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**Medicine and Public Health in Thai Historiography:
From an Elitist View to Counter-hegemonic Discourse***

Chatichai Muksong

Komatra Chuengsatiansup

Society and Health Institute, Ministry of Public Health, Thailand

This paper examines evolving historiographic practices of Thai medical history in the contexts of changes. The review of related works reveals at least four different existing approaches in the history of Thai medicine and public health. Firstly, the royal-nationalistic approach, prevalent in the early stage of Thai medical history, postulated accounts of the royal nobility as the core of medical historical narrative. The second, “developmental approach,” deployed the narrative framework of national progress, emphasizing the roles of state in development in which medical knowledge served as an indispensable instrument. Thirdly, the social history approach was developed as increasing historians and social scientists joined the field to examine the interrelation of health, medicine and social changes. The fourth approach in Thai medical history was a counter-hegemonic historiography. This last form of critical historiographic practices was evident in the writing of history of people movement and indigenous medicines that emerged in the past few decades, following the popular uprising of October 1973. The paper argues that the evolving frameworks and competing forms of Thai medical historiographic practices not only reflected the changing politics of health and medicine in Thailand, but also affirmed that historiography itself has increasingly become a political ground in which power struggle played out and domination contested, as various parties competed to claim their political autonomy.

Introduction

Medicine, as was also the case of science and technology in general, was comparatively less featured as a subject in Thai historiographies. While traditional Thai historiographic accounts, such as chronicles (*phongsawadan*) and legends (*tamnan*), concerned rather exclusively with dynastic and Buddhist religious narrative respectively (Wyatt 1994), modern Thai history has been occupied by the stories of states, politics, and the nobility (Nidhi 2005). Whereas traditional medicine was scarcely mentioned in pre-modern Thai historical records, modern medicine seems to belong to the technical sphere free from history, a sphere of which one looks forward to its progress and advancement, not backward into its history. It was only recently that medicine has gradually transformed from a subject of public concern into an object of scholastic inquiry in Thai historical studies.

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Interest in the history of medicine in Thailand has been on the rise in the past decade (see Komatra & Chatichai, eds. 2002). In addition to the sheer increase in number, narrative structures and substance of medical historiographies have also been relatively diversified. As a form of social practice, historiography itself is shaped by historical circumstance and institutional transformation. It is the aim of this paper to trace and explore various approaches in medical historiographies in Thailand in the context of changes. The paper argues that changes on how history of medicine was constructed and the ways in which medicine and public health was depicted in Thai historiographies reflect the political dynamics of Thai health politics. Just as official politics has become increasingly contested, current historical accounts seem to indicate increasing roles of non-state actors and civic sectors in Thai health politics and medical development.

This paper is divided into three main parts. The first part provides an overview of modern medical historiography in Thailand. It traces the evolving historiographic practices in pre-modern Siam and attempts to understand changes in medical historiography in the changing historical contexts. The second part of the paper gives an account on the variety of historiographic practices in Thailand. It identifies four main approaches in Thai historiographic practices, namely, royal-nationalist; developmental; social historical; and counter hegemonic approaches. The last part of the paper suggests how current historiographic practices in Thailand reflect the ongoing struggle among various parties in health politics in Thailand.

Medicine, Public Health and Historiography in Pre-Modern Siam

Prior to the introduction of western medicine into the kingdom in the 19th century, the traditional healing system of Siam was an eclectic mix of multiple indigenous medical traditions (see Suwit & Komatra eds. 1987). The ideas of public health and an organized system of health care as we know it were inconceivable under indigenous system of knowledge and political organization. The organizational system of pre-modern Siam, characterized by “*sakdinaa*” system, drew a sharp dividing line between upper and lower social strata. Among the royal family, nobility, and courtiers, the house doctors of the royal court (*mau luang*) were available for medical consultation, while commoners, or the lower class persons, relied on folk doctors (*mau chalueysak*) to deal with their health problems. Early missionary records indicated that households relied on a variety of indigenous healing practices, such as midwifery, herbal medicine, massage, and spiritual healing (Bradley 1865; Beyer 1907; Mcfarland 1928).

As a sovereign state, the role of the ruling court in pre-modern Siam was confined primarily to the protection of its subjects from external intrusion. With regard to internal affairs, state apparatus was developed and deployed only insofar as it was necessary to ensure loyalty, taxation, and social order. The state played little role in everyday health and medical problems. Only when there were massive epidemic outbreaks that threatened peace and social order did the state take on an active role. Certain ritual ceremonies were performed to ward off epidemics, which were conceived as attacks by evil spirits (Pensri 1985). Medicine was entrusted not only with a task to alleviate ailment but also a critical mission to secure and stabilize the sovereign power.

