

Dissemination of Traditional Chinese Medicine in Latin America and the Caribbean: the Cases of Peru, Chile, and Cuba

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Abstract

Traditional Chinese medicine (TCM) arrived from China to Latin America and the Caribbean in the 1840s due to the massive migration of Chinese people to the region. In a few years, the press noticed the presence of Chinese herbalists practicing in different cities and countries regardless of the demographic weight of the Chinese community. The fascination with Chinese doctors implicated not only the press but also the literature, a phenomenon particularly observed in Cuba. In the first decades of the 20th century, the reactivation of Chinese immigration to the region fostered an anti-Chinese climate that materialized in more significant migratory restrictions and control of their businesses, such as what happened with Chinese herbalists. These herbalists who practiced inside and outside the Chinese community started to object to criticism and persecution by the conservative press and professional doctors. Despite this, Chinese doctors will continue to maintain their support of a significant number of ill persons. This work seeks to illuminate the historical relevance of TCM in Latin America and the Caribbean, focusing on the cases of Peru, Chile, and Cuba. This last country was far from China culturally and geographically, but as in many other small towns in the region, Chinese medicine presented an alternative to the treatment of illnesses.

Keywords: Caribbean; Chile; Chinese migration; Cuba; History of medicine; Latin America; Peru; Traditional Chinese medicine

1 Introduction

The COVID-19 pandemic greatly affected Latin America, with medical systems poorly prepared to deal with the hundreds of thousands of people seeking medical treatment in the short span of a few weeks. When the crisis worsened in 2020, many countries in the region received large quantities of medical supplies and critical equipment, such as ventilators, from the People's Republic of China. Chinese doctors also traveled to the region, offering medical assistance and consultation to local health personnel. Various governments and the press welcomed China's support and thanked President Xi Jinping (习近平).^{1,2} Nevertheless, the historical presence of Chinese doctors in the region remains unacknowledged. This article aims to analyze the practice of Chinese

medicine in Latin America and the Caribbean, focusing on Peru, Chile, and Cuba and from a historical perspective, during the mid-19th and early 20th centuries.

Nowadays, traditional Chinese medicine (TCM) is recognized as a complex medical system that includes multiple therapeutic methods in order to prevent, diagnose, and treat disease (such as acupuncture, diet, herbal therapy, meditation, physical exercise, and massage). However, during the period and context analyzed, the concept of "Chinese medicine" referred to medical therapies provided by a "Chinese doctor" mainly herbal and, to a lesser extent, acupuncture, and "Chinese doctor" or "Chinese herbalist" (used indistinctly) to any Chinese person who treated diseases regardless of whether or not had a medical degree.

As diverse historians have demonstrated, Chinese herbalists played an important role in healing diseases and the professionalization of medicine in the Americas, particularly in the United States. Historians William Bowen and Haiming Liu developed pioneering research on Chinese herbalism in California during the 1900s. Bowen states that since 1847, Chinese medicine has served the needs of the Chinese, Euro-Americans, and Hispanics, adapting to changing circumstances.³ Along the same lines, Liu's work has analyzed how this medical knowledge crossed ethnic borders and captured the attention of many California residents, particularly those from Spain and Mexico.^{4,5} Recently, new researchers have highlighted various contributions of Chinese medicine in the United States. Tamara Venit Shelton,

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in *Herbs and Roots*, has demonstrated that it played an important role in undermining the consolidation of medical authority among professional doctors in the United States.⁶ Additionally, Yemeng Chen (陈业孟) has explored the role of Chinese herbalists in times of epidemics, particularly combating the 1918 to 1919 influenza pandemic in the United States.⁷

Since the mid-19th century, the Latin American and Caribbean press reported information on Chinese doctors, their cures, and legislation regarding the practice of Chinese medicine in the United States. For example, in 1869, newspapers in Panama closely followed the news about the smallpox epidemic that affected the port of San Francisco (California). This nation feared the disease would spread to its ports due to sick passengers coming from the north. In late January and early February, the *Star and Herald* and *La Estrella de Panamá* reported that the smallpox epidemic was waning in San Francisco. According to these newspapers, the decrease in deaths was due to the presence of a Chinese doctor who had managed to cure many cases considered serious by “the best doctors.” As a result, the press recommended that patients put aside their “false pride” and turn to Chinese doctors to help themselves and their neighbors.^{8,9}

