Availability and use of medicines in rural Thailand
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Citation for published version (APA):

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Commercia ll Dru g Provider s  
in the Community

As said in Chapter 3, Thai people spend approximately one-third of the total health expenditure each year on drugs with the increase rate of 23% per annum. Almost sixty percent of those consumed drugs reach the people via the private sector making it the major channel of the country’s drug distribution system. In this chapter I will provide detailed characteristics of the major drug outlets available at the village level. Results of the large-scale (VDPP) survey will be presented first to provide readers the general pattern of drug providers in the Thai rural community. This will be followed by the ethnographic details of major types of drug sources including grocery stores or ran chams, injectionists, drug peddlars, and private clinics run by the local health officials. I will demonstrate how these drug distributors are an integral part of the village’s health care systems and social-culturally and economically suited to the everyday life of the community.

The commercial drug providers in the community: an overview

There are many ways that Thai people in the remote villages, at least in my study areas, can get drugs. Besides the formal channels like all the government’s facilities and private providers (i.e., clinics, hospitals, and pharmacies), there are still many other subtle routes. For example, it is not uncommon that children of the village working elsewhere would buy medicines for their elderly relatives anytime when they return home. In one village, I met a nurse-midwife who spent her weekends riding a motor-bike selling drugs she claimed being taken from the provincial hospital to her village neighbors. A middle-age male worker once came to visit his family in a village with tablets of medicines claimed to be very good for pain relief. With pride, he told all he met that the drugs were hard to obtain and could not be found elsewhere; only the drugstores near his workplace had them. At once, he thought it might be a good business if he bought these drugs in bulk and sold them in the village.

To systematically figure out the influence of these drug routes on the people’s drug use is not easy and was not included in the prior design of this study. However, results of the household drug use survey discussed in Chapter 6 reveal that people rely
on their household stock much less than on sources outside their homes, especially the
grocery stores. In the next section, I will elaborate more accounts of these sources.

According to the VDPP survey, the most widespread type of drug outlets in the
community is the grocery store or ran cham; they are found operating in all studied
villages (approximately 4 stores per village) (see Table 5.1). The village drug funds,
on the contrary, prevail in only about a half of the studied areas. In addition, data of
the survey give an impression that the larger villages tend to have more variety of drug
sources than the smaller ones (Luechai et al., 1995:17). Nonetheless, it should be
noted that the presence of most illegal as well as subtle drug distribution sources (i.e.,
private clinics, injectionists, relatives visiting home carrying drugs as gifts, local
health officials selling drugs as a side-line business) is easily unnoticed when using a
survey method.

Table 5.1 Major drug sources in the community

<table>
<thead>
<tr>
<th>Source</th>
<th>% of Village (n=195)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grocery stores</td>
<td>99.4*</td>
</tr>
<tr>
<td>Drug Sellers**</td>
<td>78.1</td>
</tr>
<tr>
<td>Village Drug Fund</td>
<td>54.5</td>
</tr>
<tr>
<td>Injectionists</td>
<td>9.4</td>
</tr>
<tr>
<td>Private Clinics</td>
<td>4.0</td>
</tr>
</tbody>
</table>

Source: VDPP Survey
* One village- with 50 households with a functional VDF- was found having no grocery store.
** Inclusive of all types of sellers.

Next, I shall give ethnographic details of some informal drug distributor found
in the studied villages.

**Ran cham:** The Thai village grocery store

*Ran cham* is a village grocery store that sells consumer goods (i.e. foods and
other home use supplies); rural villagers rely on *ran chams* to satisfy their daily basic
necessities in the same way as the urban dwellers do on supermarkets. The survey data
show that there are, on the average, four *ran chams* per village. *Ran chams* have
different sizes. Some have a turnover of only hundreds of baht; many hundreds of
thousands of Baht. Some sell mainly fresh food; the others sell a wide range of
provisions including home supplies, oil and fuel, and farming tools.

By using criteria such as the physical set-up of the shops, the commodities
stocked, and the turnover, the surveyed *ran chams* (n = 775) can be divided into three
groups: small (75%), medium (21%), and large (4%). The medium and large sized differ from the small ones by their provision of commodities other than basic household supplies (e.g. fresh food, oil & fuel) and the larger turnover. The large ran chams, unlike the medium and small ones, sell fertilizer, farming tools, and construction materials.

