

**“Intelligent Motherhood” :  
Maternal Care and Education at a Mission Hospital  
in the Philippines, 1906-1940**

(「知性ある母性」——フィリピンのプロテスタント系  
ミッション病院における母親教育、1906-1940年)

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**Figure 1:** “Johnston Memorial Hospital Staff,” undated. Courtesy of the General Commission on Archives and History, United Methodist Church.

The seven women posed for the photograph in order of height, instead of rank (Figure 1).<sup>1</sup> The first four had on aprons, denoting that they were on duty in the wards; they and two others wore their nurse’s caps. One woman—the hospital physician—remained bare-headed. They formed an all-female team, Filipina and American, staffing a hospital for women and children in Manila:

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Johnston Memorial, a mission hospital founded in 1906 and supported primarily by Methodist women in the United States. The crisp whiteness of their uniforms signaled their commitment to cleanliness, purity, the spotless hygiene of modern medicine. The photograph acknowledges how, in this interlaced work of evangelism and medicine, Filipina women had a vital role. While American women missionaries “planted” the institution, Filipina women carried forward its work. As Bible women and Deaconesses, they spread the Christian gospel through the wards. As nurses, and occasionally as physicians, they enacted the companion gospel of healing, through the means of Western medicine.

Filipina women became indispensable partners in Protestant American women’s mission work at the Mary Johnston Memorial Hospital, as they did at other missionary women’s institutions in the archipelago. Filipinas and Filipinos were primarily objects of care, patients who received medical and religious evangelization at the hospital. But by converting to Protestantism *and* training as medical professionals, some Filipina women gained access to positions of authority. They came to be crucial to the mission hospital’s purpose, not simply as recipients of American expertise, but as the agents who would carry both religious and scientific evangelization forward. They proved especially important to the goal of encouraging what the mission termed “intelligent motherhood” in the Philippines. Putting them in the picture frame means recognizing their place in mission history, the history of medicine, and the history of empire, as scholars have only recently begun to do.<sup>2</sup>

### **A Women’s Mission Hospital in Manila**

Nineteenth-century missionaries ascribed to an ethos they called “woman’s work for woman”: they believed women had a special role to play within foreign mission fields, by reaching out to women in societies that separated the sexes. Health care fit neatly into this concept. Gynecology and obstetrics, especially, tended to be managed exclusively by women; often, men did not attend childbirth, for example. In other societies, respectable women were expected to live in seclusion from men outside the family, making female missionaries indispensable for communicating with those women.<sup>3</sup> Although

this was not the case in the Philippines, American missionary women still saw value in pursuing separate forms of ministry there. Idealized concepts of “sisterhood” encouraged American women to see their gender as a connection to other women, across cultural and racial divides.

The institution at the forefront of women’s medical missionary work in the Philippines was the Mary J. Johnston Hospital (MJJH), supported mainly by the Methodist Women’s Foreign Mission Society (WFMS).<sup>4</sup> (Figure 2: Mary J. Johnston Hospital) The WFMS built and supported a hospital in Manila precisely in hopes of bringing modern gynecology and obstetrics to the urban poor in the new U.S. possession of the Philippines. American colonial officials were most concerned with infectious diseases, from



**Figure 2:** “Mary J. Johnston Hospital, Manila.” Courtesy of the General Commission on Archives and History, United Methodist Church.

tuberculosis to cholera to hook-worm, but the WFMS was responding instead to the high rates of infant and child mortality reported in the Philippines—manifest in what Bishop Homer Stunz described as “a daily procession of small white coffins.”<sup>5</sup> Reflecting on their own experience as mothers, they voted to send a medical missionary to halt this heart-rending spectacle. Their emissary, Dr. Rebecca Parrish, first worked out of a single room in the Harris Memorial Deaconess Training School.<sup>6</sup> The Harris School assigned three of its students to assist Parrish in the tiny clinic she named the Bethany Dispensary. Its sparse initial resources —“one chair with a crooked front leg, a desk, a blue enamel basin, and a pitcher”—became legendary.<sup>7</sup> But within two years, Parrish succeeded in raising sufficient funds, locally and through the WFMS, to build a complete hospital.

