro Hospital continued to admit and house a small number of insane patients during the rest of the American period, its function as a mental asylum was practically terminated by health administrators at this point (Albert, 1932, p. 76). This transfer of patients was enabled by the finalization of the chronic wards of the Insular Psychopathic Hospital, which, as expected, doubled its capacity to 800. Despite this upgrading, records show that these new slots were quickly filled and that another episode of congestion was imminent after the hospital's number of patients climbed to 836 in December (Albert, 1932, pp. 103-104). This trend persisted in the following year 1931, when the Insular Psychopathic Hospital was forced to accommodate 990 insane patients, an almost 20 percent increase. This significant surge alarmed some colonial officers, including Davis himself, who recommended allocating more funds for the eventual expansion of the hospital's wards and facilities (Davis, 1932, p. 73). At the time, the City Insane Asylum and the Bilibid Prison, meanwhile, had 227 and 20 remaining patients, respectively (Albert, 1932, pp. 103-104).

According to the data generated by the Philippine Health Service, the maximum capacity of the Insular Psychopathic Hospital remained fixed at 800 beds, since the institution underwent no further expansion in the next few years. Yet, its patient count soared to 1,101 in November 1932 before decreasing slightly to 1,095 in December 1933. These overwhelming figures placed hospital administrators in a difficult yet familiar situation. Akin to what happened at the Hospicio de San Jose and the Insane Department in the past, the Insular Psychopathic Hospital was expected to suffer from long-term extreme congestion. This was especially true since it had to handle the majority of confined insane patients in the colony, which by the end of the year had reached a record high of 1,386. This, however, was still noticeably far from the original target of taking in 2,500 or at least half of the entire insane

population of the colony (Philippine Health Service, 1934, pp. 141-142; Albert 1935, p. 39).

A year later, in 1934, the Philippines entered an important period in its political history with the approval of the Tydings-McDuffie Act, or more commonly known as the "Philippine Independence Act." This led to the writing and formal adoption of the Philippine Constitution of 1935. The constitution became the basis of the Commonwealth of the Philippines, a ten-year transitionary government set to expire in July 1946, during which the United States would recognize the Philippines as a separate and self-governing nation. Following these provisions, a national election was held in September 1935 which resulted in the lopsided victory of Manuel L. Quezon and Sergio Osmeña as president and vice president (Quezon, M. III, 2023, pp. 6-8). When the Commonwealth was inaugurated in November of the same year, the American colonial government was effectively dissolved.

The Hospital during the Commonwealth

In his final report as the governor-general in 1935, Frank Murphy discussed the supposed achievements of the United States in the Philippines over the past three decades. According to him, these accomplishments manifested in several aspects of society such as in education, governance, administration of justice, the economy, public works, and science, drastically improving the lives of the Filipinos. Furthermore, Murphy emphasized the various interventions introduced by the colonial government in health and public welfare, which had been preventing the spread of diseases, especially among the economically distressed who were the most susceptible to the ravages of epidemics. Thus, he insisted that under the American occupation, the Philippines led "all other oriental countries in progress made in health and welfare." In the report, he elaborated that the insane were also given ample attention and said that:

> Today the Insular Government operates 80 hospitals having 4,402 beds, and more than 1,000 dispensaries. During the past two years, special attention has been devoted to the care of the insane and the mentally defective. Government facilities for the institutional treatment of insane patients have been doubled and many of the unfortunates who formerly wandered at large or were confined in jails now receive proper care.

Moreover, the governor-general claimed that within mental institutions such as the Insular Psychopathic Hospital, the standard of care had been revised, and administrative methods had been perfected to conform with the best practices in the field. He also disclosed that a school for

the "mentally defective children" was being set up in the nearby welfare village so that they could be "trained, guided, and given the opportunity to become useful citizens" (Murphy, 1937, pp. 14-15).

Murphy's favorable appraisal of the healthcare system in the Philippines was hardly surprising. After all, since the beginning of their occupation of the islands, the Americans had been trying to demonstrate their faithfulness to the promises of benevolent assimilation, first declared by United States president William McKinley in 1898. Conscious of the need to earn the trust and approval of their Filipino subjects, one official even claimed in the early 20th century that the creation of medical establishments, as well as other civic and government centers, should be consistently pursued by American authorities for such edifices "would not fail to impress the public mind" (Parsons, 1908, p. 396).

In reality, however, the situation at the Insular Psychopathic Hospital had become a source of distress in the early 1930s. In fact, by the end of 1934, records show that the number of confined patients at the hospital had already ballooned to 1,376. This, Albert argued, was deeply concerning for it signified another episode of serious overcrowding which, ironically, was the very problem that the hospital was meant to address (1935, p. 39). In a last-minute attempt to ease the congestion in Mandaluyong, the government appropriated 280,000 pesos for the construction of additional buildings at the hospital in December 1934. This was then followed by another 28,000 pesos in October 1935 for its operating expenses. Authorities believed that these allocations would be able to augment the overall capacity of the Insular Psychopathic Hospital to around 1,000 beds in the near future (Act No. 4157, 1934; Act No. 4246, 1935).