As institutional practice, medicine and historiography was assigned similar political task. Just as medical and public health intervention of the pre-modern Siam state was employed to stabilize the regime, traditional historiographic practices were exploited as means to reinforce the legitimacy and authority of the state. As David Wyatt points out, traditionally there were two forms of historiography in Southeast Asia: *phongsawadan* (chronicles) and *tamnan* (legends) (Wyatt 1994). *Phongsawadan*, or chronicles, were written mostly by scholars serving in the royal court. They were concerned rather exclusively with dynastic, or, more properly, kingly history, "what King Chulalongkorn termed tales of 'dynasties and battles'" (ibid.:21). Wyatt suggests that "[these royal chronicles] were composed primarily for the edification of the ruler and his successors, though it has also been suggested that a ruler might have considered the royal chronicles as part of his royal regalia" (ibid.:17).

Beside *phongsawadan*, another form of indigenous historiography is *tamnan* or legends. According to Wyatt, *tamnan* are mostly associated with Buddhist narrative; they are cast explicitly within Buddhist chronological and geographical frameworks. "They could be considered as having been composed, in a sense, to legitimize their subjects by demonstrating the means by which they are linked to the Buddha, or showing how their subject has become and remains a repository of merit" (ibid.:4). Although the subjects of *tamnan* are usually Buddhist principalities, religious institutions, or foundations, images, or relics and reliquaries, many *tamnan* also concerned with the succession of rulers, often related in the form of a list embellished with brief tales of their exploits as well as services to the religion.

Not only in the realm of political authority did indigenous historiographic practices capitalize on Buddhism as the source of its legitimacy, in medicine, medical historiographic practice was also employed Buddhist genealogical framework to inject legitimacy into its knowledge claim. Prince Srisaowaphang, in writing on "Story of Medical Doctors" (1889), maintained that in most traditional medical texts medical knowledge was portrayed as

originating in India since the time of the Buddha. Medical knowledge was claimed to be passed down from Jiwaka, the mythical physician who took care of the Buddha. This standard historiographic description could be found in many other works (Nitthetsukakit (1973); Kumnueng (1966); Thanan (1969); Piam (1971); and Saisanom (1983). Not unlike historiographic rendering of legendary tales of the state, this medical history was an attempt to relate medical knowledge to the story of Buddhism as its source of supreme legitimacy.

As modern system of knowledge was increasingly accepted and western scientific knowledge has become new source of authority, traditional medicine was fiercely challenged. Modern medicine gradually made its way into Siam, while modern historiographic practice, a totally new way of writing history, has become a new political tool by which colonial powers employed to justify colonial invasion and territorial conquer. Traditional historical narrative, long serviceable in legitimizing pre-modern state authority, has become an ineffective tool in countering colonial claim. The new political reality necessitated the need to reinvent how the past was narrated. As Smail succinctly states,

"... when there occur great changes in the contemporary scene, there must also be great changes in historiography, that the vision not merely of the present but also of the past must change" (Smail 1993:39).

Medical Historiography and the Colonial Contexts

Although western explorers arrived much earlier, it was during the reign of King Mongkut (1851-1868) and King Chulalongkorn (1868-1910) that the colonial encounter reached its greatest intensity. Ever since the early day of colonial expansion, the complementary use of scientific knowledge and military power was the main strategy for conquest and domination. Medicine and missionary doctors occupied a special place in the history of the colonial encounter, for medicine was the technology par excellence for proving the superiority of western colonial knowledge. It was not surprising that a great number of missionaries also carried out medical work.

One of the most important medical doctors who came to Siam during the reign of King Rama III was an American missionary, Dr. Dan Beach Bradley. Keen to introduce various western technologies to the Kingdom, Dr. Bradley was the first to establish and run a printing press in Bangkok. His periodical, "Bangkok Recorder," became a public medium that spurred scientific debate among the Siamese elite. He also introduced vaccination and demonstrated modern medical surgery by amputating the arm of a monk who had been seriously wounded by a fireworks explosion. It was not only a successful operation, but also a medical wonder for curing severe injury by cutting off an arm was inconceivable at the time.

Modern medicine was increasingly appreciated both by the royal court and local people. It was within the colonial context that we must seek to understand modern medical historiography.

Early accounts of medicine and health situation in colonial era were mostly missionary records (Bradley 1865, Beyer 1907, McFarland 1928, Wells 1958). These colonial historiographies described not only how missionary works were conducted but also health and medical situations in Thailand. Historical evidences of early medicine could also be found in various biographical accounts of prominent missionary doctors such as Dan Beach Bradley, Samuel Reynolds House, and Daniel Machiavelli. It could be said that these colonial accounts were mostly the descriptive testimony of superiority of western science, depicting indigenous medical practices as irrational, superstitious and inefficient.