The location of the Mary J. Johnston Hospital in the Tondo district evidenced its purpose: to serve the poorest and neediest of Manila. Its narrow streets, dirt roads, “swampy ground,” and structures of bamboo and nipa struck Americans as both “strikingly native” in character and alarmingly unsanitary. It was the most crowded and impoverished part of the city, with a population of around 63,000.<sup>8</sup> Tondo had a busy harbor, a national and international port, and a lively market and entertainment sector, including such modern elements as a vaudeville/motion picture house. Though Tondo had been a significant site in the Filipino revolution against Spain, Catholicism remained a strong presence there. The bells of the Catholic Santo Niño de Tondo Church marked the day’s rhythms. Every January, a Catholic *fiesta* dominated the life of the community; its famous procession honored the church’s icon of the Infant Jesus, brought from Mexico in 1572.<sup>9</sup>

The hospital’s dispensary was open to patients free of charge. But the hospital itself was meant “for women and children, only” (that is, “not for men,” as Parrish explicitly stated in her account of the hospital’s history).<sup>10</sup> Only two occasions arose when the MJJH relented and accepted male patients: the cholera epidemic in 1908 and, some time later, a typhoon, when they provided beds for about 50 sailors whose boat overturned.<sup>11</sup> At MJJH, missionary women physicians and nurses did not merely replicate the colonial state’s preoccupation with tropical disease or public hygiene. Nor did they focus on venereal disease, a colonial concern shared by American women reformers and anti-imperialists.<sup>12</sup> MJJH intended to be a maternity hospital, an institutionalization of woman’s work for woman, reflecting the

gendered ideology of the women's missionary movement that funded it. Such a focus on obstetrics would make it distinct from other mission, and secular, hospitals.<sup>13</sup> Its annual reports insisted that obstetrics was the most important work in the Philippines.<sup>14</sup> Obstetrics would enable "the building up of Filipino family life, and physical health for a new nation," as well as "building up motherhood" itself.<sup>15</sup>

Annual reports expressed great pride in how the geographic reach of the maternity hospital increased over time. The hospital expanded steadily, serving not only Manila but attracting patients from points far to the north and south of the archipelago.<sup>16</sup> Over time, it added a maternity ward, nursery, anaesthesia room, and growing dormitory space for its nurses, all despite a "disastrous fire" (1911) and economic challenges during World War I.<sup>17</sup> By emphasizing service to the poor, obstetrics, and child care, this hospital hoped to bring both the Gospel of Christ and "the Gospel of health" to the next generation of Filipino people.

To these ends, they integrated evangelism with hospital work in pragmatic ways. Medical missionaries were simultaneously religious and medical authorities. The work of "alleviat[ing] suffering" bore witness to their faith. They also strove to inspire religious conversions, by example and "direct appeal." For example, mission nurses and physicians conspicuously distributed Bibles and other religious material along with medical treatments; they prayed for and with patients, and spoke to them about the Gospel.<sup>18</sup> At MJJH, a Bible Woman opened the dispensary doors each day with a prayer, coupled with a Scripture reading from which she drew an explicit lesson; she then distributed mission literature. Nurses also led religious services and meetings in the wards and read Bible stories to the kindergarteners. They supplied every patient with Bibles and pamphlets in local dialects, "always in the individual's own language."<sup>19</sup> After childbirth, new mothers received "little useful gifts" along with invitations to the church, Sunday School, kindergarten, and other mission programs. A specifically Christian view of motherhood thus infused the institution's identity as a maternity hospital.<sup>20</sup> For example, the hospital's Annual Report in 1921 captioned one

of its illustrations “Filipina Madonna and Child,” (Figure 3). The photograph evoked Mary and Jesus, translated into Filipino form. The iconography of the Madonna, of Mary as mother of Christ, was a touchstone for imagining Christian motherhood in the nineteenth century United States. As a model of female piety and nurture, it also legitimized women’s assertions of religious authority. The image of Mary as Madonna held increasing appeal for Protestant as well as Catholic women as gender ideals shifted at the turn of the century.<sup>21</sup>

