# Public Health in Modern Siam: Elite Thinking, External Pressure, and Popular Attitudes[1]

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Abstract—Several recent studies have argued that the Siamese government's early interest in public health was motivated by ideas of modernization. This article examines the motivations of key figures in policy making, as well as the roles of public opinion and international pressure. Although a Thai term for "public health" was coined in 1918, government was motivated more by traditional ideas of charity than modern ideas of state responsibility. Prior to 1932, the state's provision of medical services was very limited, and people relied more on private hosiptals and pharmacies.

## Introduction

Most studies on public health in Siam from the late 19th century until the 1932 revolution argue that the state's provision of public health services was part of the King-initiated modernization to "civilize" the country. Some studies also attribute the inadequate provision of public health services to shortage of not only funding but also human resources and educated citizens (Yuwadee 1979: 295–298; Suraphon 1982; Surirat 1981: 128–131; Voranat 1992: 172). Recent studies, influenced by Foucauldian concepts and vocabularies, have suggested that Siamese rulers adopted western medicine as a discursive instrument for state hegemony (Thawisak 2007).

These previous studies have rarely delved into the practical implementation of public health policy. This study investigates how the state budget for public health was used, what factors lay behind the establishment of various medical organizations, and how the Siamese elites themselves explained the motivations for their decisions over public health policy. The study also looks at the role of private institutions such as Chinese hospitals and dispensaries in order to give a fuller understanding of medical services in the era prior to 1932.

The article is divided into four parts. The first traces the state's involvement

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in public health services in Bangkok, and examines what motivated Siamese rulers to implement these services. The second looks at the influence of international organizations on policies to prevent epidemics, an international issue in the early 20th century. The third traces the public's views on health services as expressed in contemporary newspaper articles. The fourth examines the roles of private hospitals and dispensaries as providers of basic medical services in Bangkok.

## State provision of health care services

Several government agencies were involved in public health in the late 19th century. Sanitation and medical care services were organized separately in Bangkok and the provinces. For Bangkok, the Department of Medical Treatment (*Krom phayaban*) was founded in 1888 under the Ministry of Education (*Krasuang thammakan*) and the Department of Local Sanitation (*Krom sukhaphiban*) in 1897 under the Ministry of the Capital (*Krasuang nakhonban*). For the provinces, the Department of Medical Treatment (*Krom phayaban*) carried out a few campaigns in coordination with the Ministry of Interior. After the department was closed in 1906, local municipalities seem to have been the main organizations providing medical care services under the financial control of the Ministry of Interior and the Ministry of Finance. Only in 1916 was the Department of Citizen's Health Care (*Krom prachaphiban*) founded under the Ministry of Interior to take charge of public health services in the provinces.

In general, the founding of the Department of Medical Treatment in 1888 and the statement concerning public health and national prosperity by Prince Damrong, the interior minister, at a 1906 meeting on plague prevention have been interpreted to show that Siamese rulers were motivated to provide public health services as part of their consciousness of the duties of a modern government (Yuwadee 1979: 136–137; Thawisak 2007: 135). However, this assumption seems wrong. Closer study reveals that the early moves by the Siamese elites in the field of public health were motivated by Buddhist ideas of charity (*than*), as well as by concerns over the export trade in beef cattle.

### *The Department of Medical Treatment: State hospitals as royal charity and the establishment of the Serum and Vaccine Laboratory*

The epidemic of cholera in 1881 is often cited as the first episode in which the Siamese rulers became involved in so-called "public health" activity. Forty-eight temporary hospitals were established in Bangkok to give medical care to the general public, and all were closed after the epidemic had passed. (For the area of Bangkok city in this paper, see Figure 4.) King Chulalongkorn subsequently decided to found a permanent hospital for the public, leading to the opening of Siriraj Hospital in 1888, funded by donations from the royal family and British residents in Bangkok. Also in

1888, the Burapha Hospital and the Department of Medical Treatment were founded under the Ministry of Education. From 1888 to 1906, the department controlled several medical organizations in Bangkok including Siriraj, Burapha, Thepsirin and Bangrak hospitals, two dispensaries, and a drug factory.

Although the establishment of the department is often interpreted as the beginning of state responsibility for the provision of public health services, speeches and notices on the opening of various institutions under the department emphasize that the motivation came from Buddhist ideas of charity not concerns to emulate a "modern" conception of the responsibilities of government. The public notice on the opening of Siriraj Hospital, for instance, stated that this hospital was constructed as a great contribution by the King to the inhabitants of Siam (*Ratchakitchanubeksa* vol. 5 ton 5, 18 April 1888: 42). Likewise, the public notice on the establishment of a state drug store (Osot Sapha) in 1902 explained that this initiative stemmed from Buddhist belief (*Ratchakitchanubeksa* vol. 19, 25 May 1902: 114). These institutions were funded mainly by donations from the royal family and government officers, and received nothing from the government's annual budget. As a result they were capable of providing services to only a limited number of patients (see Figure 1). Owing to the lack of funds, the Department was closed down in 1906, along with Thepsirin and Burapha hospitals.