Roles of missionary doctors attracted notable interest in early studies of medical history among Thai authors. "Doctor Bradley and Siam Kingdom," a popular work by Nai Honhuay (2494), used material from missionary records to tell stories of early missionary work, while "History of Missionary Medicine in Thailand" by Dr. Manaswee (1962), a Thai physician cum historian, reviewed how medical services initially provided by missionary was later transferred into the responsibility of the state. More scholastic historical studies of missionary included Suphannee's work on "Role of the missionaries in Thailand from the reign of king Rama III to the reign of king Rama V" (1964), Pannee's work on Roman Catholic missionary in Northeast Thailand, 2424-2496 BE (1973). Later works include Prasit's study on "The Transfer of Western Knowledge in Thai Society: A Study of Protestant Missionary during 2371-2411 BE" (1990), and Davisakd's work on the readjustment of knowledge and the power of Siamese elites, 2325-2411 BE (1997).

But the task of medical historiographic undertaking did not confined to understanding the roles, achievement, and impact of missionary medicine. Together with this accounts of missionary contribution and accomplishment, there was an attempt to subdue the effect of modern scientific and medical knowledge that deemed to threaten the legitimacy of traditional authority and state power. In other words, the subversive potentiality of western knowledge needed to be tamed, while traditional knowledge needed to be strengthened as part of the national cultural identity. Great effort was paid to restore traditional system of knowledge in various fields. As for the domestication of western science, it was through historiographic rendering that the modern scientific knowledge was partly subdued.

Localizing Modern Historiography and the Domestication of Science

Effort to restore knowledge in various fields in early Ratanakosin period was part of the attempt to re-establish institutional infrastructure for the newly found capital of the Siamese Kingdom at Bangkok, following the fall of the kingdom of Ayuthaya in 1767. Compilation and restoration of knowledge and texts in various fields including royal chronicles, legal treatises, and religious texts was seriously undertaken. In the field of medicine, the compilation of medical treatise called “*Tamra o-sot Phra Narai*” (King Narai medical treatise) was carried out during the Second Reign. It was intended as a reference for house doctors serving in the royal court (Chayan P. et al 2544: 6). Similar endeavors were undertaken in the successive reigns most of which concerned mainly with collecting and preserving practical medical knowledge (see Vichai 2002: 56-58).

When colonial threat was increasingly recognized, restoration of medical knowledge was not only made to gather and systematize knowledge but also to popularize it as part of national heritage and cultural identity. Knowledge on medical theory, diagnosis and treatment, traditional massage, as well as indigenous physical/meditative exercise were inscribed and displayed in temples for the public. It was the first time medical knowledge, long being held confidential and exclusive to the members of house doctor, was made commonly accessible to lay people and local folk doctors. Stone tablets engraved with traditional medical knowledge, herbal formulae, and anatomical diagram of massage were placed at the corridors of Raja-orasaram and Chetuphon Monasteries (Wat Pho) for public viewing. In decades that followed, when printing technology was available, medical textbooks were published and distributed on various occasions such as royal ceremonial events (i.e. royal bestowal of cremation of nobility) or birthdays of high-ranking officials.

One of such events was the cremation of a courtier during the reign of King Vajirawut (Rama VI). The King Narai’s Medical Treatise was published and proffered to people who attended the funeral. In this publication, there was, however, a new introduction written by Prince Damrong added onto the text itself. The introduction was an attempt to seek out the origin of King Narai’s Medical Treatise. The historical origin postulated by Damrong was not in the legendary framework of mythical physician, Jiwaka, or Buddhist historical narrative as it used to be in traditional Thai historiography. Rather, Damrong employed historical evidence and chronological association of modern historical method to posit that the medical treatise must have been compiled after the reign of King Pet-raja. He pointed out an entry of the medical formulae that was indicated in the text as having been offered to Somdej phra phuddhachaoluang nipphan taisa, whom Damrong asserted to be King Pet-raja. But because

the medical texts and herbal formulae were mostly collected at the service of King Narai, the text was named after King Narai. (Chayan P. et al 2544: 5-6).

This adoption of modern historiographic method and the use of chronological evidences was an epistemological shift from the legend-based historical narrative of the indigenous historiography. While traditional medical knowledge now needed a modern historiographic rendering to reinvent its historical origin (and to denounce its mythical root), modern medical knowledge needed to be tamed and domesticated. How could modern medicine, a system of knowledge and practice so different from its indigenous counterpart, be brought under control within Siamese power structure? To reclaim its autonomy, it was crucial for the Siamese state not only to restore traditional system of knowledge as a counter measure for colonial domination, but also to subdue the subversive possibility of modern system of knowledge. It was through a new historiographic emplotment that the attempt to tame and domesticate modern knowledge and western culture was realized.

Royal-Nationalistic Historiography and the Theory of Great Men.