“Filipina Madonna and Child” conveyed the message that, in the missionary women’s view, Filipina women could, and did, embody the Madonna’s maternal devotion. The Marian subject of the photograph represented Christian motherhood as a universal, attainable ideal, and it sacralized the bond between mother and child, across nation and race. Indeed, the MJJH missionaries believed that Filipina women had an innate maternalism: “They love their babies dearly and their hearts are won to any one who will take an interest in the baby.”<sup>22</sup>

Yet in their eyes, the evangelizing of proper motherhood was not only a matter of natural feeling or religion. Modern medical science was also essential. Twentieth-century missionary physicians and nurses, male and female, all championed modern, scientific models of disease. In doing so, they shared an agenda with the colonial state: to enforce standards of sanitation and hygiene.<sup>23</sup> The combination of moral order and bodily health resonated with the program of tutelage that the American colonial government imposed on the Philippines.

The MJJH defined its purpose not only in evangelizing patients and delivering healthy babies, but in teaching proper infant and child care to Filipina women. And it was mainly other Filipina women who would teach them. The mostly young and unmarried Filipina staff trained in Euro-American precepts of nursing at the MJJH. They thus acquired the authority of science-based medicine. The curriculum bespoke the power of U.S. colonial rule to define knowledge. The benefits to Filipina students were clear and pragmatic, however. Professional nursing signified a new path for Filipina women—an opportunity for education, mobility, and economic advancement that had not existed for them under Spanish rule.<sup>24</sup>

Though missionaries defended Filipinas’ innate love for their children, their reports also echoed the more disparaging judgments of the colonial



**Figure 3:** “Filipina Madonna and Child.” *Mary J. Johnston Hospital Annual Report, 1921.* Courtesy of the General Commission on Archives and History, United Methodist Church.

American government. Contemporary campaigns by United States health officials represented Filipina mothers as ignorant and incapable.<sup>25</sup> The MJJH report of “The Children’s Ward” in 1915 likewise blamed maternal neglect or ignorance for “all sorts of Intestinal troubles” and colds which become “pneumonias or chronic lung troubles.”<sup>26</sup> Missionaries reproached Filipina mothers for superstitions, especially, that led to unhealthy child-rearing practices.

The tone of the hospital’s perspective thus varied. Sometimes it was disparaging and impatient; at other times, it sounded more compassionate if condescending. The latter articulated a recognition that “the poor little mothers” lacked support and help in their communities.<sup>27</sup> Whatever the cause, MJJH reports bemoaned the suffering of the “poor deserted, neglected sad little children!” and expressed faith that it could help them by ministering to, and educating, their mothers.<sup>28</sup> As one report announced hopefully, “In the two weeks enforced Hospital residence and rest, with constant care and teaching, the poorest and most stupid women brighten up some, and are straightened up body, mind, and soul; it is a great SCHOOL!”<sup>29</sup> Thus despite “how very slow it seems to train anything approaching an INTELLIGENT Motherhood,” the Hospital could, and would, gradually effect change, by modernizing maternal habits.<sup>30</sup>

In this “great school” of the hospital, the nurses were the main teachers. To this purpose, the MJJH increasingly integrated Filipina women as staff, from deaconesses and Bible women, to nurses and doctors. As in the mission field at large, indigenous women vastly outnumbered American women workers. In 1921, for example, the MJJH staff comprised one doctor and one or two nurses from the U.S. (who took turns on furlough) alongside seven Filipina women, including Dr. Baldomera Esteban, the Assistant House physician; Damiana Dolorico, the dietician; and assistant nurse Januaria Casipit.<sup>31</sup> The Women’s Foreign Mission Society paid all the staff salaries; the Indianapolis branch of WFMS funded Dr. Esteban’s position. The reliance on Filipina hospital staff to teach mothers (and other patients) thus in turn necessitated the modernization of nurse education in the Philippines. Their specialized training conferred upon them the authority of the professional, although most were young and unmarried.<sup>32</sup>