Nonetheless, the practice of Chinese medicine was not exclusive to the United States. The press reported that various Chinese doctors had treated patients in Latin America and the Caribbean since the mid-19th century. However, Chinese medicine and other non-western medical knowledge have been scarcely analyzed by Latin American historiography specialized in the history of health and migration, mainly to methodological problems, that we will refer further.¹⁰ The most studied case is Peru, which is why many of the examples presented in this article refer to this Andean country. But before exploring Chinese medicine’s dissemination in the region, it is necessary to briefly contextualize the presence of Chinese immigrants in Latin America and the Caribbean.

The massive migration of the Chinese to Latin America and the Caribbean started in 1847 to serve as laborers worldwide. Between 1848 and 1888, more than 2 million Chinese emigrated, many arriving in ports throughout Latin America.^{11,12} Outside the United States, Peru and Cuba served as the main destination for workers in this region. Between 1849 and 1874, Peru hosted nearly 100,000 Chinese immigrants and Cuba 125,000, almost all male workers. The end of African slavery in Peru, and a shortage of labor in both countries, along with the increase in international demand for natural fertilizer, cotton, and sugar, caused policymakers and Peruvian and Cuban planters to find in the “coolie labor trade” a solution to the labor crisis.^{13–16}

Many complained that the immigration programs which brought Chinese workers to those regions had characteristics of human trafficking and were referred to as the *yellow trade*. The dehumanizing work conditions

ended in the mid-1870s, when China, Peru, and Cuba signed free immigration treaties. Despite the recruitment of workers to rural plantations, at the end of their 8-year contracts, many of the workers moved to cities looking for better work alternatives or economic independence.^{17,18} Consequently, multiple Peruvian and Cuban cities became hubs of Chinese diasporas, where were built Chinatowns. As Palma and Ragas state, Chinese immigrants contributed not only their labor to the agricultural sector but also new traditions. Among them, Chinese medicine was one of the most important but unknown traditions brought to these countries.¹⁹

This paper aims to provide an overview of the presence of Chinese medicine, its characteristics, and repercussions in Latin America and the Caribbean from the mid-19th century, until the first decades of the 20th century, through three case studies. It is worth mentioning that some methodological limitations have arisen: scarce are the records in government documents regarding Chinese medicine, which triggers the idea that TCM was rarely used as a healing system (and also explains the limited bibliographic sources). However, other documents, such as newspapers and literature, provide us a different approach. Here we analyze and reference diverse primary sources, some of them published in secondary sources available. The paper consists of two parts. The first explores through bibliography, newspapers, and pieces of literature, the practice of Chinese medicine in the region, focusing on Cuba and Peru, where there were large Chinese communities in various cities. In the second part, the article analyzes the case of Chile in South America. Although its Chinese community was not as large as the countries mentioned above, Chinese doctors were part of the medical offer in various cities. Through the court case of Dr. Ito Kiu, we highlight the local population’s support of Chinese doctors and how, despite legislation controlling the medical profession, Chinese doctors continue to practice medicine freely and without further control by authorities.

2 Chinese medicine in Latin America and the Caribbean

In the 19th century, Chinese doctors arrived on the known as *coolie ships* and first practiced on plantations in countries with large coolie populations, such as Peru and Cuba. For example, the commercial house Lumer y Cía, which participated in the traffic of Chinese workers, indicated in an advertisement published in Lima (Peru) in 1855 that “on board each ship we have Chinese and European doctors, plenty of water and the best provisions for emigrants.”²⁰ These advertisements sought to generate investor confidence regarding the arrival of their workers.