When the Commonwealth of the Philippines was inaugurated in 1935, it started to acquire some of the powers and abilities of an independent government. More importantly, it assumed the responsibility of solving the numerous difficulties that plagued the country, such as the lingering congestion at the Insular Psychopathic Hospital. In a message to the National Assembly dated July 9, 1936, Quezon reminded Filipino lawmakers that the care and treatment of the insane was "a fundamental duty of the state." He also reported on the severity of the situation at the asylum in Mandaluyong, revealing that its number of patients had already reached 1,469. Of this total, around 400 could not receive proper care due to the limitations of the hospital and the practical exhaustion of funds. This meant that although the capacity of the hospital had finally increased to 1,000, the facility was still suffering from heavy overpopulation. As a result, the president, fearing that the government might be compelled to close down the

hospital if such inadequacies persisted, beseeched legislators to provide more budget and assistance for the institution. In an earlier message to the same body made in December of the previous year, Quezon conveyed that some 90,000 pesos were needed in 1936 alone to support the hospital's day-to-day operations and expenses (Quezon, 1936 as cited in Quezon, M. III, 2016, pp. 500, 544).

These personal pleas from the president proved to be effective, with Congress passing Commonwealth Act No. 23 (1936) to allocate an additional 85,000 to the health bureau's budget. This amount was to be used exclusively to support the Insular Psychopathic Hospital, specifically for the salary and wages of its personnel, its sundry expenses, and its acquisition of new furniture and equipment. In October, Commonwealth Act No. 67 (1936) was also enacted which provided close to ten million pesos for various projects under the Director of Public Works. Of this amount, 30,000 pesos was given to the hospital to fund the creation of additional quarters for employees and the improvement of the sewer and drainage system.

This pair of much-needed allocations quickly resulted in more favorable conditions at the Insular Psychopathic Hospital, which was renamed the "National Psychopathic Hospital" in the first half of 1936. This budget enabled the government to build two new wards. The additional spaces and facilities led to a significant increase in the overall capacity of the institution, reaching a record of 1,600 beds in December. Osmeña, who was concurrently serving as the vice president and the public instruction secretary, praised these in his inaugural report. He claimed that the care and treatment of the insane, which had historically constituted a serious problem all over the country, had been greatly improved (1937, p. 7). Quezon, in correspondence with United States President Franklin Roosevelt, detailed the public health situation in the Philippines and expressed similar approval and delight over the progress being made in Mandaluyong (1937 as cited in Quezon III, 2016 p. 22).

The status of the hospital was further explicated by the Bureau of Health in a 1936 account prepared for the Intergovernmental Conference of Far-Eastern Countries on Rural Hygiene, a convention organized by the League of Nations at Bandung, Indonesia in August 1937. According to the document, the previous efforts made by the Commonwealth and the earlier American colonial government turned the National Psychopathic Hospital into a one-of-a-kind medical institution, boasting a staff of "specialists in mental and nervous diseases with extensive psychiatric training in noted institutions abroad" (Bureau of Health, 1937, p. 26). However, government data shows that the hospital was obligated to accommodate 2,021 patients by the end of the

year. This figure implied that the Insular Psychopathic Hospital was still overpopulated by more than 400 and that the situation within its premises was still far from ideal (Hernando, 1937, p. 28).

In his keynote address at the 1939 annual convention of the Philippine Islands Medical Association in Baguio City, Quezon proudly proclaimed that public health had been receiving constant and careful attention from the Commonwealth since its inauguration in 1935. He also shared that the National Assembly had been deliberating on several bills that would help allocate the necessary budget to sustain government efforts in improving healthcare facilities (Quezon, 1939 as cited in Quezon III, 2016, p. 363).

The planning for these appropriations was driven by the transfer of revenues from the United States, generated through the levying of excise taxes on Philippine coconut oil. As described by former vice-governor and renowned academic Joseph R. Hayden, "once the golden flood of coconut oil money was released," public spending on health and other social services was arranged to be expanded at a rate previously unknown (Hayden, 1944, p. 669). A hefty sum of 1,500,000 pesos was particularly reserved for the erection of more buildings at the National Psychopathic Hospital. As envisioned by the Bureau of Health, the future wards and facilities in these buildings would be able to cater to an additional 1,000 patients (Murillo, 1944, p. 198; Hayden, 1947, p. 671).

Records, nevertheless, imply that the amount mentioned was not expended immediately. In fact, according to the American High Commissioner, the number of beds at the National Psychopathic Hospital by October 1940 stood at 1,600, indicating a regretful stagnation throughout the last four years (Sayre, 1943, p. 43). It was only in early 1941 that actual construction work resumed in Mandaluyong. This led to a slight increase of 200 in the hospital's capacity, bringing the total to 1,800 by the end of the year (Salcedo, 1944, p. 16). This promising expansion project at the National Psychopathic Hospital was meant to continue in 1942 and was projected to solve the chronic congestion that had been overwhelming the institution. Work at the site, however, halted in December when the war finally came to the Pacific.

The Hospital during the War Years

Following the destruction at Pearl Harbor on December 7, 1941, Roosevelt spoke before the United States Congress and famously called the assault "a date which will live in infamy" (National Archives, 2022). In the same speech, the president declared war on Japan. The Philippines, which was legally bound to remain an American territory until 1946, was consequently drawn into the conflict.