Some earlier studies, which have recorded that Buddhist ideas of charity were the motivation of these early moves in health provision, have gone on to argue that the Siamese rulers had moved beyond this stance by the end of the 19th century. In fact, the charity motivation persisted for another 25 years.

Vajira Hospital was established under the Ministry of the Capital on the occasion of the birthday of King Vajiravudh in 1913. In his opening speech, the

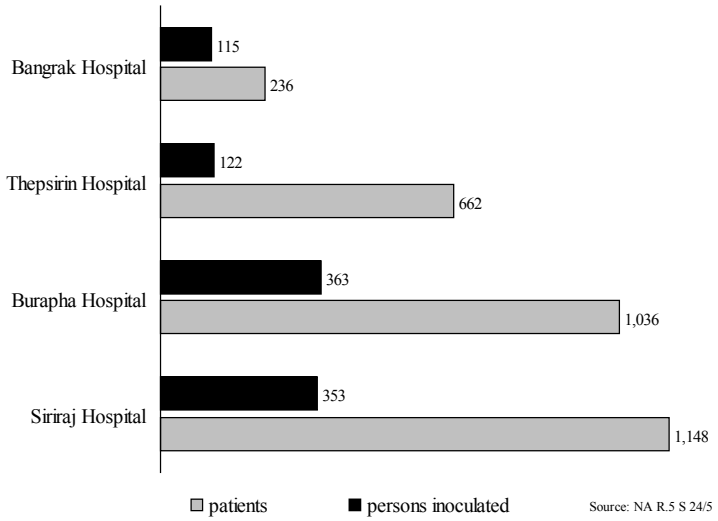



Figure 1 Number of hospital patients and persons inoculated, 1891

King explained that he had donated a sum to build the hospital instead of using the sum to construct a new temple which was the traditional way for a new ruler to accumulate merit by good deeds (NA R.7 M 7.1/1[2]; *Ratchakitchanubeksa* vol. 29, 22 January 1913: 2401). In his opening speech at the opening of Chulalongkorn Hospital under the Ministry of Defense in 1914, Prince Boriphat explained that the hospital was built as a dedication to the late King Chulalongkorn and also to show the prestige of Thai people to the world (*Ratchakitchanubeksa* vol. 31, 14 June 1914: 563–567). At the same event, King Vajiravudh stated that the purpose of building this hospital was to demonstrate the prestige of the King and the Thai people (*Ratchakitchanubeksa* vol. 31, 14 June 1914: 567–71). In all these opening speeches there is no trace of any motivation to provide public health services as part of the responsibility of modern government.

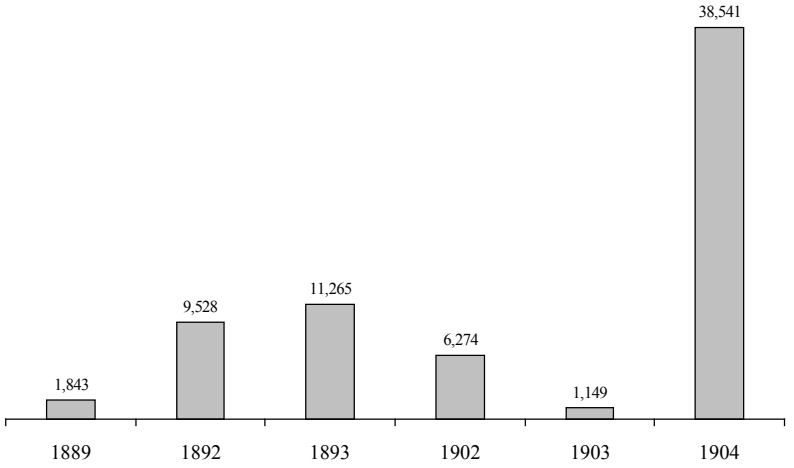
Besides the hospitals, the main activity of the Department of Medical Treatment was providing vaccination against smallpox. Dr. Dan Beach Bradley, an American missionary, had introduced inoculation against smallpox to Siam in the 1830s (see Wariya 1984). At that time, the missionary doctors had to import the vaccinia lymph from America at a cost of 4 baht per case, and this heavy expense limited the volume available (NA R.5 S 24/46). In 1888, the Department of Medical Treatment in collaboration with the Ministry of Interior began a campaign of free anti-smallpox vaccination in the provinces, but the coverage was very limited due to the expense. After the Saigon Pasteur Institute came into existence in 1890, vaccinia lymph was imported from Saigon at a quarter of the cost of that from America, and the number of people inoculated consequently increased (see Figure 2).

In December 1902, the French-Indochina government sent the director of the Saigon Pasteur Institute to Bangkok with a proposal to establish a Pasteur Institute in Siam. In response, the interior minister Prince Damrong argued that health problems in Saigon and Siam were quite different, and Siam had no need to produce vaccine for rabies and dysentery as the only serious epidemic diseases in Siam were cholera, malaria and animal diseases. The minister stated that the price of smallpox vaccine imported from Saigon was reasonable, the establishment of a Pasteur Institute in Siam would require a large amount of budget, and there was a risk the two Institutes would compete on price. Finally, the minister declined the French proposal (NA R.5 S 24/30). H. Campbell Highet, the British medical officer of health in the Department of Local Sanitation, agreed with this decision. However, Chaophraya Surasakmontri, a senior officer in the Ministry of Education, dissented, arguing that

[2] Manuscripts from the National Archives (NA) are catalogued by reign, ministry and subjects with numerical classification; [R] refers to reign, [N] refers to files of the Ministry of the Capital (*Krasuang nakhonban*), [Kh] and [K Kh] refer to files of the Ministry of Finance (*Krasuang phrakhlangmahasombat*), [S] refers to files of the Ministry of Education (*Krasuang thammakan*), [M] refers to files of the Ministry of Interior (*Krasuang mahatthai*), [T] refers to files of the Ministry of Foreign Affairs (*Krasuang tangprathet*), [Y Th] refers to files of the Ministry of Public Works (*Krasuang yothathikan*).