In many respects, ran chams are closer to their village clients than any other vendors. Both the ran chams’ owners and the clients live in the same community. They do not relate to each other only in terms of business, but, in many circumstances, they are neighbors who share a communal life.

**Buying drugs at ran chams**

Strictly speaking, ran chams can sell no drug except 'ya sa man prajam ban', a special category of drugs allowed by the government to be sold in any unlicensed place. However, in actuality, all types of pharmaceutical products are an inseparable part of most ran chams’ business. Data from the VDPP survey shows that there are 775 ran chams in the 195 sample villages (92% of the total ran chams surveyed) which sell both modern and traditional drugs.

Quantitatively, the larger ran chams sell more items of drugs than the smaller ones. For instance, while the smaller shops carry only 18 different drugs per shop, the medium and large keep 37 and 57 items per shop respectively.

As said earlier, purchasing drugs at the ran chams generally requires little effort of both sellers and buyers. What is commonly seen at the ran chams is that the customers are the choosers usually by mentioning the name of the drug they wanted. Some clients, with familiarity, might walk straight to the drug-shelve at the back of the shop, picking up the wanted drug, handing the money and leaving.
Most of the drugs sold at the ran chams are generally known to the villagers. The fact that, in this country, the advertisement is permissible for the ready-packed drugs partly explains why. In daily life, Thai people learn to know many pharmaceutical products through advertisement in the same way as they learn to know other consumer products such as detergents, soap, and soft drinks. To my observation, consultation is seldom involved when people buy drugs at the ran chams. People have already in their mind what drugs they want before entering a ran cham. This observation is supported by the data from the interviews of the grocers that drugs are included in most ran chams’ stock to respond to the customers’ demand. It is uncommon that they replenish the stock with the drugs suggested by the drugstores.

Ya rae: the Thai peddler

Ya rae or kon khai ya rae is what Thai people call the itinerant drug seller. For rural Thai society, the scenes of a man carrying a bag full of drugs journeying from one village to the next or various medicinal herb stalls in the market or temple fairs are typical forms of ya rae.

In the studied villages, the drug sellers are found in various forms. They are, for instance, the salesmen of local drug manufacturers, the merchants who come in a
pick-up loaded with merchandise, or ordinary villagers who bike or walk from village to village with a cloth bag full of medicinal herbs hanging from their shoulder.

There are many reasons that make many ya raes easily trusted by their customers. Besides using the local dialect, these drug sellers are usually skillful and, in a way, tricky in persuading customers. In Chaiyapoom area, for instance, the ya raes preferred to come into the villages during daytime, when only the old and the toddlers stayed home. They would look for the chronically ill—usually the elderly—who might have been suffering from, for instance, joint-pain, diabetes or hemorrhoids. The fact that most of the health problems targeted by these vendors are those that even modern medicine can promise little or no hope for betterment is undoubtedly one of the factors contributing to their success.

These vendors use different techniques to market medicines. They often spend a long time persuading their clients usually in an exaggerating manner. One peddler, as I was told, dressed neatly hanging a stethoscope around his neck. He was reported as using the instrument to touch his clients’ body as if he was a doctor diagnosing a patient before selling his medicines. Undoubtedly that was a technique to raise his reputation in the villagers’ eyes.

Ya raes, like ran champs, stay close to the rural communities. Ya raes largely speak the same language as the local folks; they describe the causes, symptoms and the cures of certain illnesses in the same way as the villagers do. In other words, they have learned to know what explanatory models prevail in the villagers’ thought.

Another important technique used is allowing the villagers to buy on credit; the buyers could pay when they get money from selling products in their farm which usually means a year later. This method of payment well suits to most villagers’ financial situation and most families were reported buying drugs from ya raes in this way.

Although there are many ya raes coming in throughout the year, their numbers reach the highest during the planting and harvest months—the period when many work-related problems are most prevalent. During the planting season, usually during May-July, work in the farm intensifies causing many illnesses like bodily pain, peptic ulcer and fever to prevail. Such a situation comes again during the harvest months starting around late October till December of every year. What is likely to attract all ya raes more during this time of the year is the flow of money that comes from the
selling of farm products. In the years that everything goes well, i.e. rain comes as usual and the price of the agricultural products is not so bad, this is the time that everyone including the ya raes would enjoy their life most. It is the time that ya raes prefer to come both to sell new products and to collect old debts. In the three neighboring sample villages in Chaiyapoom, twelve different ya raes were counted during that period.