In the next several hours, the Japanese started their operations in Southeast Asia. Several air raids were launched on American bases in the Philippines, such as the Clark Field in Pampanga and a smaller fighter base in Zambales. These were then followed by landings in Aparri, Lingayen, and other coastal areas. Hopes of Filipino and American victory grew thinner as the Japanese knifed their way to Manila from the north and south, which forced the Commonwealth, the American High Commissioner, and the United States Army Forces in the Far East (USAFFE) to maneuver an escape to Corregidor on December 24. When it became clear to authorities, like Field Marshall Douglas MacArthur, that Manila would inevitably fall into the hands of the Japanese, the capital was declared an open city on December 26 to avoid civilian suffering and the destruction of both public and private property. Then, on New Year's Day of 1942, as part of the Commonwealth's eleventh-hour emergency measures, the cities of Manila and Quezon City, along with several surrounding towns, were merged into a single entity to create the city of Greater Manila. This also included Mandaluyong where the National Psychopathic Hospital was located. Practically unopposed due to the withdrawal of Filipino and American forces, the Japanese captured the city on January 2, 1942 (Sayre, 1943, p. 22; Agoncillo, 2001, p. 108; Executive Order No. 400, 1942).

Amidst the confusion created by the arrival of invaders, the National Psychopathic Hospital was one of the few medical establishments in the capital that continued to function throughout the Japanese period. During those years, the hospital accommodated a more varied clientele due to the prevalence of diseases such as malaria, cholera, dysentery, and malnutrition among the people. Studies show that in 1942, the hospital housed more than 3,000 individuals. The number of insane patients among them, however, would be difficult to ascertain (Lee et al., 2016, p. 243). More importantly, the institution, along with the Philippine General Hospital, the Philippine Tuberculosis Hospital, and the San Lazaro Hospital, was also designated to absorb and treat American and Filipino soldiers when necessary. These soldiers came from different internment camps, including those at the University of Santo Tomas in Manila and University of the Philippines College of Agriculture in Los Baños, Laguna (Stevens, 1946, p. 55).

After the dissolution of the USAFFE, resistance to Japanese rule shifted to unconventional fighting methods such as ambushes, hit and runs, and sabotage, collectively and more popularly known as guerrilla warfare. For medical care, most guerrilla groups depended upon the aid of sympathetic civilians. A hospital might mean an abandoned house or grove of trees where a local doctor or nurse would secretly attend to them. The personnel at the National Psychopathic Hospital

provided such clandestine medical treatment to the guerillas who came to the institution's doors. They also gave the resistance leaders critical supplies such as quinine for malaria and other medicines (Condon-Rall and Cowdrey, 1998, pp. 353-354).

After two years of operating in exile in the United States, the Commonwealth returned in October 1944. Osmeña, who had succeeded Quezon upon his death in August, landed in Leyte with MacArthur (McNutt, 1947, p. 5). The liberation forces had successfully reached Lingayen in January of the following year and moved effortlessly toward the provinces of Tarlac, Pampanga, and Bulacan, before reaching the outskirts of the capital. Then, on February 3, American forces entered Manila and liberated more than 3,000 internees at the University of Santo Tomas.

Anticipating defeat, the Japanese retreated to the walled Intramuros and fought more intensely. They systematically set parts of the city, in some cases entire districts, on fire and committed random attacks and mass murders against civilians. This episode of the war, often called the Manila Massacre, led to the death of thousands of the city's inhabitants (Agoncillo, 2001, pp. 817-818).

Many victims who somehow managed to survive were sent to hospitals such as the National Psychopathic Hospital for treatment. These included Mrs. Agido Upson, who "had been bayoneted in the breasts," as well as Ms. Genoveva Poson and Ms. Felisa Remo, who were brutally shot and impaled by Japanese soldiers. Also among them was Ms. Asuncion Marvas, who, alongside her family and some 500 other individuals, was taken to the German Club in San Marcelino Street, which the Japanese later burned down, killing hundreds. When Marvas attempted to leave the building, she was "stabbed in her buttocks" while lying face down and was bayoneted repeatedly by the guards. She eventually succumbed to her injuries while confined in Mandaluyong (Bosworth, 1945). Japanese soldiers also committed mistreatment and killings within the premises of the National Psychopathic Hospital itself during the Battle of Manila. Later investigations revealed that more than twenty unarmed and non-combatant civilians were summarily executed, while a "civilian female doctor" was sexually abused and murdered from 06 to 08 February (Whitney, 1949, pp. 7-8).

After the liberation of Manila, authorities began to realize the massive destruction and loss of lives that the fierce urban battle had wreaked. In total, around 11,000 of the capital's buildings were leveled which left 200,000 Filipinos homeless. More importantly, over 100,000 lives were unfortunately lost in less than a month, an estimated ten percent of Manila's pre-war population (Glenn, 2023, pp. 22-23; Quezon

III, 2007).

