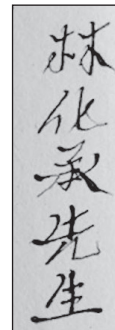


## Unlicensed to Prescribe Herbs: A Chinese Healer – Médico Chino – in Puerto Rico, 1851-1853

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In Puerto Rico and Cuba, the phrase “can’t be saved even by the Chinese physician” (“no lo salva ni el médico chino”) indicates a person with an incurable disease. The documents at the Archivo General de Puerto Rico include three requests for a medical license from a Chinese immigrant, Juan de Dios Sian (Lin Hua Cheng). Despite lacking legal credentials, he used herbal therapies to treat chronically ill persons in Ponce, San Juan and Mayaguez from 1851 to 1853. Before arriving in Ponce he had spent four years in Cuba, where he is again found by 1865. Sian’s petitions show that Puerto Rico, like Cuba, experienced a widely known “médico chino.” The anecdote reminds us of important issues in our medical and social history: Asiatic immigration (earlier, larger and more diverse than usually considered), access to care (and its limitations), and the long history of herbal medicine in Oriental and Western cultures. Elements of this story, such as the eagerness for new treatments among patients who have derived no benefit from standard therapy, the ethics of medical licensing, the impotence of licensing agencies and the toleration of authorities regarding an unorthodox but popular healer, exemplify dilemmas that accompany medical practice at all times. [P R Health Sci J 2016;35:100-107]

*Key words: Chinese medicine, Herbal medicine, History of medicine, Asian immigration, Medical licensing, Juan de Dios Sian, Puerto Rico*

The phrase “can’t be saved even by the Chinese physician” (“no lo salva ni el médico chino”) is common parlance in Puerto Rico and Cuba to indicate a person with an incurable disease (1). Several websites relate the saying to the expertise of Chinese herbal healers, particularly one called “Cham Bom-Biá,” who arrived in Cuba in 1854 (2). As historians Marcos Cueto and Steven Palmer have recently remarked, Latin America has served for centuries as a dynamic frontier between Western and non-Western medicine (3).

Indeed, the Archivo General de Puerto Rico includes a file on a Chinese healer. The anecdote of this “médico chino” serves to remind us of important issues in our medical and social history: Asiatic immigration (earlier, larger and more diverse than usually considered), medical licensure (rules and disobediences), access to care (and its limitations), the long history of herbal medicine in different cultures, and the attraction of unorthodox or novel therapies for patients who cannot access or do not benefit from standard treatments. Distant as the society of 1850 may seem to us, these are all strands in the web of present-day clinical practice.

Massive emigration from China developed after the Treaty of Nanking with the British (1842). In the following two decades, large numbers of Chinese (also called at the time “sons of the Celestial Empire”) went to gold-rush California, Peru, Panama (to build an interoceanic railroad line), and Central America and British possessions in the Caribbean. In 1847, about 600 Chinese were taken to Cuba as indentured laborers to work

in sugarcane fields. The program was suspended in a year, but large-scale Chinese immigration resumed in 1853. More than 125,000 arrived up to 1873 (4). Their community became a visible component of society and has survived to this day, with influence even in religion (5).

In Puerto Rico, three proposals to introduce Chinese field hands, from 1846 to 1857, did not come to fruition. Later, from 1865 to 1879, at least 335 Chinese convicts were sent here by courts in Cuba. They worked mostly on the construction of the Carretera Central, now Route 1, between Ponce and San Juan (from the south coast to the north coast) (6). These were not the first “sons of the Celestial Empire” to arrive in Puerto Rico.