The ya raes that sell traditional herbal drugs are more various and what they offer covers a wider range including both manufactured herbal products and unprocessed medicinal herbs. These products are usually claimed to cure a broad range of problems. They can be roughly divided into five major groups of indigenous ailments as follows:

1. drugs for relieving muscle (usually chronic) pain, back pain, and for physical health promotion called ya ka sai;
2. drugs for promoting health and curing women's reproductive health problems especially during antenatal and post-natal periods;
3. medicines for other chronic illnesses like asthma and chronic pain;
4. pediatric drugs broadly labeled as ya saang or ya kumarn; and
5. anti-worm drugs.

**Hnang kai ya and maya kol: examples of ya rae**

Most Thais who grew up in the countryside should know hnang kai ya: a mobile open-air movie which sells drugs. In the past, hnang kai ya was a popular means of drug promotion or campaign of many drug companies in Thailand. Today, although it is prohibited, the showing of hnang kai ya is still not uncommon in many remote villages. Via a truck loaded with necessary equipment such as a screen, a projector, a generator, and, importantly, drugs, hnang kai ya travel on around the country.

Ma ya kol or the magic show is another type of itinerant drug seller typically present in Thai society. Ma ya kol differs from hnang kai ya in that the former shows tricks while the later shows movies. Yet they have a similar aim: to sell drugs. The ma ya kol usually sells traditional drugs but hnang kai ya often belongs to local drug...
companies. Both travel around and can be seen in many places such as at a flea market, in a community fair, or at a monastery's compound.

Once in a village in Chaiyapoom, I happened to watch a *ma ya kol* show. One afternoon, while I was chatting with villagers, an old, yellow pick-up with a loudspeaker on the roof came down the road. It was heard that a show was going to be performed that night at the temple ground at the center of the village. With curiousness, I decided to join the folks that night.

At the temple, I saw three young men aged around their 20s occupying an empty dirt lot. Their rusty pick-up was parked on one side and the dirt lot next to it was prepared as the showing stage. Light bulbs were hung on bamboo sticks erected at the center of the lot, circled by onlookers.

I arrived when the show just started. With simple apparatus like a rotting cushion and a wheel the show was full of fun. Their fans, especially the children and women, roared with laughter. Two men on the dirt ground beneath the lighted bulbs, rolled, jumped, biked and acted in the same way as gymnasts while the third man, sitting in the truck cab, narrated and directed. Their comedy style made the show that night very lively. Through my eyes, the three men were successful in drawing a crowd during their two-hour performance.

The three men brought with them an herbal oily product they claimed to be good for all types of pain. They occasionally stopped the show to sell the product. During the breaks, the two performers walked around carrying a tray full of thumb-sized bottles filled with clear, brownish liquid while the man in the truck cab was advertising and persuading the onlookers. The show would not continue until they could sell some at 20 Bath each. I saw some villagers buying them but for reasons I could not know. It might be because they believed what the men claimed or it could be because they wanted the show to continue.

That night, almost all viewers stayed as long as the show lasted. I did not know how many bottles of the oil were bought. At the end, the man in the cab announced again that they would still be there until the next morning. If anyone wanted to buy more, they could come again.
Health worker clinic

A health center is the lowest level of the health service system that is staffed by health professionals. In principle, the main responsibility of a health center is illness prevention and health promotion; the curative services are limited only to the management of minor ailments and emergency cases. According to the Ministry of Health, the routine task of a health center includes the responsibilities of all departments in the central ministry such as maternal and child health, primary health care, family planning, sanitation, nutrition, immunization, AIDS, and health education. The health workers are available to treat only minor injuries and common ailments. Some potent drugs such as steroid injection, antihistamine injection, and IV fluids are allowed for the health centers in some areas but only under close supervision of the district hospital.

To achieve the assigned task, the health center staff need to work closely with the community, especially with the CHWs and the community leaders. Yet, in actuality, the curative service is crucial to the total performance of those workers. This is partly because the treatment is generally a primary concern of most people. In fact, the health workers' reputation is based largely upon their curative performance. Moreover, as we will see, the service can make a significant contribution to the health workers' income.

It has long been widely known that a large number of the local health workers often do a private practice. Strictly speaking, such a practice is illegal but most concerned authorities seem to prefer to turn a blind eye to it. In both study areas, having a private clinic seems to be a norm rather than an exception for most tambon health workers. Although some officials choose to do it informally or on request, many do their practice in a manner similar to what most physicians do.