By 1945, the dire situation at the National Psychopathic Hospital was described by its clinical director, Dr. Jose Fernandez, in the two letters he sent to the American Psychiatric Association immediately after the war's conclusion. In these correspondences, Fernandez, who had received psychiatric training at the Harvard Medical School and the Boston Psychopathic Hospital in the 1920s as a government scholar, appealed to the organization for help. He explained that the hospital "was left by the Japanese with but the buildings and 300 out of 3300 patients." During the war years, he added:

> Two-thirds of our hospital was occupied by the Japanese, and they took everything the hospital had, beds, clothes, laboratory equipment, instruments, etc. When the Americans liberated us last February 9, 1945, the Japanese destroyed our library, killed patients and employees, and burned buildings, including our homes. Manila is a heap of ruins and a graveyard.

As a consequence, the institution had no medicine or provisions, and its doctors, patients, and personnel, including Fernandez himself and his family, had been suffering from extreme destitution. And given the immense devastation in the capital and elsewhere in the Philippines, he explained that the government could not yet attend to their needs, causing the hospital staff to resort to individual initiatives. The renowned American psychiatrist Karl Bowman, who supervised Fernandez in Boston, responded by sending a small check and some books and encouraging his American colleagues to follow suit and contribute to the restoration of the National Psychopathic Hospital (J. Fernandez, personal communications, 1945).

Conclusion

This study surveyed the early history of the National Center for Mental Health, which opened in 1928 as the Insular Psychopathic Hospital before being renamed the National Psychopathic Hospital in 1936. Specifically, this paper explains the hospital's inception in the latter half of the 1920s and its growth through the 1930s, a period marked by the various efforts to improve it under the American and later the Commonwealth government. The discussion ends in 1945 when the hospital survived the Second World War. From the resulting narrative, a number of observations may be inferred.

Firstly, sources indicate that the establishment of the Insular Psychopathic Hospital, initiated in December 1925 through Act No. 3258, though conceptualized much earlier, was a direct response by

American authorities to the deteriorating conditions at its predecessor, the Insane Department. As discussed, this older asylum at the San Lazaro Hospital had become severely overcrowded by the mid 1920s. This resulted in an unacceptable quality of life and deficient treatment regimen for patients. Although equipped to handle a maximum of 500 patients, the Insane Department took care of more than 600 individuals with mental illnesses by December 1926. Notably, these very issues had previously prompted the creation of the Insane Department in 1904 as a replacement for the Hospicio de San Jose, which had been in operation since the 19th century.

Confronted once again by the same dismal circumstances, officials called for the creation of a more suitable asylum for the Philippines as early as 1923, which eventually led to the inauguration of the Insular Psychopathic Hospital. Efforts in the 1930s, mostly through budgetary allocations, were then directed toward developing this hospital in Mandaluyong, enabling it to have 1,600 beds by the end of 1936. Despite this significant expansion from its original capacity of just 400, the hospital still suffered from overpopulation by the late 1930s, and conditions barely improved in the following decade due to the impact of the Second World War. Following the liberation of the Philippines from the Japanese occupation in 1945, the National Psychopathic Hospital, like many institutions in Manila, was left in a deplorable state.

Secondly, the narrative highlights the prevalence of financial issues which, in the long run, impeded the proper development of the Insular Psychopathic Hospital. While key officials, including Governors-General Wood and Gilmore, incessantly acknowledged and accentuated the importance of having an adequate mental facility, the growth of the hospital was contingent on and often constrained by insufficient government appropriations. Similar to the preceding decades, the process of decision-making pertinent to the care of the insane was greatly influenced by monetary considerations. It can be recalled, for example, that the policy of maintaining a single central institution was formulated to potentially minimize government expenses. Instead of creating regional asylums, authorities deemed it more practicable to concentrate all resources and manpower within one hospital. Moreover, significant budgetary allotment was intermittent and provided only when conditions had become critical. In December 1934, for example, the government allocated 280,000 pesos for the hospital after it was compelled to house 1,376 patients against a bed capacity of 800. The next major appropriation worth 1,500,000 pesos was made available in 1941, only after more funds were generated through the coconut oil excise tax. This resulted in the stagnation of the hospital for at least four years. This suggests a general attitude of indifference regarding mental health care among authorities, who

were preoccupied with other public health issues such as cholera and malaria. More importantly, these observations exhibit the ultimate failure of government efforts to transform the Insular Psychopathic Hospital into a modern psychiatric facility.

Nevertheless, it must be noted that these difficulties at the Insular Psychopathic Hospital and its predecessors were hardly unique to the Philippines. Rather, they reflected a broader trend of mental institutions experiencing decline and deterioration, which began in the late 19th century. After decades of struggling to manage an ever-growing number of insane patients, hospital administrators conceded that the maintenance of large asylums was an exceptionally challenging and expensive undertaking. For example, in Spain, considered by some as the birthplace of mental asylums, a supposed "model mental hospital" called the Santa Isabel Madhouse suffered from overcrowding, appalling sanitary conditions, and subpar medical treatment in the closing years of the 1800s due to the lack of state investment (Villasante, 2003). Large asylums in Asia, particularly those in colonial territories such as Burma, Indonesia, and India, had the same fate in the late 19th and early 20th century, which resulted in custodial rather than medical care for the mentally ill. The violence of the Second World War exacerbated their conditions and only led to an increased demand for psychiatric care (Saha, 2013; Pols, 2006; Mills, 2001).