Professional Filipina nurses instructed even the most experienced of Filipina mothers (that is, “mothers of 8 or 10 children”<sup>33</sup>) on the “proper”



way to bathe, feed, and dress babies.<sup>34</sup> Contemporary medical literature on infant care emphasized fresh air and ventilation, cleanliness, and the avoidance of excess, whether that be excessive clothing or too much milk, especially in hot weather. Quantitative measures, such as weight, were used to track children's health. Filipino families responded to these new methods with interest; staff-led demonstrations, baby clinics, weighings, and talks, were apparently well attended<sup>35</sup> just as the beds in the Obstetric Ward were always occupied.<sup>36</sup> Over a 28 year period, 13,700 women chose to give birth at MJJH, an average of 500 babies delivered per year.<sup>37</sup> Responsiveness to the childcare lessons increased over time, and the MJJH optimistically predicted that an "effect upon Filipino Childhood will be far-reaching."<sup>38</sup> By the 1930s, many mothers seemed "anxious to carry out the teachings which have been given them during their stay."<sup>39</sup> The hospital became an important resource for the Tondo district. It attracted enough local support to continue despite a 30% cut in appropriations from the WFMS in 1933. Funding came from the Philippine legislature and local philanthropists along with utilities, corporations, and the Red Cross.<sup>40</sup> The MJJH quickly earned a very high reputation for medical care and continues today, still offering free medical care to the poor.

Not every Filipina woman simply "learned and obeyed," from the hospital staff, however.<sup>41</sup> New mothers might attend baby clinics out of curiosity without changing their childrearing preferences. Slow to recognize concerted resistance to their modern methods, nurses merely complained that some mothers were less zealous than others in following instructions. They themselves found it necessary to adapt certain childcare practices from the contemporary standard in the U.S. They modified their lessons on infant bathing and dressing for the Filipino climate, and perhaps quietly accepted elements Filipino custom as well. By making their teaching "fitted to the Tropics," they showed recognition of the different climate and tried to appeal more successfully to Filipina mothers, whose cooperation they needed to coax rather than compel.<sup>42</sup>

Not all of the Filipina nurses fulfilled the school and hospital's expectations, either. Mission records hint that a number of nursing students did not meet an unwritten moral standard. Those who "failed utterly" did not do so from a lack of knowledge or fault of study habits, but because of conduct that "brought disgrace upon themselves and their Alma Mater."<sup>43</sup>

“Disgrace” was a strong term, and the reports’ lack of detail about these offenses suggests that they involved violations of Christian morality. One imagines that “remain[ing] true” to their vocation in the eyes of American missionaries required Filipinas to convert to Methodism and adhere devoutly to their new faith. But the greatest attraction of the Harris School and Johnston Hospital was to learn nursing and practical skills, rather than to become evangelists. Nursing was an upwardly mobile profession for women in the early twentieth century. A shortage of private nurses in Manila had driven up wages.<sup>44</sup> Migration to the United States was another possibility.<sup>45</sup> For those seeking professional opportunities, the training programs at Protestant missions were more affordable than the other options, such as those at the University of the Philippines. Most did not enroll in mission-based schools out of spiritual thirst, thereby creating an inherent conflict that hospital reports repressed but could not completely obscure.<sup>46</sup>

## Conclusion

Whatever their expectations and assumptions, the MJJH attracted enough staff and patients to make itself a prominent hospital and a part of the Tondo community. It not only remained a women’s hospital but the majority of its employees (as well as its patients) were Filipina women.<sup>47</sup> The corps of nurses, especially, fulfilled all the romantic hopes of the American women missionaries who had founded the hospital. As Parrish wrote of the nursing alumnae, “. . . we are glad to see them grow more and more womanly and responsible . . . [through them,] *surely we see the dawn of a better Filipina Womanhood.*”<sup>48</sup> Along with Protestant Christianity, access to education, and professional preparation, “better Filipina Womanhood” would manifest in expanded opportunities for women. Through vivid example, the MJJH evangelized women’s worth and potential: exulting when mothers wished their babies to be girls,<sup>49</sup> and showing that *senoritas* could become doctors—not only like Rebecca Parrish but also like Baldomera Esteban.<sup>50</sup>