From the fifteen case-study villages, eleven have private clinics\(^1\) being operated inside the community. For the other four, the nearest clinic is only two to three kilometers away. In Chaiyapoom, five clinics were found existing in seven villages. Two of them were owned by two district hospital nurses while the rest belong to two health worker couples (one of the two couples had two clinics). In the Chiangrai area, all clinics belonged to nurse-midwives.

The services the health workers' clinics provide can be simply compared to those that are provided by a general practitioner. They are for a wide range of
symptoms and are a one-stop service. Such services are not uncommon when one compares them with the services provided by most doctors’ clinics. However, the uniqueness of the health workers’ clinics is due to: 1) almost all patients can get injections; 2) they are easy to reach; 3) they are not costly; and 4) much less social distance is involved.

For many villagers, going to see the doctor at a private clinic connotes the same meaning as going to have injections. This is not exaggerated. Very few family respondents reported that they (themselves or their other family members) did not receive any injections during the last visit to the health workers’ or doctors’ clinics.

The close link of the two words: “private clinic” and “injection,” is observable via the ways people talk about them. One afternoon during the fieldwork, for example, I heard a grandma greeting her neighbor who was leading 4 kids walking down the road towards the clinic situated at the center of the village. She asked whether her neighbor had brought a boy in that group to see mor (doctor) for an injection yet. As she said ‘par bak ham pai cheed ya laew bor hue’ (have you brought the little boy for the injection already?).

In the same village, one evening while chatting with a nurse-midwife at her clinic, I saw a man coming in. With familiarity, he said nothing but walked inside to the bed. While lying flat on his stomach, he turned to the nurse and said “cheed ya hai kem sie mor², puad hua” (give me a shot doctor, my head aches).

Undoubtedly, the injections are frequently given at the clinics. Many local health workers argue that it is hard to say no to the people’s demand. This argument is sensible in many respects. But which one comes first, the hen -the practice or the egg -the demand, is difficult to trace. However, both reinforce each other.

Undoubtedly, the wide use of injections in the clinics inevitably reinforces the popularity of injection among rural villagers. These health personnel not only have normalized the use of injection but also perpetuate the concept that the injection is the best choice of treatment. Almost all respondents often referred to their injection experiences while visiting the doctors’ clinics too. This situation gave rise to a tendency that the main source of injection for the villagers today has shifted from the layman: the injectionist, to the health professional.

Technically speaking, the frequent use of injections in the private clinical settings is far from rational. The application of injections are relatively more restricted
in the formal services at the health centers or hospitals, thus, their easy access at the private clinics from the very same health workers or physicians gives special meanings to the people. They are that the best medical technology is provided and that a special service is offered at the private clinics.

The other characteristics of the health workers' clinics are intertwined. Most tambon health workers are children of the rural families; many have years of working experience in the locality\(^3\). In this regard, both the health workers and their patients are not strangers to each other. For the health workers, such backgrounds are helpful when dealing with their patients.

In Chaiyapoom, I found two clinics widely praised by the villagers. At the first clinic, according to clients, the nurse-midwife was easy to talk to, gifted in treatment, and the services were relatively cheap (45 baht per visit irrespective of illness); her reputation was of her being friendly, caring, and skillful. The second clinic belonged to another nurse-midwife. She was born in a village nearby and still lives there. One of her interesting practices was that when she wanted to please her clients she gave a shot. A mother, for example, told that she often received injections for free from the nurse whose clinic was just opposite of her house. While working at the clinic in the evening, the nurse was told to sometimes cross the road to the woman's house with a syringe in her hand. She liked to cheer the mother to have a shot of ya bam roong (meaning a medicine to strengthen bodily health; see also Chapter 7) even if she would modestly say she was well. However, the other side of this story is that this mother was the wife of the headman of the village where the nurse opened her clinic. The same nurse was also being mentioned by many housewives as often advising them to have at least one shot a month to add more blood to their body.