Thus, by the 1950s, mental health professionals began to reevaluate the effectiveness of asylums, indicating a significant shift toward a more community-based approach to treating mental health problems. The once overcrowded and dilapidated asylums were soon closed or downsized, while patients were allowed to recover and manage their illnesses with their families and communities in less institutionalized settings. This shift was greatly aided by the development of potent psychiatric drugs. These advancements in psychiatry are now known as "deinstitutionalization" (Fakhoury and Priebe, 2007).

Today, the principle of deinstitutionalization is firmly enshrined in the Philippines' Mental Health Act. The act advocates for the transition of mental health care from "institutional and other segregated settings" to "community-based settings" as a way to enable social participation and individualized care for patients. Despite the shift, the National Center for Mental Health remains an integral component of the country's overall mental health strategy, functioning as a premier research and training center. More importantly, the hospital still houses a significant number of mental health patients, showing a sustained reliance on institutional care in the Philippines.

Unfortunately, the historical problems identified in this study

continue to debilitate the hospital. In fact, the National Center for Mental Health made national headlines in 2023 due to the cramped and unsanitary conditions in some of its wards. Reports indicated that Pavilion 4, which has 300 beds, was forced to house 600 patients, while Pavilion 8 "smelled of feces and urine, which was made more awful by the stink of garbage outside." This urged a legislator in the upper house to file a resolution directing the health committee of the Senate to investigate the matter. Earlier in 2020, at the height of the COVID-19 pandemic, another lawmaker expressed deep concern over the "alarmingly low" budget allocation for mental health-related medication in the country which, when expressed in per capita, would be equal to just 23 pesos for each Filipino (Cabico, 2023; Senate Resolution No. 562, 2023; Ramos, 2020). Thus, a clear and persistent pattern emerges. In the history of mental health institutions in the Philippines, chronic overcrowding, insufficient facilities, and weak state budgetary support remain consistent. This tells us, too, that while improvements are already being made, the country is still far from achieving an effective, humane, and accessible mental health care system.

Bionote

Francis Justine M. Malban is an assistant professor at the University of the Philippines (UP) Department of History, where he also obtained his BA and MA in history. He researches on the history of science, medicine, and colonialism in the Philippines, with particular focus on mental health during the American period. In 2020, he received the Young Historian's Prize from the National Commission for Culture and the Arts. His email address is fmmalban@up.edu.ph.

References

Primary Sources

Aguilar, E. (1930). *Report of the Philippine Health Service for the fiscal year from January 1 to December 31, 1928* (Vol. 1). Manila: Bureau of Printing.

Albert, A. (1931). Report of the Secretary of Public Instruction. In *Annual Report of the Governor General of the Philippine Islands 1929.* Washington: United States Government Printing Office.

Albert, A. (1932). Report of the Secretary of Public Instruction. In *Annual Report of the Governor General of the Philippine Islands 1930.* Washington: United States Government Printing Office.

Albert, A. (1935). Report of the Secretary of Public Instruction. In *Annual Report of the Governor General of the Philippine Islands 1933.* Washington: United States Government Printing Office.

An Act Appropriating an Additional Sum Of Eighty Four Thousand Nine Hundred Eighty Nine Pesos for the Expenses of the Bureau Of Health for the Operation and Maintenance of the National Psychopathic Hospital during the Period from August First to December Thirty First, Nineteen Hundred And Thirty Six, Subject to Certain Exceptions, Including Salaries of Personnel, Sundry Expenses, Furniture And Equipment, and the Improvement of the Service in the Institution, Commonwealth Act. No. 23 (Aug. 23, 1936) (Phil.).

An Act Appropriating for Public Works, Act No. 3258 (Dec. 09, 1925) (Phil.).

An Act Appropriating Funds for the Necessary Expenses of the Government of the Philippine Islands during the Fiscal Year Ending December Thirty-First, Nineteen Hundred and Twenty Nine, and for Other Purposes, Act No. 3459 (Dec. 07, 1928) (Phil.).

An Act Appropriating Two Hundred and Eighty Thousand for the Construction of Additional Buildings in the Insular Psychopathic Hospital at Mandaluyong, Province of Rizal, and for Other Purposes, Act No. 4157 (Dec. 01, 1934) (Phil.).

An Act Changing the Name of the Municipality of San Felipe Neri, in the Province of Rizal, to Mandaluyong, Act No. 3836 (Nov. 06, 1931) (Phil.).

An Act Consisting an Administrative Code, Act No. 2657 (Dec. 31, 1916) (Phil.).

An Act Establishing a National Mental Health Policy for the Purpose of Enhancing the Delivery of Integrated Mental Health Services, Promoting and Protecting the Rights of Persons Utilizing Psychosocial Health Services, Appropriating Funds Thereof and Other Purposes (Mental Health Act), Republic Act No. 11036 (Jul. 24, 2017) (Phil.).

An Act Making Appropriations for Public Works, Act No. 2736 (Feb. 15, 1918) (Phil.).

An Act Making Appropriations for Public Works, Commonwealth Act No. 67 (Oct. 23, 1936) (Phil.).