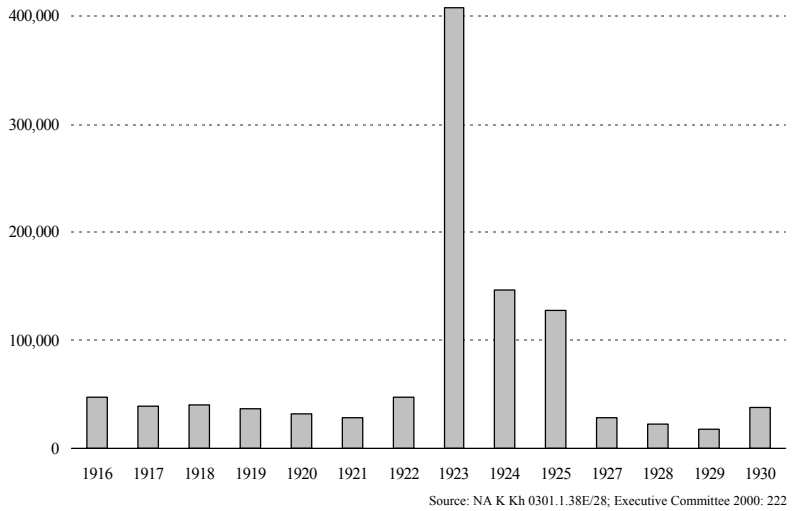
the import of vaccine made the cost much more expensive while local production would allow government to run the anti-smallpox vaccination campaign throughout the country (Yuwadee 1972: 263).

The crisis that made Siamese rulers reconsider this proposal was an animal epidemic which started in the south in April 1903, reducing the annual export of cattle from 9,000 to 5,899 animals (NA R.5 N 5.6/8). Concerned about the economic impact, King Chulalongkorn accepted a proposal by the American government to send a group of observers to an animal epidemic research center in Manila (Thawisak 2007: 71–82). With the help of this research center, a Serum and Vaccine Laboratory was opened in Siam in 1906 (NA K Kh 0301.1.20/5; Highet 1914: 20; NA R.6 M




Source: *Ratchakitchanubeksa* vol.6: 409; vol.9: 60, 122; vol.10: 123; vol.19 (21 April 1902): 43; vol.19 (4 May 1902): 261; vol.19 (22 February 1903): 937; vol.22 (4 June 1905): 189

Figure 2 Number of people inoculated, all regions, 1889–1904




Source: NA K Kh 0301.1.38E/28; Executive Committee 2000: 222

Figure 3 Number of people inoculated in Bangkok, 1916–30

12.1/2). The cost of vaccines produced by this laboratory was only 27 percent of the import price. Even so, anti-smallpox vaccination did not become compulsory in Siam until 1914 (NA R.5 S 24/45). In 1923, when there was a serious smallpox epidemic, the numbers vaccinated in Bangkok soared to an extraordinary level, equivalent to about 90 percent of residents according to the Bangkok census (see Figure 3).[3]

In 1911, Prince Damrong reconsidered the proposal to establish a Pasteur Institute after one of his own daughters passed away from rabies. He donated the money to establish the institute, and transformed it into the Siam Red Cross the following year (Suda 1991: 102). This death in the royal family was a watershed in the attitude of the Siamese ruling elite to public medical care.

*From the Department of Local Sanitation to the Department of Public Health*

A few months after the Bangkok Sanitation Law was promulgated in November 1897, the Department of Local Sanitation was established under the Ministry of the Capital. The department was given the responsibility to provide medical services and protect against epidemics in a sanitation district covering 2.3 square kilometers in the old center of the city. At the center of this sanitation district was the Grand Palace, surrounded by the residences of the royal family and other high officials. Because of limited budget, the sanitation district did not initially extend to settlements lying to the south of the Grand Palace. However in 1902, the sanitation district was expanded to include another three square kilometers around the Dusit Palace, a royal summer villa built in 1899. Settlements along the river, including Sampheng and Bangrak, were not included until 1916, while a third expansion in 1922 also extended the sanitation district to cover the present downtown including Siam Square, Silom, and Sathorn.