In 1925, the publications of Damrong's famous lecture on "*The Introduction of Western Culture in Siam*" (1927) appeared. Damrong provided great details on how and when various elements of western culture were introduced into Siam. Contrary to the skepticism of earlier elite's view of the Old Siam, Damrong's description of western culture was rather optimistic. But his optimism was not informed by the perception of western culture as unquestionably virtuous. Rather, according to Damrong's account, it was the practical wisdom of the royal court and the ruling elites who, while protecting Siam from the threat of foreign powers, nonetheless were able to selectively adopt and make good use of their western knowledge for the people. It was this plot of capable, benevolent kings and ruling elites safeguarding the nation's independence that became the standard plot for what Thongchai (2001) called "royal-nationalist history."

Damrong's new historical narrative successfully incorporated the introduction of western culture into traditional Siamese power structure through his royal-nationalistic framework. This localization of western culture has become a dominant narrative in Thai historiography of science, for it provides a framework into which western science and technology could be domesticated and patronized. King Mongkut who showed keen interest in western knowledge and was able to master modern science was an exemplary case (see Thongchai 1994). He was enshrined as the Father of Science as it was his farsightedness and ability to bridge western knowledge with Buddhism that not only save the nation from

colonial domination but also led to thoughtful adoption of western technical knowledge without accepting its religious and idealistic thinking, while Damrong himself became the Father of Thai History. This historical narrative became an exemplar to be replicated in various other fields of modern scientific knowledge by members of royal family whose contribution to respective field entitled them to become the founding fathers of the disciplines.

This historical master narrative was reinforced by the fact that the royal court and ruling elites had indeed been fashioning themselves as the patrons of western knowledge. The first medical hospital and medical school, Siriraj Hospital, was built under the aegis of King Rama V and was taken care of by the Queen herself. The hospital was complete with strong royal support during the reign of King Rama VI and he took great pride in the achievement of this new medical institution. Three decades after the founding of Siriraj Hospital, a Rockefeller Foundation representative, Dr. V. G. Heiser, passing through Siam on his travels to China, was asked to visit and comment on the Siriraj Medical School. It was said that his straightforward answer that "... it was in the most appalling state ever seen..." prompted King Rama VI, who was educated in the West and regarded himself as the champion of the modernization of Siam, to make radical changes to the Kingdom's medical system.

Attempt to upgrade the Kingdom's medical system involved two important figures who featured most noticeably in medical historiographies: Prince Songkhla and Prince Chainat who would later become the Father of Modern Medicine and the Founding Father of the Ministry of Public Health respectively. It was recorded that Siam secured the best of technical assistance from Rockefeller Foundation to improve the Kingdom's medical school through the effort of both persons. After the discomfiting comment of Dr. Heiser, Prince Chainat, overseer of the medical school, through Prince Songkhla, who was residing in the United States at the time, requested assistance from the Rockefeller Foundation to upgrade the medical school to meet international standards. The Rockefeller Foundation agreed to assist in improving the medical school on the condition that the government must invest in creating a professional career structure and suitable medical infrastructure so that graduate doctors could work in a good hospital-based environment. When these conditions were met, the Rockefeller Foundation poured in resources continuously for thirteen years, making it one of the biggest assistance programs ever to create professional careers for doctors (Chanet 2002).

Prince Chainat, Prince Songkhla and their crucial roles in medical development were recurring subjects of history of Thai medicine. A number of historical studies told the stories of the two princes as pioneers in developing medicine and health care system in Thailand (see

Sureerat 1987; MoPH 1966; Siriraj Medical Faculty 1965, 1985). Such a historiographic rendering focused rather exclusively on the rectitude of the ruling elites, while paid comparatively less attention to the political contexts to explain changes. This historico-textual construction of royal elites as leaders was also reinforced by other social texts, i.e. the construction of monumental statues of the princes which were placed in front of the ministry buildings and at Siriraj Medical School as well as the Memorial Day ceremonial activities, which were conducted on September 24th, the birthday of Prince Songkhla (Mahidol Day), and on March 7th, the Memorial Day for the establishment of the Ministry of Public Health for Prince Chainaat, the Founding Father of the Ministry.

This historical narrative reiterated the role of elites who championed western medicine and made it beneficial to the kingdom. It was the great wisdom and farsightedness of the ruling elites in recognizing the importance of modern medicine and their ability to accept and harness the benefit for the country. The plot of this historical narrative has become the mainstream of historiographic practice in Thai official historiography. It persisted and at times flared as a major source of legitimacy. In fact, attempt to designate “Founding Father” or “Founding Mother” of various areas in medical science was a universal format to render legitimacy to medical institutions. In the past few decades, a great number of medical and health institutes including Children Hospital, Nursing Colleges, Disability Rehabilitation Center, and most psychiatric hospitals dropped their original names and adopted new names most of which were royal titles related to members of royal family. In addition, the current king’s mother (Prince Songkhla’s wife) was recently named the Mother of Public Health. In the field of traditional medicine, a recent study supported by Department of Traditional and Alternative Medicine was undertaken by a historian to sort out who should be acknowledged as the Father of traditional medicine (Prateep 2005). Furthermore,

Although such a historical narrative could be said to be originated in the context of colonial encounter, it persists to present days as a major source of legitimacy. But as the kingdom transformed from an absolute monarchy to constitutional monarchy in 1932, new political reality has produced a new historical narrative. It was the narrative of development and nation building. Medicine and health issues were particularly relevant in constructing the new historical narrative. Although this new narrative was not a completely clean break with the royal-nationalist history, it nonetheless provided a new way of rendering legitimacy the role of the new modern nation-state and the new ruling class.