An Act Making Appropriations for Public Works and Permanent Improvements, Act. 2704 (Mar. 10, 1917) (Phil.).

An Act Providing for the Confinement of Insane Persons in Government Hospitals or other Institutions for the Insane, Act No. 2122 (Feb. 01, 1912) (Phil.).

An Act Providing for the Operation and Maintenance of Additional Wards and for the Improvement of the Services of the Present Wards of the Insular Psychopathic Hospital at Mandaluyong,

Rizal, Appropriating Funds Therefor, and for Other Purposes, Act No. 4246 (Oct. 28, 1935) (Phil.).

An Act to Appropriate the Sum of One Hundred and Fifty Thousand Pesos for Charitable Purposes, Act No. 2671 (Jan. 09, 1917) (Phil.).

Bosworth, R. (1945). Report of investigation of alleged atrocities by members of the Japanese Imperial Forces in Manila and other parts of Luzon, Philippine Islands. https://corregidor.org/refdoc/Reference_Reading/IG_Report/Inspector-Generals-Report-on-The-Manila-Atrocities---6-April-1945/2/index.html

Bureau of Health of the Philippines. (1937). *Intergovernmental conference of Far-Eastern countries on rural hygiene (Preparatory papers: Report of the Philippines).* Geneva: League of Nations.

Carter. E. (1905). *Annual report of the Commissioner of Public Health covering the period from September 1, 1903 to August 31, 1904.* Manila: Bureau of Public Printing.

Carter. E. (1906). Report of the Commissioner of Public Health, September 1, 1904 to August 31, 1905. In *Sixth Annual Report of the Philippine Commission, 1905 Part 2.* Washington: Government Printing Office.

Davis, D. (1931). Message of the Governor General to the Eighth Philippine Legislature. In *Annual Report of the Governor General of the Philippine Islands 1929.* Washington: United States Government Printing Office.

Davis, D. (1932). *Annual report of the Governor General of the Philippine Islands, 1931.* Washington: United States Government Printing Office.

De Jesus, V. (1921). *Report of the Philippine Health Service for the fiscal year from January 1 to December 31, 1920.* Manila: Bureau of Printing.

De Jesus, V. (1922). *Report of the Philippine Health Service for the fiscal year from January 1 to December 31, 1921.* Mania: Bureau of Printing.

De Jesus, V. (1923). *Report of the Philippine Health Service for the fiscal year from January 1 to December 31, 1922.* Manila: Bureau of Printing.

Domingo, E. (1921). The care of the insane. In *Monthly Bulletin of the Philippine Health Service* (Vol. 1, No. 2). Manila: Bureau of Printing.

Domingo, E. (1925). Proposed insane asylum. In *Monthly Bulletin of the Philippine Health Service* (Vol. 5, No. 3). Manila: Bureau of Printing.

Executive Order Creating the City of Greater Manila, Executive Order No. 400 (Jan. 01, 1942) (Phil.).

Fajardo, J. (1926). *Report of the Philippine Health Service for the fiscal year from January 1 to December 31, 1925.* Manila: Bureau of Printing.

Fajardo, J. (1929). *Report of the Philippine Health Service for the fiscal year from January 1 to December 31, 1927.* Manila: Bureau of Printing.

Fernandez, J. (1945a). Letters to the American Psychiatric Association. *American Journal of Psychiatry 101*(6), 828.

Fernandez, J. (1945b). Letters to the American Psychiatric Association. *American Journal of Psychiatry 102*(1), 128.

Gilmore, A. (1926). Report of the Secretary of Public Instruction. In *Annual Report of the Governor General of the Philippine Islands, 1924.* Washington: Government Printing Office.

Gilmore, A. (1928a). *Annual report of the Governor General of the Philippine Islands, 1927.* Washington: Government Printing Office.

Gilmore, A. (1928b). Message of the Acting Governor General Eugene A. Gilmore to the Seventh Philippine Legislature. Delivered July 16, 1927, at the opening of the Third Session. In *Annual Report of the Governor General of the Philippine Islands, 1927.* Washington: Government Printing Office.

Gilmore, A. (1928c). Report of the Secretary of Public Instruction. In *Annual Report of the Governor General of the Philippine Islands, 1926.* Washington: Government Printing Office.

Gilmore, A. (1930). Report of the Secretary of Public Instruction. In *Annual Report of the Governor General of the Philippine Islands, 1928.* Washington: Government Printing Office.

Heiser, V. (1907). *Annual report of the Bureau of Health for the Philippine Islands for the fiscal year ended June 30, 1907.* Manila: Bureau of Printing.

Heiser, V. (1908). *Annual report of the Bureau of Health for the Philippine Islands, July 1, 1907 to June 30, 1908.* Manila: Bureau of Printing.

Hernandez, E. (1937). *Annual report of the Bureau of Health for the Fiscal Year Ended December 31, 1936.* Manila: Bureau of Printing.

Laurel, J. (1924). Report of the Secretary of Interior. In *Annual Report of the Governor General of the Philippine Islands, 1922.* Washington: Government Printing Office.