King Chulalongkorn explained why he wanted to include the Dusit Palace area in the sanitation area in 1902. As it was inappropriate to use government budget for building his private villa, road construction and sanitary management in the Dusit Palace area was transferred from the Ministry of Palace Affairs (*Krasuang wang*) to the Department of Local Sanitation (NA R.5 Y Th 9/44). Although this department's main responsibility was for sanitation and prevention of epidemics, its main expenditure, especially in the early 1900s, was on road construction in the Dusit area and on electricity consumption, with the Grand Palace and Dusit Palace responsible for approximately 40-45 percent of the electricity charges while street lamps and government offices accounted for the rest. Expenditure on prevention of epidemics accounted for 4.19 percent of the department's total (see Figure 4 and Figure 5).

The Department of Local Sanitation also looked after special hospitals in Bangkok, as well as a mental hospital (now Ban Somdet Chaophraya Hospital),

[3] I have not found any document which explains quite why the figure was so extraordinarily high in this single year.

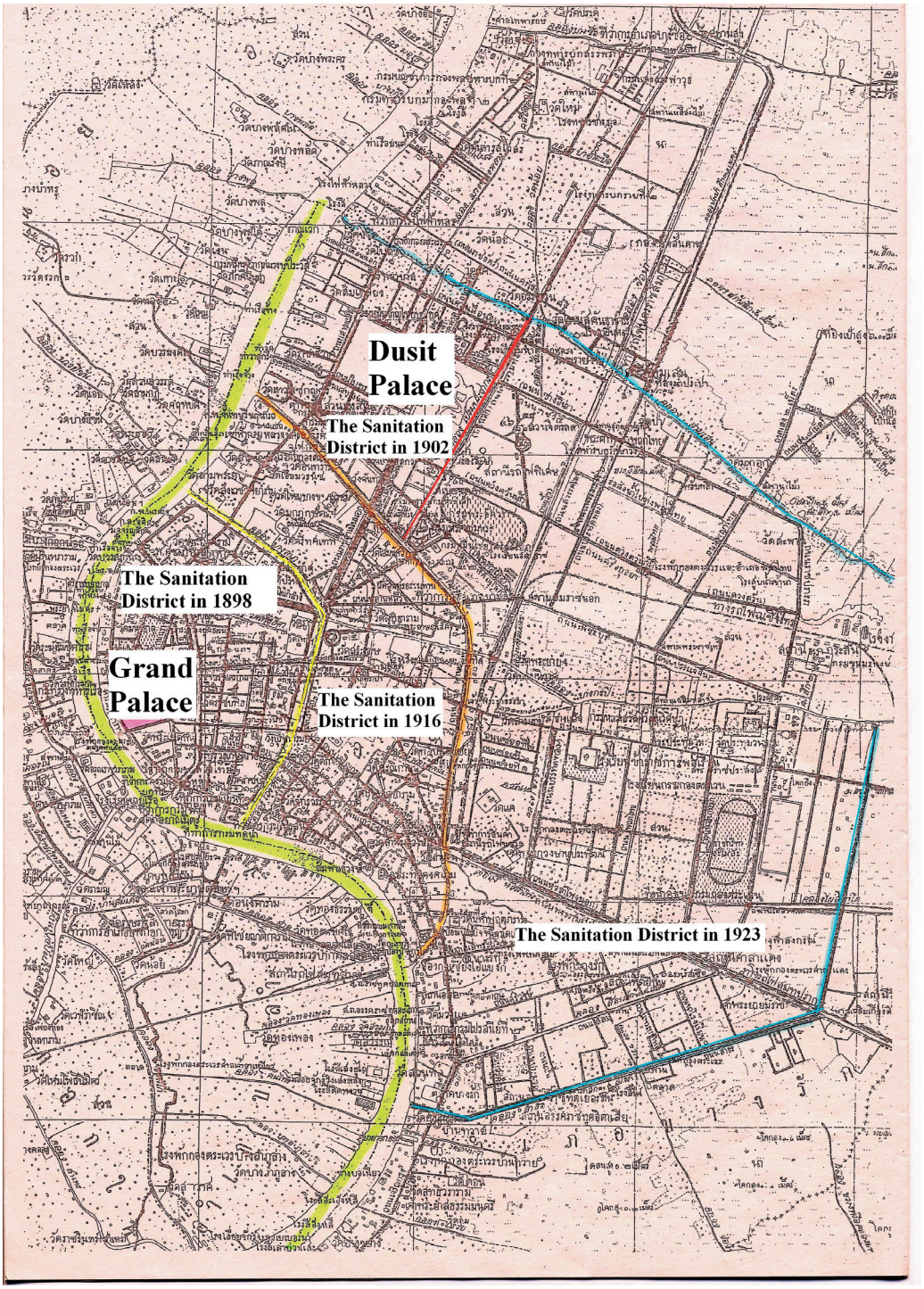



Figure 4 Bangkok in the late 1920s

a forensic medicine hospital called the Police Hospital (now Klang Hospital), and an infectious diseases hospital (now Taksin Hospital). These were all small-sized hospitals. According to the 1916 report of the medical officer of health, for instance, the mental hospital had only one Siamese traditional physician, the Police

Hospital had only 12 beds, and the infectious diseases hospital had only 30 beds (NA R.6 N 7.3/10). Clearly these hospitals were not established in recognition of any responsibility of government to provide medical care services to the mass of the people.