In the first years, TCM was exclusive to Chinese migrants. However, a few years after the arrival of known as *coolies*, many of them moved to the capital and main

cities where they offered medical treatment to locals. For instance, *El Comercio* of Lima, in March 1854, reported revealed that a “Celestial Empire doctor” worked in the city as a tooth puller and healer, with great fame.²¹ Two days later, the same newspaper informed that in addition to this “docto”, in the port of Callao—near Lima, the capital—two Chinese apothecaries had opened stores.²² The census carried out by the Municipality of Lima in 1866 reaffirmed this trend. Among the records, there were two Chinese immigrants registered as doctors practicing near the central market.²³ As Paroy points out, an interesting aspect about the Chinese registered as doctors was that they were among the few Chinese nationals, who enjoyed the privilege of living in the city during the *yellow trade*. Unlike the coolies with 8-year contractual obligations, who primarily worked in agricultural areas, doctors could reside freely in the city and set up their practices from the moment they disembarked at the port of El Callao.²⁰ Chinese herbal shops or *boticas chinas* would become part of the urban landscape in the following decades, although not without controversy, as we will analyze later. The newspaper *El Comercio* (Lima) indicated that by 1900, “a Chinese doctor [was] an everyday thing, without novelty, or importance of any kind.”²⁴

Chinese herbalists offered an affordable alternative to medical care for their community and the broader population, making them especially popular during epidemic outbreaks experienced by Latin American nations from the mid-19th century to the first decades of the 20th. For instance, news about Chinese healers systematically appeared in the press during the 1868 yellow fever epidemic that affected multiple Central and South American port cities such as El Callao in Peru. In July, the doctor José María Macedo informed to Major of Lima that “some people” even disseminated rumors about a Chinese doctor raising the dead.²⁵ During the months of the epidemic, news of Chinese doctors curing people in the capital kept spreading, and more patients testified to its efficacy.²⁶ By September of 1868, herbal shops were in several parts of the capital, and according to the newspaper *El Comercio*, they were “attracting a considerable number of clients, both Asian and of other nationalities.”²⁷ Western doctors gave a diagnosis and prescribed drugs, and patients had to buy them at pharmacies at an additional cost. However, Chinese doctors diagnosed and provided treatment, all within the same service and cost. In response, doctors from the Lima School of Medicine attacked Chinese healers and their “miraculous cures”. The Municipality and the School of Medicine began to legally persecute Chinese doctors practicing without medical degrees, accusing them of presenting a danger to public health.²⁸

Consequently, the popularity of Chinese doctors came with increased control and persecution of their medical practices, especially in Peru. As professional doctors could not convince the public about Chinese medicine’s

alleged inefficiency/harm, they appealed to health authorities to prohibit its practice.¹⁰ Most Chinese healers exercising medicine in Latin America did not have medical degrees, or they had not been validated before the competent authorities. For this reason, professional doctors demanded that health authorities prohibit “so-called” Chinese doctors from practicing medicine.

These actions responded to local doctors’ interest in protecting medical practices and their personal interests. Despite doctors’ disparagement of Chinese medicine, they also considered it competition. Chinese doctors adopted different strategies to get clients outside their ethnic community, such as advertising in newspapers or offering free service as their profit was in the sale of herbs. Consequently, local doctors lost clients, which questioned their high rates compared to Chinese doctors.²⁹

Particularly in Chile, Chinese doctors enjoyed protection from influential members of local civil and religious society, which allowed them for several years to be protected from the generalized racism against the Chinese that took hold in the Americas. Chinese immigrants became scapegoats during the bubonic plague epidemic that affected the Americas at the end of the 19th century and the first years of the 20th century. In multiple cities and countries, the authorities and the press targeted Chinese immigrants, blaming them for spreading the disease based on the prejudices surrounding their cultural habits and dietary preferences.^{30,31} The epidemic revealed the local population’s widespread racism toward the Chinese. For instance, Peruvian health authorities began to refer to the 1903 bubonic plague as “the Asian scourge”. At the epidemic’s peak, officers from the task force went door-to-door, registering every household, disinfecting their houses, and searching for rats. These measures particularly targeted residents in Chinatown where public health authorities implemented radical sanitary measures.^{32,33}

Despite the cemented idea that the bubonic plague’s cause was Chinese immigration, Chinese doctors treated patients and gave guidelines to face the plague. For example, in 1899, the newspaper *El Comercio* (Peru) reprinted a letter sent by the Chinese doctor Cong Yulong to the Buenos Aires newspaper *La Prensa* regarding the bubonic plague outbreak in Portugal and its possible advance in the Americas. In this letter, Cong demonstrated his experience with the disease and expertise combatting it. Having been born and educated in China and having also resided in India, he claimed to have significant experience in epidemic diseases, especially those that occurred in those nations.³⁴