Medicine, Nation State, and the Developmental Narrative

The transformation of Siam to nation-state brought about political reform; economic changes and an augmentation of a highly centralized bureaucratic system (see Riggs 1966; Siffin 1966; Tej Bunnag 1976; Wyatt 1969). This transformation resulted in the formation of a new class of bureaucrats and eventually led to the 1932 coup led by young bureaucrats, military officers, and civilians, many educated in Western countries (Stowe 1991: 9-22). The coup transformed the absolute monarchy into a constitutional monarchy, and founded what Riggs (1966) called a “bureaucratic polity” in which commoner officials were placed in the cockpit of political power. Although the initial intention of the coup was democratic reform, democratization was hindered by the clash between civilian and military factions of government. Tension between military and civilian elements continued through 1992, with military governments predominating during much of the era of constitutional monarchy.

Modern medicine was adopted and the first hospital, Siriraj Hospital, was established in 1888, the formation of modern health care and hospitals for the mass, however, was not widespread prior to the 1932 coup led by young bureaucrats (Bamrasnaradur 1957). Early statements made by the coup leaders stated clearly the goal of expanding health care to the larger population in accordance with the democratic principle of equity. Health bureaucracy expanded as the state sought to consolidate its power and to realize its ideological goal. Medicine in this era was unmistakably an instrument for building a strong nation.

The role of medicine in nation building was most evident during the Phibul era. Marshall Phibulsongkhram put great emphasis on the development of medical care and public health in his policy statements (see Rong 1977). His aim was to build Thailand into a great nation state comparable to western super powers. He saw health care as part of enhancing both the quality and quantity of the population. He organized ballroom dancing to promote marriage among single people, provided incentives for couples to have more children, and built the Women’s Hospital and Children’s Hospital to ensure that mothers gave birth safely and that children survived. Phibul also imposed “state conventions” on people’s behavior such as eating nutritious food, personal hygiene, sleeping habits, and physical exercise. Using modern medicine as its basis, Phibul’s plan was to increase the Thai population from 18 million to 40 million. His speech at the ceremony establishing the Ministry of Public Health stated this idea clearly.

A nation consists of some hundred thousand households, depending on whether it is a great or a small nation according to the size of its population. If a nation has only a small population, it is a small nation... The first step of making a great nation is to increase the population....

Nation building depends in part on public health. Because the more public health and medicine progress, the stronger our nation will be. The population would increase in both quantity and quality... Presently we have only 18 million population, or 36 hands for work, which are too little for building a nation. If we have 100 million population, we will have the power of 200 hands to work. This will make our nation a great super power (Bamrasnaradur 1957: 62-63)

Medicine played a critical role in enforcing the power of the state in the process of nation building. The use of medicine as a political tool for Phibul's nationalist movement necessitated the centralization of the health care system. As a result, medical institutes came increasingly under the patronage of the state far more than was the case under the absolute monarchy. Within the bureaucratic polity, medicine and public health was increasingly bureaucratized and entrusted with a new task of building a strong state. The growth of health bureaucracy continued after the World War II when "development" became the agenda of the nation-state. It was through the bureaucratic agencies that developmental programs were implemented.

Developmental Narrative and the Legitimacy of State

With the changes in the political ethos, historiographic narrative needed to be reinvented. Historical accounts on medicine and public health in this era was part of the larger developmental discourse. This developmental narrative in medical historiography was not a clean break with the royal-nationalist narrative. In fact, as Thongchai (2001: 62) argues, it was the promoters of the 1932 coup who elevated royal-nationalist historical narrative to a greater dominance by disseminating it to the Thai population through the newly created compulsory education system and the state media. In medicine and public health, health bureaucracy became the vehicle by which the royal-nationalist narrative was reproduced.

Similar to the royal-nationalist framework, medical history and history of public health in developmental framework was depicted as progressive improvement. The difference was that instead of depicting the royal nobility as main actors in historical development, it was the state that was now the center of political actions. Royal-nationalist narrative was thus transformed into aristocratic-developmental one and history was enlisted to render support and legitimacy for bureaucratic agencies' policies and actions. Historical accounts were thus selectively presented as "lessons" for further pursuit of bureaucratic agenda. Historical accounts in this framework were institutional histories depicting the coming-into-being of medical and public health institutions. In short, as the state expanded its roles in providing

medical care for the populace, medical histories were written as to exclaim the success of state public health intervention.