Epidemics of plague which appeared from 1900 onwards were the stimulus for the Siamese ruling elite to reorganize the provision of public health. Preventing plague epidemics became a priority after the first plague patient was discovered in Phuket in 1900. The first plague patient in Bangkok in 1904 was a British subject who lived in the Indian community on the western side of the Chaophraya River. Plague appeared in the provinces again in 1906. The interior minister Prince Damrong hosted a meeting of government health-care officers in October 1906 to discuss prevention of plague epidemics, but the meeting had no concrete outcome. The Medical Treatment Department under the Ministry of Education was closed and the Serum and Vaccine Laboratory and the state drug factory were transferred to the Ministry of Interior (NA R.6 M 12.1/2). In 1912, a new Department of Medical Treatment was founded under the Ministry of Interior and was transformed into the Department of Citizens' Health Care (*Krom prachaphiban*) in 1916 (NA R.6 M 12/10).

Plague epidemic broke out again during 1916–17. In 1918, Prince Chainat chaired a meeting to transfer the public health offices (*Krom sukhaphiban*) under the Ministry of the Capital to the Ministry of Interior. On this occasion, King Vajiravudh coined the term *satharanasuk*, meaning "public health," which appeared in the name

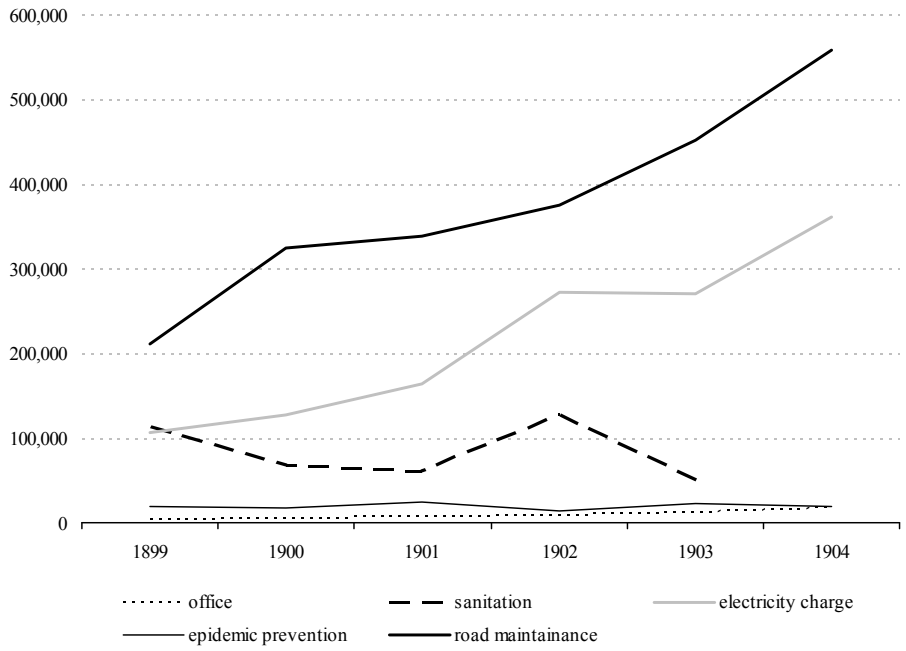



Figure 5 Expenditure of the general account budget of the Department of Local Sanitation, 1899-1904

of the new Public Health Department, "*Krom satharanasuk*" under the Ministry of Interior with Prince Chainat as the first director (NA R.6 M 12/10). However, this new office provided no public health services of any significance. Its main activity was hygiene education through the distribution of pamphlets and screening of films.

One reason for its ineffectiveness was conflict between the interior minister Chaophraya Surasiwisitsak (Chei Kanlayanamit) and the minister of the capital Chaophraya Yommarat (Pan Sukhum). In a letter to his secretary Prince Thaniniwat, King Vajiravudh noted that the interior minister had ridiculed the minister of the capital over the merger of the two ministries and as a result the minister of the capital refused to cooperate with the merger of the Department of Local Sanitation and Department of Public Health (NA R.6 M 12/11). The division of duties between these two departments was not decided until 1922 when a new factor had entered the domain of policy making on public health.

## External pressures and epidemic prevention

In the late 19th century, the most serious epidemics had been cholera. In the 20th century, however, plague became a much larger issue, resulting in international pressure that made Siamese rulers significantly change their stance on public health.

*Prevention of plague*

According to the 1897 Annual Report of the Medical Officer of Health, there were two quarantine stations operated to prevent the import of plague by boats. The Ministry of Capital had one at Paknam near the mouth of the Chaophraya River, and the Ministry of Education managed the other at Phai Island near the eastern shore of the upper Gulf of Thailand (NA R.5 N 5.6/2). Since vessels could not anchor at Phai station in the monsoon, the quarantine station was moved from there to Phra Island in 1905. When an epidemic broke out in overseas ports such as Hongkong, Singapore, Surabaya, Saigon, or Taiwan, vessels from these ports had to be quarantined twice, first at the Phra Island station and then at the Paknam station. If there was no epidemic in the port of origin, the vessel was quarantined only once at the Paknam station. Most of the vessels quarantined between 1897 and the 1920s came from Hong Kong where plague was widespread (Sathien 1935–1956: vol. 16–23).