### Juan De Dios Sian

On 17 June 1851, “Don Juan de Dios Sian, native of China and resident in the town of Ponce,” “professor of medicine and botany,” petitioned the island’s governor to be allowed “to assist suffering humanity in external diseases and those chronic conditions that have proven rebellious to the applications and

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treatments of other practitioners.” He directed his request to the governor, because when he applied to the local representative of the Subdelegación de Medicina y Cirugía (the institution that granted licensure to physicians from 1839 to 1899) (7) the official responded with insults, calling “barbaric the [Chinese] characters in the diploma.” Sian alleged he had documents to show his curative success in the principal towns of Cuba, where he had met no opposition from the authorities. He insisted that his services would not interfere with the services provided by Ponce physicians to treat “incipient or easily and frequently cured diseases,” as he expected to address prolonged illnesses and those attended unsuccessfully by other professors. He offered to treat for free “the indigent and proletarian and for a modest fee [...] those who recovered their health.” The petition was signed by José Ulises Quesada as friend of Sian (who did not know how to sign in Spanish) but there is also a signature in three Chinese characters arranged vertically (Figure 1): Lin Hua Cheng (8).

A long note by Antonio Fortún, “corregidor” and military commander of the Ponce district, (9) also dated 17 June, states Sian arrived in Ponce with a travel permit issued by the military lieutenant-governor of Nuevitas (province of Camagüey), Cuba. The bearer was identified as a botanist. On 22 May 1851, the governor of Puerto Rico had granted a residency permit for Sian, his wife and a servant, also Chinese. (The wife’s national origin is not mentioned.)

Fortún indicated that Sian, from the time of his arrival, and at the request of “many sufferers who had wasted their time and spent their money in long-term therapy of some diseases, provided treatments with herbs [yerbas], that must have had good results, because many have sought him.” Fortún had heard of many cures, and that Sian gave free “remedios” (medicines or treatments) to the poor. Four cases with successful treatment, personally known by Fortún, are mentioned by name:

Eduardo, son of Faustina Guzmán, had been ordered to house confinement by the previous “corregidor”, to prevent his illness (“said to be that of Lazarus” [leprosy]) from spreading to others. “Yesterday” (16 June), Faustina brought the child before Fortún, who found no sign of illness.

The son of “Don” Félix Pérez, commander of night watchmen (“serenos”) had been “given up for lost” due to a chest problem, but now the father had so much hope that he expressed “only God’s will could take the son from him”.

Mateo Ravaina had for some time lost use of the left arm and part of the left leg, and could now use the arm and climb stairs.

“Don” Guillermo Wogt [sic – Voigt? (10)] could now ride a horse.

Fortún closed by indicating he provided this information “in consideration of suffering Humanity, but, as it [the situation] seems not to be in agreement with the current regulations on medicine”, he asked the governor to resolve what seemed best (11).

On 21 June the governor referred the petition to the Subdelegación de Medicina. On June 23, the Junta or Board

of the Subdelegación met and indicated to the governor that Sian should follow the standard procedure for validation of his foreign training: to present the original diploma with a request for licensure, undergo exams, pay a deposit, “and further requirements determined by superior orders.” An exception in the case of Sian would leave the Subdelegación open to claims by other foreign physicians who had complied with the rules, and their respective consuls (12). On 25 June, the governor relayed the response to Fortún (13).

I have found no further information about Sian’s sojourn in Ponce. The only contemporary local newspaper, *El Ponceño*, was first published more than a year after Sian’s petition. In its two-year run, there is a “Medical address against charlatanism” by Andrés Príncipe, one of the city’s physicians, directed against “ignorants”, “old women”, and “improvised philosophers”, and the sick who follow their opinions and treatments. (14) Curiously, the newspaper shows a great interest in Chinese immigration. There are at least five editorials (all in 1853) promoting the importation of Chinese agricultural laborers (15).

Sian wrote again to the governor nine months later (5 April 1852), identifying himself as “Don Juan de Dios de Jesús Sian, native of the city of Pequín” [Beijing]. He had arrived in San Juan, where there were witnesses of his many difficult cures obtained in other towns. He had been called by a multitude of persons with chronic diseases that had proved resistant to all efforts of attending physicians. In Cuba, he had practiced his profession for over four years with the approval of all, “even of physicians.” Sian requested the governor’s (16) approval “to attend the sick who insistently call him; the destitute, by providing them with the medication they may need, and all those Your Excellency may order in one of the hospitals of the capital [...]” This petition closes with Sian’s full name in Spanish and a signature in Chinese (Figure 1). The first character is reminiscent of the rubrics used by Spanish notaries. It is followed by the three characters of the signature seen before, plus two new characters, the Chinese equivalent of “Mr.”