Private clinics were more often used for the cases perceived to be beyond self-medication efforts. Childhood illnesses such as high fever, a bad cold, acute or abnormal diarrhea, and a prolonged, recurrent fever or severe headache in adults as well as other severely acute ailments like injuries and sudden stomachache were among the most frequent problems brought to the clinics. For adults who thought they might need injections or intravenous fluids such as those (usually female) who felt weak, had a lack of appetite, thought blood level was lowering or those who wanted to restore their health, their visits to the clinics were not uncommon either\(^4\).
The clinics usually replenished drug stock with the drugs purchased from town pharmacies. Surprisingly, the knowledge these health workers had learned from their formal training was very limited compared to the much wider range of products they had in stock. 'They dare to use' is a comment from some pharmacist friends of mine on such practices. However, to my observation, the local health workers, although seemingly servicing their clients with a wide range of products, most of which were in an injectable form, were conservative in prescribing. Their thorough understanding of the local people's problems, needs, and expectations seems to be an efficient means, in addition to drugs, of encountering with the patients in the clinical setting. During the two months in the area of Chaiyapoom I never heard a single case of adverse drug reaction problem relating to the clinics’ service. What was more often heard were the comments that drugs from certain clinics were not so good or strong enough which caused the villagers to alternate among the clinics.

*Mor cheed ya: the injection doctor*

Since Cunningham's 1970 study in Thailand, the term 'injection doctor' seems to be widely acknowledged as one of the most important but illegal sources of injections for the rural people (Cunningham 1970:20). Later the popularity of the injection use, ranging from by the medical professionals to nursing staff and in self-care contexts, has been reported from around the globe (Van Staa and Hardon 1996) and in Thailand (Reeler 1993; Reeler and Hematarn 1994).

The injection doctors are, as defined by Van der Geest (1982:203), formally unqualified persons who administer injections, usually containing antibiotics. When this type of modern drug provider came to exist in Thai society is still under-investigated. Since Cunningham's study, only a few studies have been done.

It is highly likely that the most important producer of injection doctors in Thailand was the army. All healthy Thai men, at the age of 20, are obligated to pass a screening process to join a two-year term of military service. In the past, many of those who had their apprenticeship with the military (usually the army) medical division (sae na raak sa division in Thai), once they finished their conscription and returned to their home villages, began their careers as injection doctors. Some used the gained knowledge to serve their families and relatives. Many, after years of practice, were selected to assume a post of tambon doctor officially called vedaya pra jam
This explains why Thai folks usually call the injection doctor as *mor sae na raak* or *mor ta haan*, which literally means the army doctor. It is also the reason why they are specialized in injection. In this regard, the presence of injectionists in Thai rural society could go back to more than half a century ago.

The injection doctor was perhaps the very first source to bring modern drugs, especially injectables and IV fluid, to people in the remote villages. This is due to the fact that the full coverage of the health service infrastructure in the provinces has taken place since the last two decades. In an interview with a 67-year-old injection doctor in Chaiyapoom, I was told that he and his friends first traveled to the countryside villages to provide injection service around early 1950. At that time, there were no other health facilities except two: one was at the district, another in the provincial town, both of which were too far to reach. He bought drugs from drugstores in the province where he spent two days and one night walking back and forth. I concluded from what he said that, while the people there may have had difficult access to other modern drugs at that time, they probably already experienced injectable drugs through the provision of these injection doctors.

The injection doctors are found only in the Chaiyapoom area. In two out of seven study villages three injectionists were come across: a man of 67 years of age and a couple aged 60 and 68 for the wife and husband respectively. Besides these, there are three others living in other nearby villages outside the study area.

However, the use of injections is not confined only to the injection doctors or health staff. The use of hypodermic syringes by lay people, as being found in many developing countries, is evident in the studied villages in Chaiyapoom. There, many villagers, both male and female with their acquired skills of injection, administered and fulfilled their neighbors' needs. In a village where these people were found most often, there were as many as 13.

**Som and Niard:**

Som and Niard are the injectionist couple I referred to above; Som, a veteran conscript, had been practicing injection since he finished his service in the army 40 years ago. He was appointed as the 'vedaya pra jam tambon' and retired eight years ago. Because of his seniority and his position as the former vedaya pra jam tambon, he was usually known as 'por vedaya' meaning the doctor father. Som said that he acquired his knowledge during his two-year service in the army and had accumulated his skills
during more than 30 years of practice. His wife gained her injection experience from him. Today it is his wife, Niard, who is largely asked for injection service by their neighbors; Som retired some years ago as he felt too old to handle the task.