Due to his experience, the Chinese doctor assured that the bubonic plague would disappear shortly. He also felt that it would not impact Buenos Aires greatly. For the Chinese doctor, many European countries and some Americans overlooked unhygienic factors that caused bubonic outbreaks in Asian countries, such as

overcrowding, poor nutrition, and sanitary infrastructure like adequate drainpipes and clean drinking water. On the contrary, the doctor assured the public that if the plague were to arrive in Buenos Aires, the city had a competent medical body that could deal with it. The doctor was respectful to local physicians, especially regarding their opinions on the symptoms and treatments of the bubonic plague, stating that he was not an “authority” in this field. Nevertheless, his “lack of authority” did not prevent him from giving his opinion.

In July 1847, the Cuban newspaper *Diario de la Marina* published a short report titled “The Chinese Doctor”³⁵ (Note 1). In this article, the reporter recounted the great interest aroused among the local population by the appearance of a Chinese doctor. Talking about the healer became a common topic in the city. Although many people had seen the doctor, diverse opinions often sparked passionate debates among the population. The reporter discussed the prejudices against the herbalist, that he was thought to be a “charlatan” from a “barbaric and uneducated country”, and compared these prejudices with patients’ positive experiences.

The reporter decided to go to a Chinese doctor and recounted his experience. Initially, the reporter was curious about many of the unlabeled herbs on the table. Then, he notes the absence of an interpreter who would assist the doctor communicate with patients. Although the healer’s appearance, modesty, simplicity, and manners were unlike a Western doctor’s, this mattered little to his patients. Instead, they were pleased with the pulse diagnosis and the herbal treatments, which allowed them to regain their health. After the visit, the reporter concluded that the Chinese doctor could be considered a “doctor”, even if local physicians considered him to be an ignorant person who had not “studied pathology or physiology.”

The press was not the only space where the public discussed Chinese doctors’ medical practices. Locals’ fascination with them also inspired literature shortly after the arrival of the first Chinese doctors in Cuba. The same year (1847), *El Faro Industrial de La Habana* published a fictional piece titled “A letter from Havana to other places”, which narrated the story of a Chinese doctor who moved to the city from a sugar mill where he received “infinite visits”.³⁶ These pieces attracted the public’s attention in Havana. A few days later, the same newspaper published a poem titled “Decimas for the Chinese Doctor”. The text gave an account of the impressions of a Cuban from Havana who longed to meet a Chinese doctor.

“... he falls wounded: in compassion
a neighbor takes him
to the hospital. Sadly,
the poor man says:
«I am dying, but in the end I saw
the queue for the Chinese [doctor](sic)»”

In July 1847, the same newspaper announced a new one-act play titled *El Médico Chino* (*The Chinese doctor*) by Sabino de Losada. The play’s review said, “to see the doctor on the stage, speaking Chinese, prescribing, getting out the herbs, and showing off his grotesque clothes of the sort that men from the Celestial Empire wear is a very pleasant way to pass the time.”³⁷

Apparently, the newspaper was referring to the work *El Médico Chino*, published in 1847 and written by the Cuban poet Juan Miguel de Losada, who died in 1856 in Mexico City. *The Chinese Doctor* was a one-act comedy about a family in Havana trying to recover the health of their daughter Leonor. She had a suitor, Miguel, but her parents disapproved of the union because Leonor was sick and might have to travel to the San Diego medicinal baths to treat her illness.³⁸ The mother also opted for another alternative: to call a “wise” Chinese doctor who was said to perform miracles in the city. He had apparently cured the Countess of Sanlúcar just by getting her pulse, a case that no other doctor until then had been able to solve. Despite not agreeing, her father, Marquis Ruperto, was sent by his wife to bring the Chinese doctor home. Miguel decided to take advantage of the situation and posed as a Chinese doctor while his friend pretended to be his translator to convince his beloved not to travel to San Diego. The play’s denouement occurred when Aniceto, Leonor’s old and wealthy suitor, exposed Miguel and brought a real Chinese doctor home, earning the respect of the family.