The petition was again referred to the Subdelegación (19 April 1852). Its response, longer and more forcefully worded, reminded the governor of the Board’s prior instructions, which Sian had not followed. They claimed that Sian’s offer to treat the poor gratis indicated his ignorance of local laws, which would be violated by such behavior even if he were authorized to practice. In addition, they mentioned the dangers of allowing unlicensed persons to attend to patients, the obligations of government officials to prevent it, and (in a veiled reminder to the governor) that if officials “forgot their duties” in this regard, others could complain to the Real Junta Superior Gubernativa de Medicina y Cirugía (the central medical agency of the government in Madrid) which would ask the sovereign to punish the negligent officials (17).

In addition, the group denounced Sian’s activities in San Juan to the governor. The man, “known as el médico chino” was treating patients with medications that he prepared and then sold “at apparently immoderate prices.” This was a continuation of his behavior in Ponce and other towns, which he had confessed

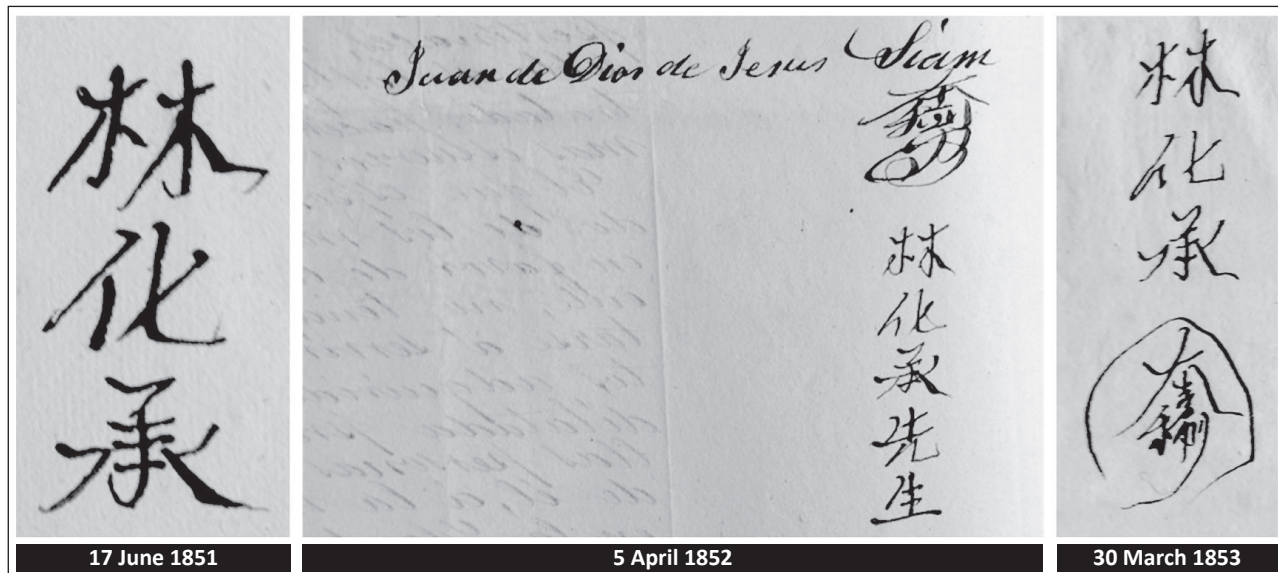


Figure 1. Signatures in Juan de Jesús Sian's petitions

“brazenly or inadvertently” in his latest petition. The Board requested the governor that the prescribed penalties fall on the law-breaker: for the first offense, a fine of 50 ducados [about \$3,000-45,000 in present-day dollars (18)]; for the second, 100 ducados with banishment from the town of residence and from within 10 leagues of Madrid and royal residences; and for the third offense, 200 ducados and banishment to the military forts of Africa or America. The law allowed that these punishments be imposed without the need for trial, “as the infractions mentioned are usually publicly notorious” (19).