At the mission hospital, then, a Filipina female nurse or doctor could be an exemplar of Christian womanhood, of both religious zeal and a modern education, able to minister to other women medically and spiritually. She was a modern Madonna, able to teach and even take the place of Filipina

mothers who did not care for their children according to modern American precepts. She was also well prepared as a professional, embodying medical authority. Whether distributing Bible cards or dressing wounds, teaching Sunday school or proper infant care, her labor was valued as the fulfillment of the mission's central purpose: saving bodies and souls for Christ. As the twentieth century continued, the numbers of "native" physicians and nurses in the mission field grew, while the need to import medical missionaries declined.<sup>51</sup> The women's missionary movement celebrated this indigenization as a continuum with their own work. As long as the Filipina hospital staff applied their lessons faithfully, they could expect to rise to organizational leadership as well as attain salvation. This transformation might not have been on their own terms, but it was of their making.

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### Notes

1. "Four nurses—Dr. Parish, Mrs. Deisbach, Miss Dudley, Manila," 2598-2-1:12, Harris Memorial School and Mary Johnston Hospital in the Philippine Islands, 1928-1934 (2003-019), Women's Division. Methodist Archives, Drew University, Madison, New Jersey, USA (hereafter MADU).
2. Studies of indigenous Christian missionaries, especially women missionaries, include Pui-Lan Kwok, *Chinese Women and Christianity, 1860-1927* (Atlanta: Scholars Press, 1992); Maina Chawla Singh, *Gender, Religion, and "Heathen Lands"* (NY: Garland Publishing, 2000); and Connie Shemo, *The Chinese Medical Ministries of Kang Cheng and Shi Meiyu, 1872-1937: On a Cross-Cultural Frontier of Gender, Race, and Nation* (Lehigh University Press, 2011). Also see the essays in Doug Munro and Andrew Thornley, eds., *The Covenant Makers: Islander Missionaries in the Pacific* (Suva: University of the South Pacific, 1996); Peggy Brock, ed., *Indigenous Peoples and Religious Change* (Leiden: Brill, 2005); and Patricia Grimshaw and Andrew May, eds., *Missionaries, Indigenous Peoples, and Cultural Exchange* (Portland, OR: Sussex Academic Press, 2010).
3. Christoffer Grundmann "The Role of Medical Missions in the Missionary Enterprise: A Historical and Missiological Survey," *Mission Studies* 2, no.1 (1985): 43.
4. "Mary J. Johnston Hospital," 2598-2-1:12, Harris Memorial School and Mary Johnston Hospital in the Philippine Islands, 1928-1934 (2003-019), Women's Division, MADU. There were other hospitals in the Philippines founded by American Protestants, beginning with the Presbyterian/Baptist Hospital in Iloilo (1901).
5. Mary Devolder, *Rebecca Parrish: "A Born Missionary"* (Cincinnati: Woman's Division of Christian