The earliest account of such historiographic narrative was arguably Bamrasnaradura's account on "*History of Ministry of Public Health*" published in 1957. It was the 15th anniversary of the establishment of Ministry of Public Health. Although the account was written in an academic/historical manner with references and citations similar to historical writing of historian, its prime objective was only to state facts and figures of the achievement of public health policies to justify its bureaucratic existence. A number of other works used similar framework, one of which was "*The History of Nursing*" written by Phinphakpittayaphet (1957) who was keen in providing evidences and firsthand materials on the topics. Almost a decade later, Pichan Pattana published his work on "*The Origin of Medicine in Thailand*" using materials mostly from Bamrasnaradura's work but rewritten in a more popularly accessible fashion.

From Elitist Historiography to People's History

Prior to 1970s interest in historical studies of health and medicine in Thailand by social scientists or historian outside the medical establishment was absent. Medical history was written mostly either by the noble elite or leading professional figures in the field of medicine and public health. Most writings on history of medicine therefore concerned mainly with the outstanding roles of great men or institutions. Rather than attempting to understand the circumstances in which changes took place, such an approach in medical historiography explained changes as the instrumental effect of individual effort or institutional operation. The adoption of western knowledge was beneficial to the nation because of the ingenious aptitude of the elite who upheld the ability to choose favorable scientific knowledge and technology, while external or circumstantial factors as well as the negative effect of modernization were reduced to the minimal.

The changes in Thailand's political landscape after the popular uprising of October 1973 brought about new form of participatory democracy. Mainstream modernization and the state's developmental policies were increasingly scrutinized by active political groups as well as progressive academicians. Developmental models and programs in economic, education, health, and social welfare increasingly became subjects of academic investigation and critique. Changes in the academic situation with growing number of scholars in social sciences also brought about changes in historiographic practices. Medicine and health was increasingly an appealing field of cross discipline inquiry and attention was paid to critical

assessment of health development and the appraisal of socio-economic impact on health. This new political ethos led not only to a critical scrutiny of the state's power but also to an increasing interest in studying the potentiality of local community.

In addition, Primary Health Care movement with its ideological goal of achieving Health for All by the year 2000 led to a new mode of historiographic narrative. Prawase Wasi's pioneer works on "Public Health for the People (1976)," although not historical writing in a strict sense of the term, represented a new sensibility in understanding historical development of health and medicine in Thailand. At the same time, a number of social scientists gathered at Mahidol University such as Somkiat Wantana, Kanoksak Kaewtep, Chanet Wallop Khumtong, Suchai Treerat were putting their best effort to combine social theories and concepts to understand health and medical institution as a social phenomenon. These academic efforts culminated into the launching of "Medical Social Sciences" a tri-monthly academic journal which contributed greatly to the establishment of medical social science as a legitimate field of academic pursuit.

Historical studies take a new direction from an exclusive emphasis on elite view to a broader approach, which could be called a social historical approach. This historiographic narrative shifted its attention to broader socio-political circumstances in which historical changes took place. Studies such as "Analysis on the concepts and mechanisms used in formulating the social development plan in Thailand: the health sector plan" by Jaturapith Chomphunut (1983) or "The Transfer of Medical Technology from the First World to the Third World: A Case Study of the Rockefeller Foundation's Role in a Thai Medical School (1923-1935) by Wariya (1984) were illustrative cases which sought to explain historical events by examining socio-political and economic forces as well as to advance the debate on internal and external factors in the process of modernization. This was a marked shift from the royal-nationalist and developmental narrative in which historical evolution was explained by referring to individual elite or bureaucratic institution.

Other important works were Pensri Kawiwongprasert's study on "The Role of State in People's Health Problems (BE. 2325 to after political change in 2475 BE), Kitikorn's work on "The Origin of Mental Health in Thailand" (2529), and Sukit's work (2533) on "Modern Public Health in the Reign of King Mongkut (BE. 2453-2468). These works situated the evolving roles of the state in providing health and medical care within the context of social and political changes, while at the same time critically assessed the impact of the expansion of state's new roles in health and medical care. This new historical narrative paid greater

attention to the contextual circumstances rather than viewing historical changes as determined intentionally by the elite or a few leaders.

Interest in “discourse analysis” led to increasing number of studies on knowledge and power of the state. Davisakd’s work on “A History of Modern Medicine in Thailand: The Germ, the Body, and the Medicalized State” was an exemplary contribution in this approach. The study reveals how modern medicine as a system of knowledge contributed to the consolidation of state power. Medical discourse became a powerful instrument of control through the idea of “medicalized state.” The study also explores how the perception of germs, diseased bodies, and illnesses changed through various ages and how modern medical knowledge not only affected how diseases were treated but also changed power relation within society. In a similar vein, there were works on the political construction of body of citizen during the Phibulsongkhram regime by Kongsakol (2002) and Chatichai’s work (2005a) on medical discourse and nation-building policy in Phibulsongkhram regime. The turn toward a more critical view of authority and state’s power was part of the shift from an elite view of history to a counter hegemonic narrative in contemporary historiographic practice.