Throughout the comedy, the Chinese doctor’s role was stereotypically portrayed, reflecting Cuban prejudices at the time. Thus, the play highlighted the incredible popularity of Chinese doctors among the population, associated with the resolution of extravagant and fantastic medical cases. For example, Aniceto shared with the family the rumor that the Chinese doctor saved an older woman’s sight by replacing one of her eyes with that of an animal. Similarly, the real and the so-called Chinese doctor wore a “Chinese” suit and were portrayed as confused, passive, and misunderstood. Additionally, they were interpreted as unable to communicate in Spanish (only speaking in supposed Chinese) and interested only in money. The real Chinese doctor who appeared at the play’s closing scene never treated the patient, who was reluctant to enter the place and was forced by Aniceto to stay in the house. However, he had no problem staying and witnessing the family drama when he received money from the family.

The play also illustrated the extreme positions in Cuban society regarding the participation of Asians in medicine. While Doña Mariana did not doubt the doctor’s miracles, and she considered him a “wise man”, the Marquis disqualified the doctor saying that he was inferior to other doctors in the city. However, the play tended to disparage and mock Chinese medicine and its therapeutic methods, especially pulse diagnosis. False

patients often tested Chinese doctors and their medicinal herbs that heal “miraculously”.

References to Chinese doctors and herbalists in literary texts were less widespread in other countries in the region. In 1876 Regino Aguirre—a Mexican writer from the city of Veracruz—published a piece titled “The Chinese Doctor: Comic innuendo on current affairs, in one act and in verse.”³⁹ In Peru, where there was a large Chinese community, no similar literature refers exclusively to Chinese doctors. One of the few direct references to Chinese doctors is in Ernest Middendorf’s work entitled *Observations and Studies of the Country and its Inhabitants During a Stay of 25 Years*. Middendorf (1830–1908) was the only 19th-century traveler to Peru who referred to Chinese medicine in his writings. As its name indicates, the text referred to the observations regarding the Peruvian territory made by the German doctor and anthropologist who made three extended visits to Peru between 1854 and 1888. The German doctor portrayed Chinese medicine as exotic and macabre. He mentioned the existence of many doctors and herbalists whom the public considered to be skilled practitioners. According to his account, Chinese practitioners convinced patients that examining their pulse or the color of the patient’s blood—which they extracted with their long and sharp fingernails—could reveal the nature of any ailment. For Middendorf, both common people and members of the upper class trusted healers because of their superstitions and the cunning of these practitioners and not for their medical knowledge.⁴⁰

As the press and literary texts are a rich source for understanding the role of Chinese medicine in Cuba and Peru, court cases are another door to the world of Chinese doctors, as the Chilean case demonstrates.

3 The Chilean case

The presence of Chinese doctors was significant even in countries with a relatively small number of Chinese immigrants, such as in Chile, a country in the Southern Cone. While most engaged in commercial activities, a small group practiced medicine or sold medicinal herbs. Despite the prohibition of medicinal practice by non-professional healers, Chinese doctors expanded their business to Chilean nationals because, as in other cities, locals demanded their services. Chinese healers were free to advertise their services and sell medicinal herbs in stores and streets because local authorities rarely pursued them. Mentions of Chinese doctors in the press go as far back as the 1870s. The newspaper *El Mercurio de Valparaíso* in March 1879 reported that a Chinese doctor lived and worked in the city of Chillán, located about 400 km south of the country’s capital, Santiago. *El Mercurio de Valparaíso* also reprinted news from another local newspaper (*Las Noticias*), which recommended that authorities prohibit the exercise of Chinese medicine.⁴¹ However, in very few cases did authorities

investigate the medical exercise of Chinese medicine, such as what happened with Dr. Ito Kiu.