- Service, Board of Missions, The Methodist Church, 1956), 4-5.
6. The Harris School, itself just three years old, had just expanded into a new building in the Santa Cruz district. The school, now called Harris Memorial College, remains the premier institution for training Methodist deaconesses not only for the Philippines but throughout southeast Asia. It was the Minneapolis branch of the WFMS that obtained enough donations to build the hospital; the WFMS branches had great autonomy, though, and different branches financially supported different women employed at the hospital.
  7. Anne C. Kwantes, “Healing among the Poor in Manila,” in *She Has Done a Beautiful Thing for Me: Portraits of Christian Women in Asia* (Manila: OMF Literature, 2005), 165, 166.
  8. *Kemlein and Johnson’s Guide and Map of Manila and Vicinity* (Manila 1908), 34, 39, 63-65, 103, 117.
  9. Ira B. Luning, *Streets of Manila* (Manila: GFC Books, 1977), 33.
  10. Rebecca Parrish, *Through Clinic Doors: History of Mary Johnston Hospital*, second edition (n.p., April 1945), 12.
  11. Parrish, 12.
  12. See Paul Kramer, “The Darkness that Enters the Home: The Politics of Prostitution during the Philippine-American War,” in Ann Laura Stoler, ed., *Haunted by Empire: Race and Colonial Intimacies in North America* (Durham: Duke University Press, 2006).
  13. Women’s hospitals had innovated many advances in obstetrics. The use of anaesthesia to mitigate labor pain, for instance, developed at Boston’s Lying-In Hospital. See Amalie M. Kass, *Midwifery and Medicine in Boston: Walter Channing, M.D., 1786-1878* (Boston: Northeastern University Press, 2002); also Virginia Drachman, *Hospital with a Heart: Women Doctors and the Paradox of Separatism at the New England Hospital, 1862-1969* (Ithaca: Cornell University Press, 1984).
  14. *Seventh Annual Bulletin of the Mary J. Johnston Memorial Hospital* (1913), n.p. MADU.
  15. *Annual Report of Medical Mission Work, 1923, The Mary J. Johnston Memorial Hospital* (Manila), 9. 1461-6-2:11, Mary J. Johnston Hospital, Manila, Philippines, Annual Reports, MADU.
  16. *Ninth Annual Bulletin of the Mary J. Johnston Memorial Hospital* (1915), MADU.
  17. Along with generous financial sponsorship from the WFMS, the hospital also won funding from the Philippine government, and other support from utilities, corporations (the Manila Electric Company, Standard Oil, the Nestle Milk Company), local philanthropists, and the Red Cross. *Annual Report of Medical Mission Work, 1923, The Mary J. Johnston Memorial Hospital* (Manila), 1461-6-2:11, Mary J. Johnston Hospital, Manila, Philippines, Annual Reports, MADU.
  18. Christoffer Grundmann “The Role of Medical Missions in the Missionary Enterprise: A Historical and Missiological Survey,” *Mission Studies* 2, no.1 (1985): 39.
  19. “The American Bible Society gave us scriptures and portions, translated, of course, to give out. Every patient had some scripture pamphlet or simple book, and later, every hospital patient too, always in the individual’s own language, whatever it may be.” Parrish, 8.
  20. “Filipina Madonna and Child,” *Mary J. Johnston Hospital Annual Report of Medical Mission Work, 1921*, photograph page 10, The Mary J. Johnston Memorial Hospital (Manila), 1461-6-2:11, Mary J. Johnston Hospital, Manila, Philippines, Annual Reports, MADU.
  21. See David Morgan, *The Sacred Gaze: Religious Visual Culture in Theory and Practice* (University of California Press, 2005), chapter 6. Elizabeth Alvarez argues that Marian imagery became “a site for the renegotiation of women’s power” for nineteenth-century Protestants and Catholics alike. Elizabeth Alvarez,