Health Reform: Civil Society, Reform Movement and Popular Medical History

Although the emerging role of civil society is a recent phenomenon, civic traditions and philanthropy took root early in Thailand’s modern history. Health was an important domain for such activities. The Thai Red Cross Society, for instance, played an important role in taking care of war victims. The royal orphanage also concerned itself with the health and well-being of orphans. Various elite housewife associations during the 1980s worked not only to promote high culture among their members but also provide health care and welfare for the destitute (Benjamas & Suraphol 2002: 16). During the 1960s development era, non-state actors actively engaged in various fields of development especially in the field of health. The United Nations declared “the Decade of Development” and, with the financial and technical assistance of first world nations, particularly the United States, supported development agencies and volunteer organizations to work on community development programs. A number of them have been active in the field of health, providing health care to the poor, running child survival programs, advocating the use of herbal medicines and indigenous healing, as well as encouraging organic farming and alternative agricultural practices as a healthier way of life. The establishment of CCPN (Coordination Committee for Primary Health Care Non-Governmental Organizations) in 1983 was crucial in providing support and facilitating collaboration among NGOs.

AIDS epidemics brought about a more visible role of civil society organization in the field of medical care. A number of NGOs working in the field of community development turned their attention to the problems of HIV/AIDS as there were exponentially increasing number of infection and death tolls in the communities. The AIDS epidemic spurred a tremendous increase in the number of non-governmental organizations working at all levels in the response to HIV/AIDS. The effort by non-governmental organizations to reach the marginalized and to fight against social stigma of people living with AIDS has been widely recognized (see Chayan & Sasithorn 1998; Lyttleton 2000: 116-119). Chanpen's work on community and AIDS control traced the historical development of non-governmental agencies in AIDS problems (Chanpen 1997). Such works could be interpreted as attempt to reclaim the right and entitlement of non-state actors to act in the field of medicine and healthcare.

Some high profile non-governmental organizations worked at national level. A number of consumer groups were extremely active, working both in consumer education and consumer rights advocacy. Also greatly noticeable was the anti-smoking activist group, which has been exceptionally successful in its campaign. In addition, professional associations were more active and played important roles in the field of health development. The Rural Doctors Association, the Community Pharmacist Association, and the Network of Community Health Workers, for instance, have been working to encourage professional contribution to the health of the poor, particularly in rural areas. These organizations engaged in public policy processes in various ways including public education, running campaigns on specific issues, advocating legislative changes, as well as working as political watchdogs (see Suwit ed. 2003).

The roles of civil society organizations have been increasingly diversified in the past three decades. In addition to providing service and support for those in need, non-governmental organizations gradually expanded their role and work in protection of rights and advocacy, knowledge generation, as well as provision of alternatives. Tobacco consumption control, environmental preservation, consumer protection, as well as promotion of alternative health have been the main areas in which civil society organizations take active roles. One of the most important events in the recent history of civil society was the eruption of the 1998 scandal in the Ministry of Public Health about over-pricing of drugs and equipment sold to public hospitals. The scandal was brought to the attention of the media and the public by the Rural Doctors Society and other non-governmental organizations.

The exposure of corruption brought about a critical awareness among concerned parties of the deep-rooted cultural practices that made possible the largest scandal in the

history of the Ministry of Public Health. Media coverage was extensive. The ex-minister of public health was subsequently sentenced to jail for his wrongful conduct. The Rural Doctors Society and other NGOs have been praised for their courageous conduct in exposing corrupt administrative practices. Although the public interest was eventually protected, the task of achieving structural change in public health governance to prevent repetitive fraudulent conduct will not be easily accomplished. The role of civil society organizations in creating a transparent and participatory process of health governance has been increasingly recognized.

With the increasing roles of non-state actors outside the medical establishment, problems of conventional approach in health development has become increasingly recognized. Health development was critically assessed as being too much wedged to biomedical model of health, individualized as well as narrowly conceiving health as the result of medical intervention. This medicalization of health and its emphasis on curative aspects has accelerated medical expenses and led to the initiation of health sector reform. This process of reform, known as Health Systems Reform in Thailand, was an extension of civil society and people's involvement which has gathered its force during the past few decades. One important aspects of the reform was the process of deliberation on how the reform of national health system should be conceived. Various forums were organized to inaugurate the dialogue on health problems among stakeholders. Following hundreds of local, provincial, and regional forums, national health assemblies were organized each year to link local health agendas to national policy processes (see detail in Komatra 2005).