Three months later (21 July 1852), two Mayagüez residents, José Paradic and U. Basora, wrote to the governor. They claimed to be “in a desperate state because of their health” and “reverently” begged the governor to authorize Sian to practice without opposition from the local Board of Health and other physicians, and that pharmacists dispense the medications he might prescribe (20).

Eight months later, on 30 March 1853, Sian again petitioned the governor for “permission to cure”, and presented himself as resident of San Juan. His reasons for not complying with the law, and nevertheless requesting acceptance as a successful practitioner bear quoting at length:

*Ignorant of the laws of the foreign countries I would visit, I did not procure, on leaving China, a certificate of my medical profession, which anyway would not have been possible, as such titles are not accustomed there. Studies are pursued privately, and each person practices the scientific profession to which he is inclined when teachers consider him skillful after experiments in the practice of the methods. There are no universities or colleges, and studies are not regulated; so much so, that for primary education there are no public schools, but teachers go to homes. That is why I cannot present any other title than my adequacy in the art of healing. And this I cannot show if I submit to an examination of basic knowledge [examen teórico] due to the immense difference in the*

*manner of learning, and because, not possessing Spanish, Latin, or the common modern languages, I would not be able to understand the questions or express the answers and decisions. Nevertheless, I can give practical proof, if asked to take care of patients leprosy, “éticos” [with hectic fever, as in consumption], or with other grave conditions if still at the stage in which medicine can help. And the outcome will declare if my science is exact and my method produces the good result of providing health.*

*To this is added the good success I have had in this island and in Cuba [...] of which cases I could present a thousand documents but limit myself to the five enclosed, among them one from the municipality of Santa María de Puerto Príncipe [Camagüey], where at the request of a physician, and following the reports of the Inspection and Subdelegación of the profession (due to prior knowledge of my practice) I was associated to the requesting physician to cure the leprosy or San Lázaro’s malady that scourged that country at the time (21).*

This was signed only in ideograms, as the first petition, but with an additional fourth Chinese character (Figure 1).

The last document on file, dated six weeks later (18 May 1853), is a receipt to the “Secretaría de este Gobierno” (the governor’s office) for the documents “enclosed with an application for permit to practice medicine and surgery in this island,” signed by Sian (three Chinese characters only) (22). The minutes of the Board of the Subdelegación, reviewed through the end of 1855, and the list of physicians whose diplomas were registered by the Subdelegación from 1846 to 1897, offer no mention of Sian (23).

## Discussion

### “El medico chino” – The Chinese physician

As indicated at the beginning of this article, the reference to “el medico chino” is common to Puerto Rico and Cuba. In the

latter, it is frequently associated with one individual, Cham Bom Biá, who arrived in Cuba in 1854. Academic publications also mention his name, but in addition, they reveal that the presence of, and fascination with a “médico chino” started with the first massive arrival of Asians in Havana (24). Sian’s personal story provokes many questions; to start with, what was his name? There are three different Chinese signatures in his documents. All include three characters – Lin Hua Cheng. Each of the second and third signatures illustrated include a larger ideogram that is difficult to interpret; these seem to be “seals”, or combinations of characters that served as good luck charms with the signature. The seal at the end of the third signature may mean good or great luck, or great fortune.

If the three invariant characters are said in the Western manner, with family name last, he would be Hua Cheng Lin. Perhaps Hua suggested Juan as a first name. Appropriately, he was Juan de Dios (John of God), which not only associated him with the Deity, but gave him the name of a saint who healed the poor (25). In subsequent petitions, Sian is Juan de Dios de Jesús, further associating his name with beneficence, healing, and Western religion.

We do not know when Sian arrived in Ponce. Before that, he had spent four years in Cuba, which would place him with the first arrival of Chinese workers, but he does not fit that social category. He is always treated with the courtesy title of “Don” (even in Subdelegación documents), to indicate distinction. We can tell he was brave and persistent, because he practiced his skills openly, even informing authorities of his actions and whereabouts. He talks of leaving China to “visit” foreign countries, as if he were a tourist. He left Cuba with a legal permit and was granted residency in Puerto Rico in May 1851. What profession, property or capital did he declare to request the permit? (26).