- The Valiant Woman: The Virgin Mary in Nineteenth-Century American Culture* (Chapel Hill: University of North Carolina Press, 2016).
22. *Annual Report of Medical Mission Work, 1924, The Mary J. Johnston Memorial Hospital* (Manila), 1461-6-2:11, Mary J. Johnston Hospital, Manila, Philippines, Annual Reports, MADU.
  23. *Annual Report, Mary Johnston Memorial Hospital, Manila PI, 28th Year, 1935*, 13. 1461-6-2:11, Mary J. Johnston Hospital, Manila, Philippines, Annual Reports, MADU.
  24. See Catherine Ceniza Choy, *Empire of Care: Nursing and Migration in Filipino American History* (Durham, NC: Duke University Press, 2006), especially chapter 1.
  25. See Christine Noelle Peralta, "Handmaids of Medicine: Filipino Student Nurses' Liminality in Infant Mortality Campaigns," Master's Thesis, Department of History, University of British Columbia, 2011.
  26. *Ninth Annual Bulletin of the Mary J. Johnston Memorial Hospital* (1915), MADU.
  27. *Annual Report of Medical Mission Work, 1923, The Mary J. Johnston Memorial Hospital* (Manila), 1461-6-2:11, Mary J. Johnston Hospital, Manila, Philippines, Annual Reports, MADU.
  28. *Twelfth Annual Bulletin of the Mary J. Johnston Memorial Hospital* (1918), MADU.
  29. *Ninth Annual Bulletin of the Mary J. Johnston Memorial Hospital* (1915), MADU.
  30. *Twelfth Annual Bulletin of the Mary J. Johnston Memorial Hospital* (1918), MADU.
  31. The others were resident Deaconess "Pastora" Baylon; and three other assistants, named Balbina Basa, Feliza de Oca, and Remedios Abaya. *Biennial Report: Fourteenth and Fifteenth Years of Medical Mission Work, 1920 and 1921, The Mary J. Johnston Memorial Hospital* (Manila, 1921), 1461-6-2:11, Mary J. Johnston Hospital, Manila, Philippines, Annual Reports, MADU.
  32. Peralta.
  33. *Fifth Annual Bulletin of the Mary J. Johnston Memorial Hospital* (1911), MADU.
  34. *Annual Report of Medical Mission Work, 1924, The Mary J. Johnston Memorial Hospital* (Manila), 1461-6-2:11, Mary J. Johnston Hospital, Manila, Philippines, Annual Reports, MADU.
  35. *Annual Report of Medical Mission Work, 1923, The Mary J. Johnston Memorial Hospital* (Manila), 11. 1461-6-2:11, Mary J. Johnston Hospital, Manila, Philippines, Annual Reports, MADU.
  36. *Seventh Annual Bulletin of the Mary J. Johnston Memorial Hospital* (1913), n.p. MADU.
  37. *Annual Report, Mary Johnston Memorial Hospital, Manila PI, 28th Year, 1935*, 1461-6-2:11, Mary J. Johnston Hospital, Manila, Philippines, Annual Reports, MADU.
  38. *Twelfth Annual Bulletin of the Mary J. Johnston Memorial Hospital* (1918), MADU.
  39. *Annual Report, Mary Johnston Memorial Hospital, Manila PI, 28th Year, 1935*, 4. 1461-6-2:11, Mary J. Johnston Hospital, Manila, Philippines, Annual Reports, MADU.
  40. *Annual Report of Medical Mission Work, 1923, The Mary J. Johnston Memorial Hospital* (Manila), 1461-6-2:11, Mary J. Johnston Hospital, Manila, Philippines, Annual Reports, MADU.
  41. *Second Annual Bulletin of the Mary J. Johnston Memorial Hospital of the Methodist Episcopal Church* (Manila, P.I., 1908), 1461-6-2:10, Mary J. Johnston Hospital, Manila, Philippines, Annual Reports, Methodist Archive, Drew University, MADU.
  42. *Sixth Annual Bulletin of the Mary J. Johnston Memorial Hospital* (1912), n.p., MADU.
  43. *Twelfth Annual Bulletin of the Mary J. Johnston Memorial Hospital* (1918), p. 11, MADU.
  44. Mabel E. McCalmont, "Hospitals and Nursing in the Philippines," *American Journal of Nursing* 10, no.2 (Nov 1909): 92, comments on the "enormous demand" for private nurses in Manila, who can demand a

- salary of \$5 per day.
45. Choy.
  46. *Twelfth Annual Bulletin of the Mary J. Johnston Memorial Hospital* (1918), MADU.
  47. *Biennial Report: Fourteenth and Fifteenth Years of Medical Mission Work, 1920 and 1921, The Mary J. Johnston Memorial Hospital* (Manila, 1921), 1461-6-2:11, Mary J. Johnston Hospital, Manila, Philippines, Annual Reports, MADU.
  48. *Twelfth Annual Bulletin of the Mary J. Johnston Memorial Hospital* (1918), MADU.
  49. *Annual Report, 22nd Year of Medical Mission Work, 1928, The Mary J. Johnston Memorial Hospital of the Methodist Episcopal Church, Woman's Foreign Missionary Society* (Manila), 1461-6-2:11, Mary J. Johnston Hospital, Manila, Philippines, Annual Reports, MADU.
  50. Parrish, 6.
  51. By 1925, the mission field's 858 hospitals and 1,686 dispensaries worldwide employed 1,157 physicians (801 men and 356 women) and 612 "native physicians" (513 men and 99 women); 1,007 nurses; 858 hospitals; 1,686 dispensaries; 19 medical schools; 72 nursing schools; and 5,458 trained medical personnel. Grundmann accords no number to native nurses. Grundmann, 41-42.