Foreign merchants and the consuls of Britain, Germany, and Norway complained that the Phai Island quarantine station was very far from the port of Bangkok and requested the Siamese government to move the location into the Chaophraya River. This issue became pressing after the 13th International Sanitary Convention held in Paris in 1926 produced a new International Sanitary Convention, signed by delegates of over sixty states. Siam had been a signatory of the earlier Convention of 1912, but did not attend this 1926 convention and did not immediately sign the new

Convention because it required much stricter quarantine procedures. Siam would have to improve the port of Bangkok and its quarantine measures if it were to sign this new Convention. In this context, the location of the quarantine station again became a subject of debate (NA R.7 M 7.3/1).

A Public Health Commission, *Sapha kansatharanasuk*, was set up on 12 April 1928 to consider this issue and finally proposed that the quarantine station should be relocated along the Chaophraya River. The Ministry of Foreign Affairs reacted by arguing that Siam should not sign the new Convention because the financial conditions were unsuitable for constructing the new port and quarantine stations. However, the new director of the Department of Public Health proposed that Siam should improve the quarantine station and the public health services to demonstrate that Siam was a good member of international society and convince neighboring countries such as British Malaya that the standard of Siam's public health services was good. At the cabinet meeting, Prince Boriphat, defense minister and director of the Siam Red Cross, stated that the construction of a new quarantine station was a matter of prestige; if Siam failed to provide a new one, Siam's public health services would be deemed unreliable in the eyes of foreign countries (NA R.7 M 7.3/1).

After the first plague patient was identified in Bangkok at the end of 1904, the Department of Local Sanitation issued a notice warning people to keep their houses clean to prevent the epidemic. A few months later, victims of plague were found at Rachini School and Sampheng district to the south of the Grand Palace. The Department issued a new notice about prevention of plague and asked people to inform the police if suspected victims were found. From July 1905 to March 1906, 88 plague patients were identified in Bangkok. According to a report of the Department of Local Sanitation, prevention measures were ineffective because people concealed plague patients in fear of a widespread rumor that the body, house, and belongings of a patient who passed away because of plague would be burnt. In fact, a ministerial order to this effect was not passed until February 1916 (NA R.5 N 5.7 K/15; Sathien 1935–1956: vol. 19: 363–68; *Ratchakitchanubeksa* vol. 32, 20 February 1916: 447–79).

*Other improvements in infectious disease control*

Apart from plague prevention, there were projects concerning leprosy, eradication of hookworm disease, and reform of medical education. These projects were encouraged by international organizations such as the Rockefeller Foundation, and the International League of Red Cross Societies. The Rockefeller Foundation concentrated upon reform of medical education and anti-hookworm projects started in 1920 by Prince Chainat, the director of the Department of Public Health, in cooperation with Prince Boriphat, the director of the Siam Red Cross Society. According to Wariya (1984), who studied a memorandum of the International Health Commission of the Foundation, the reform of medical education aimed at creating

qualified Western-style physicians even though this process would require a long period of study and would not answer the immediate needs of Siam for people with enough education to work on public health services in the provinces. This decision reflected the elite's priorities.

The Siam Red Cross Society also coordinated an anti-hookworm project. At the end of 1921, the League of Red Cross Societies decided to hold its Far Eastern Conference in Bangkok in November-December 1922, coinciding with a visit by the League of Nations Commission to study leprosy in Bangkok. The government placed great importance on these two events. Prince Boriphat, the director of the Siam Red Cross and minister of defense, recommended that Siam should improve policy implementation by transferring public health offices under the Ministry of the Capital to the Department of Public Health, and pass a Physical Therapists and Occupational Therapists Act in order not to disgrace His Majesty. In fact, the international pressure created by these two meetings stimulated attention to the re-established Department of Public Health and its activities.

The lack of budget for research on leprosy care was suddenly overcome in order to impress the League of Red Cross Societies (NA R.6 N 7.3/12; NA R.6 B 9/15). The Siam Red Cross and the Ministry of the Capital cooperated to build a Leprosy Hospital using land of the Ministry of the Capital and budget funding from the Siam Red Cross supplemented by the Ministry of Finance. The project was begun in 1922 and completed in mid 1923 (Suda 1991: 89).

In summary, from the 1890s to the 1910s, the key motivations behind health policy in Siam were the idea of charity and the pressure from foreign countries. There was no concept of public health as a means to increase population or improve the well-being of the citizenry. Siam's rulers had no idea that public health services were a duty of the state until the mid 1910s. They had no concept of health as a means to produce good soldiers or good workers, the basic purpose of state public health services in Europe or Japan by the end of the 19th century.

## Popular conceptions of health care

The rulers had no concept of public health as a duty of the state until the mid 1910s, but what about the views of the people? What were the expectations of the multiracial inhabitants of Bangkok about the state's role in public health services?

*Evidence from newspapers*

Before the 1910s, there were very few newspapers, so I have concentrated on newspapers published during the 1910s and the 1920s.

Newspaper articles on state public health services mostly just reported government policies. Only a few articles offered criticism about the budget usage by the Department of Local Sanitation or the Department of Public Health. These

articles complained about the shortage of public health officers and the influx of Chinese labor, rather than the rulers' ideas on public health policies.