Recent internet postings of Cuban newspapers provide additional information, based on the research of Camaguey historians and interviews with Sian’s descendants. If the age of 68 years given in an 1879 census is correct, he was about 36 years old when the first Chinese laborers arrived in Havana. It is said he went as a physician, (surprisingly) with a capital of 20,000 Spanish pesos in gold. His skills were quickly acclaimed by the sick, but he was forced to close his practice when authorities asked for his diploma. He moved to Puerto Principe (Camaguey) in 1848 (27). He converted to Catholicism very publicly, by interrupting a Good Friday procession, dressed in Oriental garb and kneeling before the image of Christ on the cross. Baptism with a Christian name followed on 25 April 1850. He developed a medical practice, and dressed in Occidental fashion (28).

In the spring of 1851, a pro-independence conspiracy in Camaguey (Agüero’s rebellion) was discovered by the authorities. Sian perhaps left Camaguey at that time, and Puerto Rico may have been the most convenient refuge, as another colony of Spain –with similar language, customs, and laws. Communications were relatively easy with Ponce, equally or

more active as a port than San Juan (29). He eventually returned to Camaguey; the name of Juan de Dios Sian, in that city, is included among the myriad signatories of an 1865 petition for economic reforms, abolition of the slave trade and political representation in the Spanish Congress. (30) He had children in and out of wedlock, and some of his descendants still live in Camaguey (31). At his death (23 March 1885), an obituary praised his “good success in the science of Galen” (28).

### Oriental and Occidental herbal medicine

If Sian was truly a Chinese “professor of medicine and botany,” what would have been the basis of his knowledge? His culture, over a millennial history, had deduced its own ideas of physiology and disease causation, and a diversity of therapies that cannot be covered here. He claimed to cure external diseases, particularly leprosy (a diagnostic category that at the time covered many dermatologic manifestations), and maladies which (Western) medical treatment had not healed. As curative methods, he only mentioned herbs, for which his country, even now, is renowned. China has an uninterrupted tradition of written treatises on medications (*Pen-ts’ao*) from around 65 CE. The *Pen-ts’ao kang-mu* (Materia medica arranged according to drug descriptions and technical aspects), composed by Li Shih-chen (1518-1593) mostly mentions plants, was translated to all oriental languages, and in 1930 still constituted the basis for Chinese pharmacopeia (32). In 2015, one of the Nobel Prizes in Medicine was awarded to Mrs. Tu Youyou, for the chemical isolation of an effective medication against malaria from the plant recommended by herbalist tradition.

Western practice has also shown a millennial concern about vegetable medicine. The Egyptians, in the Ebers papyrus of about 1550 BCE, Dioscorides in the first century CE, Nicolás Monardes and Francisco Hernández and their research on New World plants in the sixteenth century, and the discovery of the utility of cinchona (quinine), foxglove (digitalis), and bark of willow tree (salicylic acid) are a few examples of occidental interests (33). Therefore, herbal treatments were also part of routine practice in Puerto Rico, but as the result of different medical epistemology and heuristics. Even acupuncture, which Sian does not mention, was practiced in Europe and the United States in the early nineteenth century by a small number of physicians (but fell out of favor by 1859) (34).

Sian was in Puerto Rico at the same time as René de Grosourdy, a better known botanist in our history. We might imagine them meeting, as embodiments of the Oriental and Occidental strains of herbal medicine. Grosourdy, a graduate of the University of Paris, validated his diploma in Puerto Rico on 21 January 1852 (35). In 1864 he published *El médico botánico criollo* (The America-born botanical physician), based on ten years’ travel and practice throughout the Caribbean (36). The four-volume work served as a domestic reference for those far from standard health care (possibly not individual homes, but plantations with a large number of slaves) (37). Western medical theory still held that location and climate determined

the characteristics of local diseases. Concomitantly, local physicians claimed their treatments were most likely to provide a cure. Domestic medical manuals such as Grosourdy's enjoyed success, as they linked general scientific concepts with local environmental conditions and botanical resources (38). In contrast to the long effort by Grosourdy, how could Sian learn so quickly of the healing properties of Caribbean plants? He may have learned about Western concepts in his native country, and about Caribbean diseases and plants during his years in Cuba.