Although the presence of Chinese doctors was more common in Latin America than health historiography has documented, Dr. Ito Kiu’s case was one of few systematic records which detailed Chinese doctors’ treatments, their trajectories, and their medical impacts. According to the newspaper *El Tarapacá*, Kiu was a doctor at Peking University and worked with his assistant Andrés Lao, who was in charge of making medicinal preparations. He also had the assistance of a young interpreter named Antonio León, a bilingual Peruvian with Chinese parents. Like other Chinese doctors who exercised medicine in the Americas, Kiu did not speak the local language, but it did not impede him from opening clinics and treating patients. Instead, translators allowed him to reach a larger audience.⁴²

The arrival of Kiu to Iquique (Chile) demonstrates the fluidity in the circulation of these healers throughout the Americas. The city of Iquique was one of the most important in northern Chile for its saltpeter production, which welcomed many Chinese immigrants. According to the 1895 census, there lived 476 Chinese citizens in the department of Tarapacá (Iquique was its capital).⁴³ But before arriving in Iquique, Dr. Ito Kiu had passed through multiple cities since he had moved to the Americas in 1898. An interview conducted by the Peruvian newspaper *El Comercio* with Antonio León, his interpreter, provides valuable information regarding the causes and motivations not only for his arrival from Iquique but also to the Americas two years earlier.⁴⁴ According to León, Dr. Kiu enjoyed a quiet life in Beijing, where he practiced medicine, a profession that allowed him a comfortable life. However, his calm existence suffered a setback when Kiu received the news that his brother, who lived in Panama, had become seriously ill.

He decided to embark on the isthmus in the context of significant political instability in the Caribbean generated by the war between Spain and the United States. The slow journey to Panama meant that his brother had passed away once Kiu reached Panamanian soil. He chose to return to China but had to wait for his hair and braid to grow back. Before starting his trip to the Americas, he had to cut his braid “to be in agreement with the civilization of the white race”. According to his translator, he was aware that to return to China without it was to expose himself to the wrath of its inhabitants, who would consider him a renegade.

Nevertheless, he decided to leave Panama, making stops in different cities before arriving in Iquique. In all of them, his compatriots recognized his merits which made his stay sweeter. According to León, he arrived in Chile in 1899 (although the newspaper *El Tarapacá* indicated his arrival in March 1900) to live in Iquique. He had previously settled in Lima, wherein 6 months, he had more than 300 clients due to the successful

results of his medical treatments.⁴⁴ Iquique had a large Chinese community where he had “successful cures” that allowed him to gain a large clientele within a short time. According to local newspapers, Kiu’s outstanding medical successes gained him prominent clients such as Bishop Carter and the priest Mr. Huntsman.⁴⁵

Through the pulse of his patients, he diagnosed diseases. In the same article, Ito Kiu assessed each patient’s pulse for such a long time that they almost fell asleep. The doctor then asked the patient diverse questions. Next, he checked their eyes and tongue and continued to pulse the patient.⁴⁵ As we have mentioned previously, pulse therapy was a widespread practice among Chinese doctors installed in the Americas. So much so that a Peruvian medical student was inspired to investigate its application for his graduate dissertation in 1877, titled *the pulse as a diagnostic sign of diseases*.⁴⁶

After the diagnosis, Dr. Ito Kiu wrote a medical prescription in “the language of Confucius that only he and his secretary underst[ood].” Once the patient had the prescription, his assistant Andrés Lao prepared the herbs advised by the Chinese doctor and delivered the preparation to the patient, who, for a modest price (5 pesos), paid for the visit and the remedy.⁴⁵

Despite his fame, Kiu and his assistants were arrested in May 1900. He was accused of medical negligence that caused the death of a woman named Adela Humeres. The judicial investigation sought to clarify the death of Adela Humeres, presumed to have died of poison from consuming Chinese medicine (Fig. 1).⁴⁷ Humeres had visited the Chinese doctor for pain in her belly, who gave her an herbal remedy. The first intake had positive effects, while the subsequent caused uncontrollable pain and diarrhea. After that, her daughter called two doctors who gave her new medications that were not effective. Adela Humeres would die the day after consuming Chinese medicine.

Consequently, a criminal Judge ordered the interrogation of the actors involved in the treatment of the patient and ordered the arrest of Ito Kiu and his assistants. However, during the process, the investigation took an unexpected turn. The Judge and the criminal experts found that the bottle with the Chinese medicine contained arsenic, but this poison had been added between the first and second intake. The Judge believed that Adela’s daughter, Isabel Castro, and Humeres’ lover, planned the poisoning.