New historical narrative emerged along with the changing political situation. Bandhorn et al's study on "The Roles of Non-Governmental Developmental Organization in Health Systems Reform" (2003, BE 2545) was a systematic attempt to examine the historical roles and possible future contribution of non-state actors to health reform movement. It based on the notion that health development was not an exclusive realm of the state, but a domain of active citizen working to the well being of the society. Other similar works could be found in the field of environmental health (Choochai & Yupadee 1997); AIDS (Chanpen 1997). More recent works include traditional and alternative medicine (Yongsak 2005); consumer protection (Chatichai 2005b); and antismoking/tobacco consumption control movement (Choochai 1999).

Biographies of reform leaders in the field of medicine also became another area of increasing interest. Contrary to the biographic account of the royal elite and founding father rhetoric, this new biographical writing focuses on leading figures who had carried out extensive work with people and grassroots reform agenda such as Prof. Dr. Sem

Pringpruangkaew (Santisuk 1996); Dr. Prawase Wasi (Santi 2001); Dr. Krasae Chanawong (Sumit 1975); as well as Prof. Dr. Aree Walayasewee (Poonpit ed. 1985). Most of this biographical accounts stressed the inspiring stories of ordinary people who in their life times achieved and contributed to the betterment of people's health as well as strengthening the roles of communities, civil society, and people's participation in health development.

In addition, there appeared a number of works examining the progressive wing within public health society. The role of "Rural Doctor Association" which contributed greatly to strengthen rural health was documented in a historical review of "25 Years of Rural Doctor Organization and Thailand" (Suwit ed. 2003). Study by Sanguan et al (2003) examines historical experience of medical science students involved in the popular political uprising of October 2516 and argues that political ideology adopted during their involvement with political activism contributed to these medical science students commitment to working for social justice in the field of health development.

It could be readily noticed the shift from elitist view of history toward a more critical, counter-hegemonic discourse in Thai historiographies in the past century. From the official historiographies, medicine and public health has increasingly been reworked in diversified forms of historiographic practices. Competing historical narratives are put forward by various actors in the field of medicine and health politics. It is clear historiographic forms were not only diversified but also being made into a political instrument for various parties in claiming their autonomy.

Conclusion

The paper argues that the evolving frameworks and competing narratives of Thai medical historiographic practices reflected the changing politics of health and medicine in Thailand. During the early stage of modernization, colonial threat provided the contexts within which early medical historiographies could be understood. Modern medicine needed to be tamed and domesticated and it was done through the construction of royal-nationalist narrative. Medicine was tamed and put into good use by the ruling elites whose nationalism and patriotism helped the kingdom in adopting the usefulness of modern knowledge.

Under the modernization paradigm, historiographic account of medicine and public health turned into employing "development" as its interpretive framework. While the royal-nationalist narrative was constructed to counter colonial threat, this development narrative was to glorify medicine as effective tool in tackling the problem of "disease" (read underdevelopment). These accounts were mostly written by aristocratic physicians or medical professionals and concerned mostly with institutional history. Although this historiographic

strain was dominated by the triumphant narrative of technical prowess and the myth of scientific progress, it shared similar political stance with the royal-nationalist narrative: They were the depiction of medicine and public health from the viewpoint of the societal elite, portraying themselves as the architect of medical history, safeguarding the nation while harnessing the positive aptitude of modern scientific knowledge.

After the popular uprising of October 1973 political situation changed into a more participatory form of democratic governance. Mainstream modernization and the state's developmental policies were increasingly scrutinized by progressive academicians. Developmental models and programs in economic, education, health, and social welfare became subjects of academic investigation. Changes in the academic situation with increasing number of scholars in social sciences also brought about changes in historiographic practices. Medicine and health was increasingly a field of cross discipline inquiry. These changes led to a new mode of historiographic narrative. Attention was paid to critical assessment and the appraisal of the impact of development. This social history approach was developed as increasing historians and social scientists joined the field to examine the interrelation of health, medicine and social changes. This situation bred a new form of historiography: social historical narrative of health.

The last approach in Thai medical history was a counter-hegemonic view of history. It is a critical historiographic practice which was evident in the writing of history of people movement and indigenous medicines that emerged in the past few decades, following the popular uprising of October 1973. From the review of historical writing and medical historiographies, it is clear that the evolving frameworks and competing forms of Thai medical historiographic practices not only reflected the changing politics of health and medicine in Thailand, but also affirmed that historiography itself has increasingly become a political ground in which power struggle played out and domination contested, as various parties competed to claim their political autonomy.

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Yuwadee Tapaneeyakorn

1979 The Evolution of Medicine from its beginning until the end of the King Chulalongkorn. The Degree of Master of Arts, Department of History, Chulalongkorn University.

Corresponding author:

Komatra Chuengsatiansup, MD. Ph.D.

Society and Health Institute

Bureau of Policy and Strategy

Ministry of Public Health,

Nonthaburi 11000, Thailand.

E-mail: komatra@health.moph.go.th