### Occidental medical practices

Research in the history of health and health care in Puerto Rico is limited by the absence of documentation. Many nineteenth-century newspapers have left no trace (39). The archives of individuals and private institutions are unavailable, or, most commonly, non-existent. The archives of government agencies are also largely unaccounted for. The health-related material in the Archivo General de Puerto Rico comes from the municipalities or the governors' office; there is no significant body of documents from the Department of Health (established in 1911), its antecedent agencies, or its activities in the twentieth and twenty-first centuries. The archives of the Subdelegación de Medicina, ten books consulted by Salvador Arana Soto in the offices of the Tribunal Examinador de Médicos in the 1960s (40) are still in its daughter agency, the Junta de Licenciamiento y Disciplina Médica.

In preindustrial societies, access to licensed physicians was rare (41). In Puerto Rico their number was low (about 170 for a million people at the end of the century) (42) and a significant proportion were foreigners. Of the 24 physicians awarded licenses in Puerto Rico from 1848 to 1853, eight (33%) graduated in universities outside of Spain and had non-Hispanic names (23). Licensed physicians concentrated in urban areas (and especially in San Juan, Ponce and Mayagüez, cities Sian visited), and consultation was usually expensive. Some supplemented their income by serving as "Médico titular" of the municipality, to attend the certified indigent ("pobres de solemnidad"), but Ponce did not have such a position in 1852. Instead, all licensed physicians had a "public service" obligation, which produced bitter complains about the onerous, unpaid labor (distant journeys, often unnecessary, on bad roads at any time or weather, forensic investigations, the patients' ingratitude) (43). The Subdelegación's statement (19 April 1852) that provision of free care was not allowed by regulations is surprising. This may have been legal only for "médicos titulares" or the certified indigent. Some physicians served plantations by a pre-arranged fee (44). It may be that, paradoxically, slaves were more likely to be attended by physicians than poor free laborers, who had no one to safeguard them as valuable property. That population, dispersed in rural areas and highly illiterate, could resort to personal knowledge, the recommendations of relatives and acquaintances, "curanderos" (traditional healers), the Deity and the saints, and in extreme cases, witchcraft, spirits or any promising novelty (45).

### Medical licensure

The licensing examinations contemplated by ancient Chinese texts had disappeared by the nineteenth century (46). Practitioners trained as apprentices in the 40-century-old theory and practice (who charged high fees), benevolent scholars who studied classical treatises as a hobby (and might not charge), empirically-trained members of hereditary medical families, and sellers of herbs practiced side-by-side (47).

Should the Subdelegación have given Sian a license to practice? From their point of view, as enforcers of the laws to regulate the practice of medicine, it was impossible. Besides, the more information he provided, the further he discredited his case. He first claimed he presented a document in Ponce, but later stated he had no diploma. Instead, he proposed that the Board trust his (alleged) track record, and allow, as in China, "experiments in the practice of the methods" to show his skill. We only know of the four cures noted by Fortún, but there is no follow-up to detect relapses or a report of how many treatments were unproductive. If Sian did not know any Western languages, how did he manage in his travels? How could he understand patients, give them instructions, communicate with pharmacists and with whoever prepared his petitions to the government? Perhaps he only meant he lacked the ability to discuss medical subjects technically.

Grosourdy came as both researcher and practitioner, because he took care to be certified by the Subdelegación. Professional licensure assured government control, theoretical orthodoxy, fair competition, and quality in health care. Licensing appears as self-evidently beneficial to us, in part because of its 500-year use in Puerto Rico. Although the Chinese avoidance of credentialing seemed uncivilized to Spanish practitioners, it was not an exclusive practice of the Far East. Social support for medical licensure disappeared in some Western countries in the mid-1800s. Colombia, where Spanish law had applied in colonial times, in 1850 eliminated the requirement of a university diploma for the practice of all professions except pharmacy. Medical students would follow courses until they considered themselves capable to practice medicine (48). In the United States, almost every state had some legal control over licensure before the 1830s, and none by the 1860s (49).