For example, a series of articles was published in *Bangkok Kanmuang* in mid 1928 on the ineffectiveness of the Siam Medical Association, founded under the Physical Therapists and Occupational, Therapists Act enacted in November 1923. These articles noted that in the four years after its establishment the association had done nothing to improve standards of medical care other than issuing licenses to physicians.

Other articles criticized measures to control venereal disease, leprosy, hookworm, and tuberculosis. An article in *Krungthep Delime* on 4 April 1915 alleged that inattention to venereal disease had resulted in sufferers accounting for 90 percent of all patients in hospitals. Many articles commented on measures to control prostitution in order to reduce the incidence of venereal disease. A first Venereal Disease Prevention Act (*Phraratchabanyat sanchonrok*) was passed in March 1908, requiring prostitutes in brothels to have a license which had to be renewed every three months subject to a health check (Sathien 1935–1956: vol. 21: 345–54). However, newspaper articles pointed out that many prostitutes did not work in brothels but at other public places such as Chinese restaurants where there was no police monitoring. Besides, the police had no interest in arresting prostitutes without licenses. The articles proposed the creation of a prostitution zone as found in Singapore and Tokyo (*Krungthep Delime*, 4 April 1915; *Thai Num*, 27 June 1927; *Bangkok Kanmuang*, 2 February 1929).

Many news articles attributed the spread of leprosy, hookworm, and tuberculosis

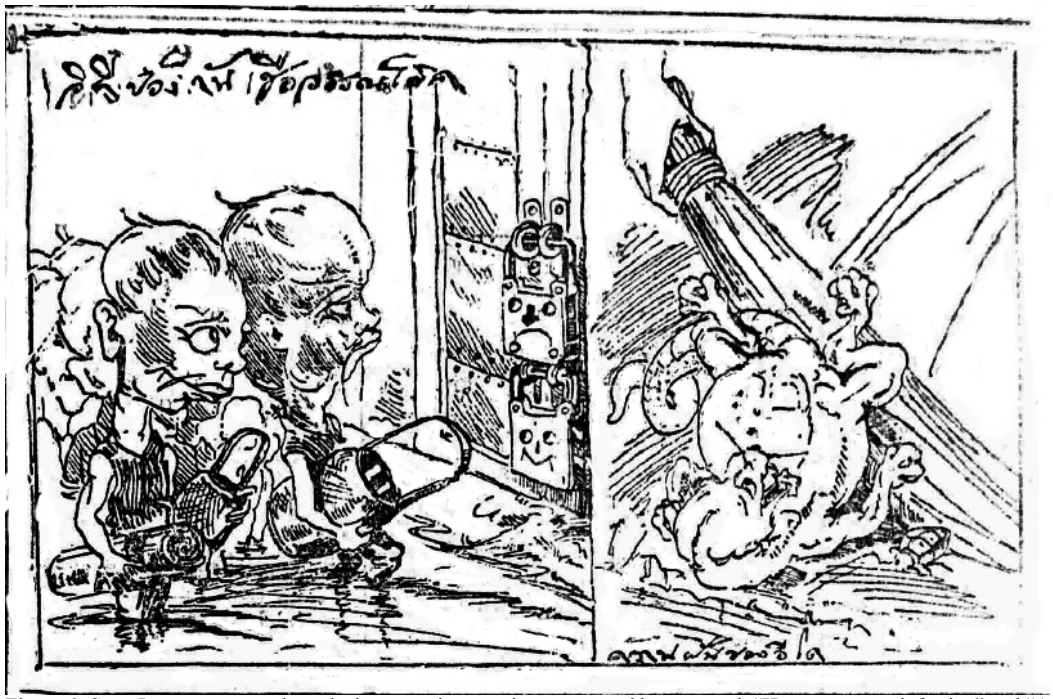


Figure 6: *Siam Rat* cartoon on tuberculosis prevention; captions at top and bottom read: "How to prevent infection" and "A dream of Iko" (the pen-name of the cartoonist). For clarity, the image has been slightly retouched.

to the influx of Chinese labor and other poor people into Bangkok. For example, a cartoon in *Siam Rat* on 30 May 1922 depicts a door locked to prohibit two Chinese laborers from entering the country with a caption saying that the prohibition on Chinese labor immigration was meant to prevent an epidemic of tuberculosis (see Figure 6). Although Siam had passed an Immigration Control Act on 11 July 1927 prohibiting tuberculosis patients from entering the country, newspaper articles still requested government to impose stricter controls on Chinese immigration. An article in *Srikrung* on 4 April 1928 claimed that the influx of Chinese labor from the 1890s to the 1900s had resulted in the rapid spread of tuberculosis, and that controls on Chinese immigration were thus necessary.

In the 1920s, only a few articles criticized the fundamental ideas underlying public health policies. An article entitled "Regional Public Health Services" in *Phimthai* on 29 January 1929 appeared nine months after a Public Health Commission was created in April 1928. The article argued that the provision of medical services required large budget funding, skilled personnel, and the cooperation of foreign countries, and thus had to be provided by the government.