The case had remarkable repercussions in the press. Even newspapers from Lima—where Ito Kiu had worked for a time—reported the news. Local media in Iquique, such as the newspaper *El Tarapacá*, reported on the case’s progress. The newspaper indicated that even though the authorities handled the case with secrecy, Ito Kiu and his assistant received signs of support. The reporter indicated that many people visited the prison to learn about Dr. Kiu’s situation. For a sector of the population, the doctor was considered a “charitable man” who treated poor people “without charging them

a penny”. In addition to this popular support, Bishop Carter wrote a letter to Judge Figueroa to tell them that Kiu had treated him and that until then, he had not suffered any mishap.

Fascinating details regarding Chinese medicine appeared in the city’s investigation.⁴¹ For example, Dr. Kiu was the patient’s first choice when she felt sick. Her daughter only turned to professional doctors when Dr. Kiu’s medicines did not work. In fact, she reaffirmed to the judge and the press that the first doses of the Chinese treatment almost cured her mother. Second, the experts who raided the Chinese healer’s house verified that the prepared medicines consisted of “tree bark, roots, and leaves”. Chemical tests performed on the drugs only confirmed their herbal composition. For this reason, the Public Ministry decided there were no merits to continue investigating Ito Kiu and set him free. The criminal process then started to focus on Adela Humeres’ daughter as the judge believed she had put rat poison in the bottle containing Kiu’s medicine.

This criminal case is one of the few recorded testimonies of a Chinese healer in Chile. Peruvian interpreter Mariano Cruz interpreted for Dr. Kiu. He stated that his name was Kiu León; he was a native of Canton, 50 years old, married, knew how to read and write, and was a hospital practitioner. Kiu León admitted that he had prepared the medicine in the bottle under investigation and that his instructions were written on it in Chinese. He also indicated that he was surprised that the chemical analysis performed on the medicine indicated the presence of arsenic since his medicines were herbal and none were poisonous. His assistant Andrés Lao claimed to be a cook and preparer of the doctor’s medicines. Finally, Antonio León confirmed the Spanish translation of Dr. Kiu’s prescription. The case demonstrates that despite existing regulations in Chile on the professional practice of medicine, no one questioned the medical practice of Dr. Kiu, who was released a few days later and apparently continued to work in the city.

4 Conclusions

Chinese doctors became a medical alternative for local patients in some countries of the Latin American and Caribbean region from the mid-19th century until the first decades of the 20th as we can observe in the case of Cuba, Peru, and Chile. During these years, this healing system expanded outside the Chinese community and won patients’ support and recognition. The press realized Chinese doctors were busiest during epidemic periods, which were recurrent in the region. The shortage of professional doctors, the high cost of medicines, and the desire of some to seek natural remedies led Chinese doctors to have not only the general public’s support but also support from important political and religious authorities in many instances. However, for almost 80 years, between the 1840s and the 1930s, the practice of