These changes were motivated, in part, by the diffusion of the ideas of the first economic and political liberalism, that opposed governmental regulation, but also by the low efficacy of institutionalized medicine. Western practice in 1850 was reliably successful mostly in a small number of surgical procedures and some manipulations. Disease theory, oriented by concepts of imbalance, miasma, contagion, climate, and environmental and racial determinism, had insufficient understanding of the causes and pathologic processes of what we now consider infectious, metabolic, immunologic, malignant, and mental illnesses (50).

Treatments and medicines were often harmful and usually expensive. Among the frequent advertisements in the newspaper *El Ponceño*, one finds Holloway's pills and ointment. The latter's composition was not declared; it solved mostly external

problems (“bumps, cramps, corns, cancers, cuts,” “leprosy,” reptile and mosquito bites) but also diseases of the anus, liver, and joints, cold extremities, and nervous tremor, among others. The pills were made “entirely from medicinal herbs, without mercury or any other noxious substance.” They addressed mostly internal ailments: “epileptic accidents, asthma, hemorrhoids,” “all kinds of fevers,” “liver diseases, venereal diseases, gout, dropsy, jaundice,” “worms of all kinds,” constipation, urinary retention, pulmonary consumption and many others (51). Both products, available in pharmacies in different towns, evidently without need of physician prescription, cost 4, 8 and 12 “reales” for a small container (“el frasquito”). At the time, a rural laborer earned 2-3 reales for a 12-hour day of work (52). Spanish and German leeches cost 1.5-3 reales per specimen, and an ounce of quinine sulfate cost 4 pesos (32 reales) (53).

For the United States, it is estimated that a “patient seeing an internist could expect reasonably safe and efficacious (though certainly imperfect) treatment for a variety of serious ailments” only beginning around 1935-1945 (54). This, of course, does not take into account the situations in which the healer’s empathy produces a cure by a change in the patient’s attitude or behavior. In such a context, “el médico chino,” even with rudimentary knowledge, if armed with a persuasive personality, may have cured many who had never seen a physician, and some whose medical treatment was unsuccessful or harmful.

## Conclusion

Sian’s petitions expand the story of the early impact of Chinese immigration in the Spanish Antilles, and show that Puerto Rico, shortly after Cuba, experienced at least one widely known “médico chino.” He faced prejudice as a Chinese (his documents showed “barbaric” characters), and other physicians opposed him for not charging patients, for using methods they did not know, and most likely also because he could be a competitor for paying patients. Nevertheless, his practice of medicine attracted much attention among patients and government officials throughout the Island and demonstrates wide acceptance of herbal treatments at the time. As Cueto and Palmer have indicated for Latin America, popular medicine in Puerto Rico in the mid-nineteenth century incorporated elements of all medicines and religions, and all segments of society made use of such healing practices (55). This is now a reality beyond Latin America. In the population-based 2007 U.S. National Health Interview Survey, 24 % of respondents aged 18 years or more, without cancer, used herbal therapies and “supplements” (i. e., chondroitin, fish oil, glucosamine) in the previous year, compared to 32 % of those with cancer (56). In Puerto Rico, a recent unpublished study in one hospital found 143 of 233 (61 %) cancer patients aged 21 years or more used vitamins or medicines based on plants (57).

In addition, Sian’s documents open a window onto the contemporary procedures regarding medical licensing and health care. We see a bureaucracy that is surprisingly rapid in

some aspects: on June 17 Sian submits his petition in Ponce; the same day it is forwarded by the “corregidor” and in 8 days the response, which involved two agencies, is sent back to Ponce. Sian gets a rapid answer to his petition (even if it is not what he requests) but the Subdelegación’s complaints of Sian’s infractions go unanswered. Paradoxically, the civilian physicians in the “Subdelegación,” trained in European capitals, hold a rigid and legalistic position, opposed to the flexible attitude of military officers who hold office at central and local levels. In the context of a large underserved population, they admit that Sian’s actions were not “in agreement with the current regulations,” but they let him act.