Yet in the provinces, medical care officers appointed by the central government had received only 200-500 baht per month to buy medicines for distribution to patients. Though the budget was inadequate, the distribution of medicines was a way to make people in the provinces aware of the government's concern. Yet this budget had been canceled and provincial health officials were responsible only for the health of prisoners, reporting births and deaths, and preventing epidemics.

Meanwhile, Bangkok residents had easy access to medicines at private drug stores, as well as state and private hospitals. The Siam Red Cross had established a sanitarium called *Pracha anamai phithak* and the Department of Public Health established another called *Suksala*, and the two seem to have become competitive in the medical business. The article claimed that the country's blood, a metaphor for the large population, was spilled at the expense of people living in the provinces, because the provision of public health services was much better in Bangkok compared to the provinces, and the Public Health Commission needed to rectify this imbalance.

An article on "Public Health for the People" in *Siam Rat* on 19 January 1925 claimed that the government's annual per capita spending on public health was 0.06 baht in Siam, 0.60 baht in the Philippines, and 12 baht in England. The article proposed that the government should establish a public health tax to fund public health services. Similar proposals appeared in *Bangkok Time, Kammanto*, and *Siam Rat* in January 1926.

## The role of private medical care

Clearly few people had access to public medical care, more in Bangkok than the provinces. The article on "Regional Public Health Services" in *Phimthai* on 29

January 1929 explained that private organizations such as hospitals and drug stores supplemented government medical care services in Bangkok.

By 1921, an estimated 32 percent of Bangkok's total population of 324,000 was Chinese (NA R.6 N 7.3/12). The first Chinese hospital or *Kwongsiew* was established in 1903 by the Cantonese community. It developed from a hospice for new arrivals from Guangzhou and Zhaoqing, founded in 1877, and expanded with a shrine, school and hospital in the same area funded by donations from Cantonese merchants (Samakhom Kwangsiu 2008: 119). The hospital operated in collaboration with other Cantonese associations in places such as Hong Kong (see Sinn 2003). A second Chinese hospital, the Thienfa hospital, dedicated to the assistance of poor Chinese immigrant labor, was founded in 1905 with donations from Chinese merchants, a loan from Hong Kong Bank, and a subsidy from King Chulalongkorn. According to a 1912 report, the hospital had an average of 80 inpatients and 150 outpatients per day (NA R.5 S 24/37; NA R.6 N 1/78; NA R.6 N 37/11; Rongphayaban Thienfa Munlanithi 1993).

The American Presbyterian Mission Board was the first to organize western-style medical services with a hospital established in 1880 in Phetchaburi province to the south-west of Bangkok. The first western hospital in Bangkok was Bangrak Hospital (now Lerdsin Hospital), founded in 1885 for sailors on American steamships (NA R.5 S 24/6). In 1898, the Catholic Mission of Siam built St. Louis Hospital, funded by donations from westerners in Bangkok, on land donated by the Siamese Government, with assistance from the Catholic Mission in Saigon which sent seven nurses (Rongphayaban Senlui 1982: 60).

A report by the Ministry of the Capital in 1905 found there were 632 physicians in Bangkok other than those working for the government or Chinese and western organizations. They included 86 monks, 523 males, and 21 female physicians, with 235 in the downtown area, 77 in Phranakhon district, 119 in Sampheng district, and 39 in Bangrak district (NA R.5 S 24/36).

From the 1890s on, several drug stores were opened including Osotthasathan (now Osotsapha Tek Heng Yoo) in 1891, and the English Dispensary in 1892. Newspapers in the 1910s carried many advertisements for drugs to combat diarrhea, venereal disease, dermatitis, muscle pain, fever, and gastroenteritis. Several shops opened in the 1920s with a drug store on the first floor and a clinic on the second (information collected from *Thai*; *Khaosan Kankhadi*; *Thaimai*; *Thai Khasem Ruamkhao*; *Kasemrat*; *Siam Rat*; *Khaiphet*; *Phadung Phanit*).

In summary, in the late 19th century neither the Siamese rulers nor the multiracial inhabitants of Bangkok believed that the provision of public health services was a duty of the Siamese state. Medical care in Bangkok was primarily private, not state-provided public health services. While Bangkok intellectuals in the 1920s argued that public health services were a responsibility of the modern state, the immigrant Chinese laborers who accounted for almost a third of the city population had no

expectation of benefits from public health services provided by the Siamese state. Chinese communities established their own hospitals. Many Chinese-style drug stores also appeared. Newspaper articles also mention Mon, Indian, and Burmese medical services in Bangkok.

## Conclusion

The Siamese government prior to 1932 did not provide fundamental public health services. Siamese rulers in the late 19th century were aware of western ideas about public health but made no efforts to implement them. Early investments in hospitals were based on a Buddhist idea of charity, for the ruler to earn merit on a par with building temples, not on a concept of public health care as a duty of the modern state to produce healthy workers and soldiers. From 1900, however, international efforts to contain epidemics forced Siam to pay more attention to public health issues in order to project Siam as a modern nation in the international arena. Yet in reality, the health services provided by Chinese community organizations, western organizations, and local drug stores were more significant than those offered by government. The government's interest in public health was motivated by pressure from international organizations and a concern among the elite to project an image in the international arena, rather than from a consciousness about the role of a modern state as argued in many previous studies.

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