Marshall, T. (1905). Report of the Chief Health Inspector of the Philippine Islands. In *Fifth Annual Report of the Philippine Commission Part 2.* Washington: Government Printing Office.

Murphy, F. (1937). *Annual report of the Governor General of the Philippine Islands 1935.* Washington: United States Government

Printing Office.

Osmeña, S. (1937). *Annual report of the Secretary of Public Instruction to his Excellency the President of the Philippines for the year ending December 31, 1936.* Manila: Bureau of Printing.

Palma, R. (1920). Report of the Secretary of the Interior. In *Report of the Governor General of the Philippine Islands to the Secretary of the War, 1919.* Washington: Government Printing Office.

Parsons, W. (1908). Report of the Consulting Architect. In *Report of the Philippine Commission to the Secretary of War, 1907 Part 2.* Washington: Government Printing Office.

Philippine Commission (1901). *Report of the Philippine Commission to the President*. Washington: Government Printing Office.

Philippine Health Service. (1931). Philippine Health Service statistical tables. In *Annual Report of the Governor General of the Philippine Islands 1929.* Washington: United States Government Printing Office.

Philippine Health Service. (1932). Philippine Health Service statistical tables. In *Annual Report of the Governor General of the Philippine Islands 1931.* Washington: United States Government Printing Office.

Philippine Health Service. (1934). Philippine Health Service statistical tables. In *Annual Report of the Governor General of the Philippine Islands 1932.* Washington: United States Government Printing Office.

Quezon, M. (1935). Message of the President of the Republic of the Philippines to the First National Assembly on Public Calamities Fund. In Quezon III, M. (Ed.), *Messages of the President Book 3: Manuel L. Quezon Volume 3 (Historical Documents and Papers)* Manila: Presidential Communications Development and Strategic Planning Office, 2016.

Quezon, M. (1936). Message of his excellency Manuel L. Quezon, President of the Philippines, to the First National Assembly on the funds for the Insular Psychopathic Hospital, July 9, 1936. In Quezon III, M. (Ed.), *Messages of the President Book 3: Manuel L. Quezon Volume 3 (Historical Documents and Papers).* Manila: Presidential Communications Development and Strategic Planning Office, 2016.

Quezon, M. (1937). *First Annual Report of the President of the Philippines to the President of the United States.* Washington: United States Government Printing Office. *Messages of the President Book 3: Manuel L. Quezon Volume 3 (Historical Documents and Papers),* Quezon III, M. (ed). Manila: Presidential Communications

Development and Strategic Planning Office, 2016.

Quezon, M. (1939). Address of His Excellency Manuel L. Quezon President of the Philippines on the Medical Profession and Public Health Activities in the Philippines. In Quezon III, M. (Ed.), *Messages of the President Book 3: Manuel L. Quezon Volume 3 (Historical Documents and Papers).* Manila: Presidential Communications Development and Strategic Planning Office, 2016.

Resolution Directing the Senate Committee on Health to Conduct an Inquiry in Aid of Legislation on the Condition of the Facilities in the National Center for Mental Health to Support Patients' Recovery with an End in View Ensuring that Patients Receive Proper Care and Holding those Responsible Accountable, Senate Resolution No. 562 (Mar. 28, 2023) (Phil.).

Salcedo, J. (1944). *Program and estimated requirements for welfare services in the Philippines: Report of the Technical Committee to the President of the Philippines*. Washington: Philippine Commonwealth Government.

Sayre, F. (1943). *Sixth annual report of the United States High Commissioner to the Philippine Islands.* Washington: United States Government Printing Office.

Stevens, F. (1946). *Santo Tomas internment camp, 1942-145, with a foreword by General Douglas MacArthur.* New York: Stratford House Inc.

Stimson, H. (1930). *Annual report of the Governor General of the Philippine Islands, 1928.* Washington: Government Printing Office.

United States Bureau of Census. (1905). *Census of the Philippine Islands Vol. 3, 1903: Mortality, defective classes, education, families, and dwellings.* Washington: United States Bureau of Census.

Whitney, C. (1949). *The case of General Yamashita* [Memorandum]. Library of Congress. https://tile.loc.gov/storage-services/service/ll/llmlp/Yamashita/Yamashita.pdf.

Wilkinson, H. (1906). Report of the physician in charge of San Lazaro Hospitals. In *Sixth Annual Report of the Philippine Commission 1905, Part 2.* Washington: Government Printing Office.

Wood, L. (1922). *Report of the Governor General of the Philippine Islands for the fiscal year ended December 31, 1921.* Washington: Government Printing Office.

Wood, L. (1924). *Annual report of the Governor General of the Philippine Islands, 1922.* Washington: Government Printing Office.

Wood, L. (1925). *Annual report of the Governor General of the Philippine*

Islands, 1923. Washington: Government Printing Office.

Worcester, D. (1904). Report of the Secretary of the Interior. In *Fourth Annual Report of the Philippine Commission Part 2.* Washington: Government Printing Office.

Worcester, D. (1906). Report of the Secretary of the Interior. In *Sixth Annual Report of the Philippine Commission 1905, Part 2.* Washington: Government Printing Office.