Prescribed medications, too, were expensive and often toxic. Fortún emphasizes that Sian provided free remedies to the poor, while the Subdelegación accuses the Asiatic to sell them at immoderate prices. Inmoderate, when apothecaries in Ponce sold a single leech for up to 3 reales, the salary for 12 hours of work by a well-paid laborer? Translated to the current minimal salary in Puerto Rico, the leech would cost \$87 dollars.

Throughout the nineteenth century, licensed physicians denounced the activities of “curanderos,” “curiosos,” “intrusos” or, as Sian was called in Ponce, charlatans. Should the Subdelegación have granted Sian a license to practice medicine? As the organism charged with enforcing the laws that regulated the practice of medicine, it was impossible. Nevertheless, in the face of so few physicians and so many needing help, was it the best response to the ethical dilemma between forbidding cures not allowed by the law, and tolerating an unauthorized healer?

Elements of Sian’s story, such as the eager welcome for new treatments among hopeless patients, the cost of medications, medical licensing, the impotence of the licensing agency to control an unorthodox but popular healer, and the toleration of authorities, exemplify situations that accompany medical practice at all times. The study of the historical circumstances of the medical profession is, in addition, a rich source for the ethical training of professionals in facing current-day problems.

## Resumen

En Puerto Rico y Cuba, la frase popular “no lo salva ni el médico chino” indica un caso incurable. Los documentos en el Archivo General de Puerto Rico incluyen tres solicitudes de licencia para practicar la medicina del inmigrante chino Juan de Dios Sian (Lin Hua Cheng). A pesar de serle negada la autorización, utilizó hierbas medicinales para tratar personas con enfermedades crónicas en Ponce, San Juan y Mayagüez de 1851 a 1853. Antes de llegar a Ponce vivió cuatro años en Cuba, donde aparece otra vez para 1865. Las solicitudes de Sian demuestran que, en Puerto Rico, como en Cuba, ejerció un “médico chino” ampliamente conocido. La anécdota nos recuerda asuntos importantes en nuestra historia médica y social: la inmigración asiática (más temprana, mayor y más

diversa de lo que usualmente se considera), el acceso a la atención médica (y sus limitaciones), y la larga historia de la medicina herbaria en Oriente y Occidente. Elementos de la historia de Sian, como la atracción de las terapias no convencionales para pacientes que no consiguen acceso o beneficio de los tratamientos ortodoxos, la ética del licenciamiento médico y la impotencia de las agencias médicas para controlar un sanador heterodoxo, pero popular frente a la tolerancia de las autoridades del orden, ejemplifican dilemas que acompañan la práctica médica en todas las épocas.

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12. AGPR, GE, c 147, Certification of decision taken by the Subdelegación de Medicina y Cirugía in session of 23 June 1851, Francisco Vassallo, Secretary, Puerto Rico [San Juan], same date.
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21. AGPR, GE, c 147, Petition of Juan de Dios de Jesús Sian to the governor of Puerto Rico, Puerto Rico [San Juan], 30 March 1853.
22. AGPR, GE, c 147, Receipt for the documents enclosed with an application for permit to practice medicine, signed in Chinese characters, Puerto Rico (San Juan), 18 May 1853.
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26. I found no document relating to Sian in the sections on "Extranjeros" (Foreigners) and "Pasaportes" (Passports) in the papers of the governors' office of the Archivo General de Puerto Rico (GE, Extranjeros, cajas 111, 112, 115-A; Pasaportes, caja 158), or in the information available for 1850-1852 in passenger and foreigner listings in the Archivo Histórico Municipal de Ponce, cajas S-103 (Entradas y salidas de buques), S-533 (Transeúntes); S-565 (Padrones de extranjeros), S-566 (Cartas de vecindad). Sian does not appear in Cifre de Loubriel E. Catálogo de extranjeros residentes en Puerto Rico en el siglo XIX. San Juan, PR: Ed. Universidad de Puerto Rico; 1962, and La inmigración a Puerto Rico durante el siglo XIX. San Juan, PR: Instituto de Cultura Puertorriqueña; 1964.
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