**Sopa:**

Sopa is also a retired vedaya pra jam tambon. He was the first CHW in his village. Sopa gained his knowledge of injection from one of his friends who he claimed learned from a mor farang or a Western doctor. He began his career some 30 years ago and was still active in his job during the study period. Results from the household survey in this village revealed that a certain number of his neighbors still relied on his healing skills. The most frequent problems brought to him were women's reproduction-related complaints. Many postnatal women, after giving birth either at home or at the hospital, often called on him to give some shots of drugs to restore their uterus or as a substitute for the lying-near-the-fire ritual. He was also often asked to give injections for the chronically ill adults or the recovering patients.

Interesting was the fact that he was still popular among a portion of villagers even though the clinic of a well-known nurse-midwife was just walking distance away. In addition to other reasons, an important factor for his reputation had to do with the cost. Compared to the clinic nearby, he charged his clients 10-20 Baht less. For the emergency cases, the clients could call on him immediately but pay him when they had money. Some clients would choose to buy some injectables they wanted by themselves and asked Som for administering. In this case he charged only 15 baht.

To conclude, what is important here is that the injection doctors had an important role in Thai modern medical history. They have made the frontier of modern medicine (the injection) expand to the remote communities where the other parts of the modern health care system had not fully reached. They have created people's demand for injection and subsequently respond to it when the supply from other sources is still lacking. However, in many parts of the country, the role as the injection provider of these injectionists has been superseded by the legal injection doctors: the private clinics.

**Summary**

This chapter provides detailed accounts, both qualitatively and quantitatively, of the major informal drug distribution outlets available at the village level. Results of
the large-scale (VDPP) survey were presented first to show the general pattern of drug providers in the Thai rural community. It was, then, followed by the ethnographic details of major types of drug sources including grocery stores or ran chams, injectionists, drug peddlars, and health worker private clinics. It was demonstrated how these drug distributors are an integral part of the village’s health care systems and social-culturally and economically suited to the everyday life of the community.

Notes

1 A subtle kind of private services observed was that the health workers were called on to give treatment during off-hours. For many health workers who reside in health center compounds in remote villages, it is usual that they are called on to see the patients in the evening or at night- at the health center or at the patients’ homes.

2 Mor is the word ordinary Thai people, particularly in the rural area, use for referring to all kinds of health personnel (a veterinary official can be also called as Mor). Mor yai, meaning the big doctor, is specifically used to refer to the western-trained medical doctor or the hospital director. However, mor, especially for Thai northeastern culture, can refer to any person who has expertise in any branch of knowledge, for example mor-kwam is a lawyer and mor-kaen means a folk musician etc.

3 This is unlike most modern doctors who are from outside and with urban background. Usually, they work at the rural hospital for a short period, for 1-3 years and move away when their obligation is met. Many can hardly speak the local dialect. What makes them more highly respected is that they are mor-yai in the people’s view.

4 During the fieldwork, I often witnessed that villagers came to have IV solutions given at the clinics and sometimes at the health center. It was widely believed among villagers that such a practice could restore good health of the recovering patients and strengthen body fitness of the hard working persons.

5 See for example Luechai and Preecha 1990; Reeler 1993; and Reeler and Hematorn 1994.

6 Vedaya-pra-jam-tambon has been initiated when Prince Damrongrajanupap was the minister of Ministry of Interior some fifty years ago (1892-1923) as part of a health development program in the province.

7 The word mor-cheed-ya is not commonly used by villagers as it connotes a negative meaning (like a quack doctor). They usually call the injectionists as mor-sae-na-raksa or mor-ta-han.

8 The first Thai medical school was established at Siriraj Hospital in 1889 (2432 BE)
which was the first time that surgery and modern pharmacy were taught by an American missionary, Dr. George McFoundland. The first nine students of the medical school finished their study in 1893 but did not succeed in their career as at that time Western medicine was not yet accepted by Thai people. About 1898, a post of the provincial medical officer was established by the Ministry of Interior. The medical graduates were then recruited to assume the posts. Years later the Royal Thai Army accepted medical graduates to work in the army's medical division as their knowledge in surgery was beneficial to the injured soldiers. Those events were the very first time that Western medicine, especially surgery and presumably injection, widely reached Thai rural provinces. It is highly likely that injection and surgery knowledge and skills, which were largely emphasized in the army medical division as they had to prepare army medical officers to deal mainly with the problems like war injuries, were passed to the ordinary men during their conscription.