Secondary Sources

Agoncillo, T. (2001). *The Fateful Years: Japan's Adventure in the Philippines, 1941-1945* (Vol.1 , 2nd ed.). Quezon City: University of the Philippines Press.

Alibudbud, R. (2023). Towards transforming the mental health services of the Philippines. *The Lancet Regional Health: Western Pacific, 39*, 1-2. DOI: 10.1016/j.lanwpc.2023.100935

Benitez, C. (1930). "Position of the Philippines in the Pacific comity. *Pacific Affairs, 3*(1), 70-91. DOI: 10.2307/2750428

Cabico, G. (2023, 04 April). DOH says agency working to improve MCMH situation. *Philippine Star. https://www.philstar.com/headlines/2023/04/04/2256852/doh-says-agency-working-improve-ncmh-situation*

Camagay, M. (1988). The Hospicio de San Jose: Institutional care for mental patients. *Philippine Studies 36* (3), 365-371. DOI: 10.13185/2244-1638.1328

Condon-Rall, M. and Cowdrey, A. (1998). *The medical department: Medical service in the war against Japan*. Washington, D.C.: Center of Military History, United States Army.

Cruz, M. (2023, October 9). Group warns of gov't of rising mental health epidemic in PH. *Manila Standard.* https://manilastandard.net/?p=314378468

Dalby, J. (1993). Terms of madness: Historical linguistics. *Comprehensive Psychiatry, 34*(6), 392-295. DOI: 10.1016/0010-440X(93)90063-A

Fakhoury, W. and Priebe, S. (2007). Deinstitutionalization and reinstitutionalization: Major changes in the provision for mental health care. *Psychiatry, 6*(8), 313-316. DOI: 10.1016/j.mppsy.2007.05.008

Glenn, R. (2023). Urban disaster wrought by man: The Battle for Manila, 1945. *Journal of Strategic Security, 16*(3), 17-29. DOI: 10.5038/1944-0472.16.3.2103

Guillerme, T. (2015, 20 December). NCMH now a national historical landmark. *National Center for Mental Health. https://www.ncmh.gov.*

ph/index.php/news/18-ncmh-now-a-national-historical-landmark

Hayden, J. (1947). *The Philippines: A Study in national development*. New York: The Macmillan Company.

Hayes, R. et al. (1994). Mental health and the law: An introduction. *International Journal of Mental Health, 22*(4), 3-21. DOI: 10.1080/00207411.1993.11449265

Lally, J., Boerma, B., and Ovadia, F. (2019) Mental health legislation in the Philippines: Philippine Mental Health Act. *BJPsych International, 16*(3), 62-64. DOI: 10.1192/bji.2018.33

Lalu, G. (2021, October 11). Legarda wants stronger Mental Health Care Act implementation amid rising suicide rates. *INQUIRER.net. https://newsinfo.inquirer.net/1500412/legarda-wants-stronger-mental-health-care-act-implementation-amid-rising-suicide-rates*

Mills, J. (2001). The history of modern psychiatry in India, 1858-1947. *History of Psychiatry, 12*(48), 431-458. DOI: 10.1177/0957154X0101204803

Mina, W. (2023). Navigating the stream: Empowering Filipinos in their mental health journey. *Acta Medica Philippina, 58*(19), 5-6.

Murillo, A. (1944). Public welfare services in the Philippines, 1898-1941. *Social Service Review, 18*(2), 189-204.

National Archives (2022). *FDR's "Day of Infamy" Speech.* National Archives. https://www.archives.gov/publications/prologue/2001/winter/crafting-day-of-infamy-speech.html.

Planta, M. (2008). *Prerequisites to a civilized Life: The American colonial public health system in the Philippines, 1901 to 1927* [Doctoral dissertation, National University of Singapore].

Quezon, M. III. (2013). *Philippine electoral almanac.* Manila: Presidential Communications Development and Strategic Planning Office.

Quezon, M. III. (2007, 07 February). The Warsaw of Asia: How Manila was flattened in WWII. *Arab News.* https://www.arabnews.com/node/294149

Pols, H. (2006). The development of psychiatry in Indonesia: From colonial to modern times. *International Review of Psychiatry, 18*(4), 363-370. DOI: 10.1080/09540260600775421

Ramos, C. (2020, 29 October). Hontiveros flags P23 allocation per Filipino in need of mental health drugs. *Inquirer.Net.* https://newsinfo.inquirer.net/1353927/hontiveros-flags-p23-allocation-per-filipino-in-need-of-mental-health-drugs#ixzz7xzC17A11

Rebong, M. (2020). The medicalization of disability during the American colonial period. *Historical Bulletin, 54*, 79-106.

Saha, J. (2013). Madness and the making of a colonial order in Burma. *Modern Asian Studies, 47*(2), 406-435. DOI: 10.1017/S0026749X11000400

Tighe, J. (2005). "What's in a name?": A brief foray into the history of insanity in England and the United States. *The Journal of the American Academy of Psychiatry and the Law, 33* (2), 252-258.

Villasante, O. (2003). The unfulfilled project of the model mental hospital in Spain: Fifty Years of the Santa Isabel Madhouse, Leganes (1851-1900). *History of Psychiatry, 14*(1), 3-23. DOI: doi.org/10.1177/0957154X03014001001