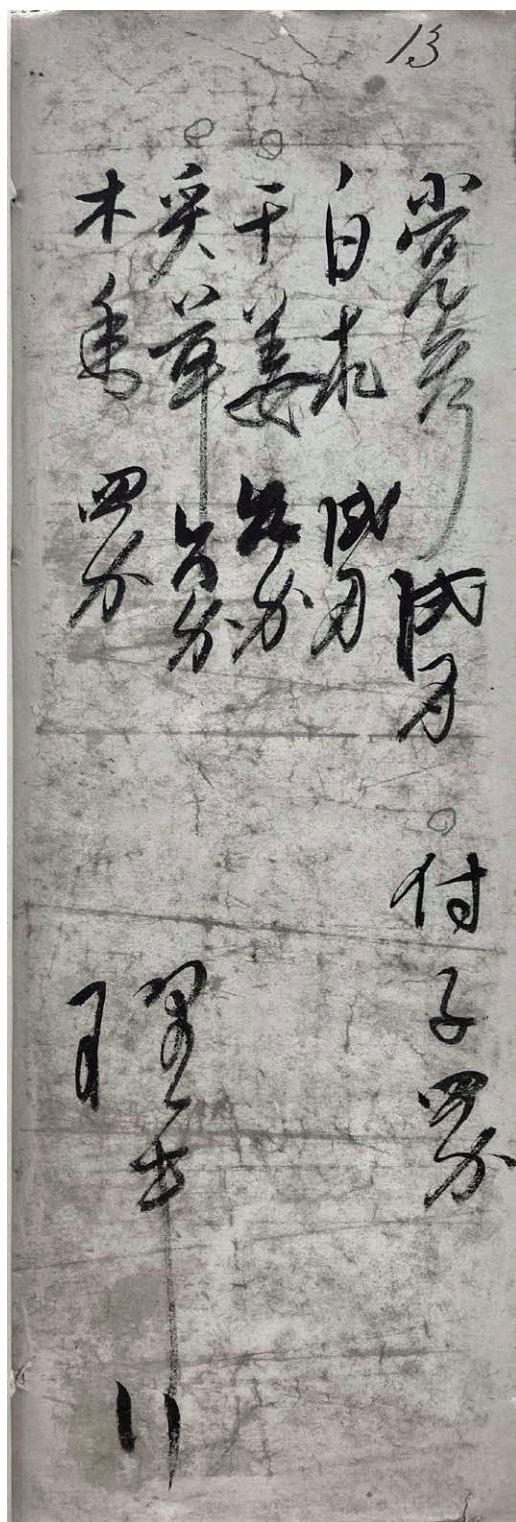


Figure 1 Prescription of Ito Kiu to Adela Humeres (source from: Toro, Esteban and others. *Parricide* [Court Files Iquique 2382]. Iquique: Chile National Archive; 1900).

Chinese medicine declined in the region due to its legal prohibition and the violent xenophobic climate, which contributed to the closure of many Chinese businesses.

Newspapers played a crucial role in popularizing the practice by recounting its miracles. As we have seen in

this article, newspapers in small and large cities reported on the presence of Chinese doctors. Some articles referred to the doctors themselves; others were opinion pieces in defense of or against Chinese medicine, and some were advertisements for their professional services. Along with the press, fictional and travel literature portrayed Chinese doctors as important characters in their stories. Cuban literature showed a particular interest in incorporating Chinese doctors into its stories which often reflected people's divided opinions on whether the therapies worked.

The court case against Dr. Ito Kiu in Iquique, Chile, shows that the fascination with and use of Chinese medicine were not exclusive to the areas where large Chinese communities lived. Despite Iquique being a relatively small community, Chinese doctors became a medical alternative for local people in this city. Ito Kiu's case illustrates that although anti-Chinese racism was gaining strength and legislation prohibited medical practice by non-professionals in the early 20th century, ill people had no problem going to Chinese doctors, and authorities rarely prosecuted them. This article highlights that the presence of Chinese doctors is far from being a recent phenomenon in Latin America and the Caribbean. On the contrary, Chinese medicine was one of the most important and little explored legacies left by the massive Chinese migration of the mid-19th and early 20th centuries to the region. This study of historical Chinese medicine in Latin America and the Caribbean is also an invitation to rethink the presence of TCM in the region. And we expect that future research could analyze this topic from new historical sources, mainly of government documents and records within the Chinese community.

Notes

1. For more information about Chinese Medicine in Cuba see: La medicina china y su presencia en Cuba (Chinese medicine and its presence in Cuba). *Cuad Hist Salud Pública*. 2004;95. Available from: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0045-91782004000100005 [Accessed on June 25 2023] and Alpízar Caballero LB, Borges Oquendo LdC, Grey Fernández X. Dos notables médicos chinos en Cuba en el siglo XIX (Two notable Chinese doctors in Cuba in the 19th century). *Rev Haban Cienc Méd*. 2017;16(6). Available from: <http://www.revhabanera.sld.cu/index.php/rhab/article/view/1998>. [Accessed on June 25 2023] and the two articles that are part of this dossier.

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This article does not contain any studies with human or animal subjects performed by any of the authors.

Author contributions

Patricia Palma participated in research design, data analysis, writing, and manuscript revision.

Conflicts of interest

The author declares no financial or other conflicts of interest.

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