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HEALTH IN PERSIA III. QAJAR PERIOD

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iii. QAJAR PERIOD

It was under the Qajars that a centralized public health policy was introduced for the first time in Persia. Therefore, the history of developments in this direction is the most important focus of interest related to health issues during this period. The first significant efforts in the prevention of contagious disease by a Persian government in modern times were made during the reign of Fatḥ-ʿAli Shah Qājār (r. 1797-1834). This absolute monarch's advent to power signaled the start of a rare period of stability after over half a century of tumult in Persia. However, the initial attempt to implement a health maintenance policy in 19th-century Persia was a far cry from its contemporary European vision of "sanitary police." In fact, these first efforts, which were undertaken by visiting Europeans at the court of Fatḥ-ʿAli Shah, were strongly resisted by the ruling elite. For instance, in 1813, when Andrew Jukes, a surgeon of the East India Company, began vaccinating children in Tehran against smallpox, in the hope of stemming the ravages of an epidemic, he met with little success: this was apparently due to the Per-sian administration's own covert opposition to his work, which they perceived as a suspect alien interference (Eqbāl, p. 69; Morier, p. 191; Afkhami, 1999, p. 122).

However, governmental resistance to smallpox inoculation was short-lived, and soon Persians came to accept a procedure that they recognized as being akin to the familiar practice of variolation, which was prevalent in Persia at this time (Schlimmer). Moreover, with the apparent success of European medical intervention among the ruling Qajar elite, Western ideas about public health began to trickle down to ordinary citizens. The change in attitude of Fatḥ-ʿAli Shah's heir, ʿAbbās Mirzā, is a well-known example of the trend towards the adoption of European preventive health practices. Having been cured of a venereal disease, this prince embraced the recommendations of the English physician, James Campbell, by agreeing to have his whole family vaccinated against smallpox (Elgood, p. 456). Furthermore, he requested the permanent appointment of a British physician to his service and undertook the sponsorship of Ḥāji Bābā Afšār's (q.v.) medical studies in London and Oxford in 1818 (Najmābādi, p. 704). It was ʿAbbās Mirzā's recognition of the life-saving value of the smallpox vaccination, together with his quest to preserve the health of his *neẓām-e jadid* (New Army) which prompted the first efforts to familiarize Persian physicians with the Jennerian method of vaccination. Accordingly, John Cormick (q.v.), who had succeeded Jukes as ʿAbbās Mirzā's personal physician, composed a treatise on vaccination at the Crown Prince's request, so as to promote the practice. This tract was translated by Moḥammad ebn ʿAbd-al-Ṣabur under the title *Resāla-ye ābela-kubi*, and in 1829 became one of the first works to be published in the newly-established printing press in Tabriz (Ḥakim Moḥammad).

A ruptured abscess in his liver brought an end to ʿAbbās Mirzā's life (d. 1833), and shortly thereafter his father, Fatḥ-ʿAli Shah, passed away as well. These developments ushered in a period of conflict and renewed administrative disorganization throughout Persia, as well as an abrupt halt to the momentum which had been building towards a public health policy. Nevertheless, even the diminutive Moḥammad Mirzā (r. 1834-48), who succeeded Fatḥ-ʿAli Shah, contributed to a limited extent to the dissemination of knowledge about contagious diseases and their modes of transmission. It is possible that these steps were undertaken due to Moḥammad Shah's own acute hypochondria and fear of being infected with a disease, rather than for the benefit of the public (Afkhami, 1997, p. 135). During his reign Moḥammad Shah sent a student and fellow kinsman, Moḥammad Ḥosayn Qājār, to Istanbul to learn French at the newly-founded Ottoman language academy. On his return, Moḥammad Ḥosayn was then ordered to help a "Monsieur Jibrel" compose a Persian tract on cholera (q.v.), entitled *Resāla dar vabā*. This work, which

purported to be based on “efficacious” treatises composed in India and other areas where cholera was endemic, described the etiology of the disease and ways to “battle” the scourge (Jibrel and Qājār). In addition, on a regional level, enlightened governors started to implement public health initiatives independently from the central government. In 1846, for example, following a visitation of Asiatic cholera in Tabriz, the city’s Prince-Governor, Bahmān Mirzā, ordered an end to the practice of temporary burial of dead bodies before their final burial at a holy site: he recognized that this custom created the risk of renewed outbreaks of cholera, on the basis of the period’s predominant theory of miasmatic causes for the emergence of disease visitation (FO 60/126 Abbot to Palmerston). It is now widely acknowledged that the tradition of temporary burials, followed by subsequent transport to holy burial grounds, could have been a catalyst for the recurrent outbreaks of cholera in Persia throughout the 19th century (Afkhami, 1999, p. 123).

The ascension to the throne in 1848 of Nāṣer-al-Din Shah and the subsequent tenure of his first premier, Mirzā Taqi Khan Amir Kabir (1848-51; q.v.), marked the sole, short-lived revival in awareness of public health issues in the period between ʿAbbās Mirzā’s regency in Tabriz and the coming to power of Mirzā Ḥosayn Khan Mošir-al-Dawla. One of the widely acknowledged legacies of Amir Kabir’s premiership was the establishment of his brainchild, the Dār al-Fonun (q.v.; “Polytechnic College”). Its establishment was in many ways a consequence of ʿAbbās Mirzā’s quest for a new military order, since Mirzā Taqi Khan’s vision of order(*naẓm*) and sovereignty in Persia lay similarly in the creation of a new army modeled along European lines. However, while ʿAbbās Mirzā had sought to lay the pillars of his new order by sending students abroad for training, Mirzā Taqi Khan favored building from within, by the establishment of an academy. European instructors were recruited to train the Persian officers and technicians who would form this new army. Faithful to his martial outlook, Mirzā Taqi Khan, like ʿAbbās Mirzā before him, knew that a key feature of the “modern” Western army was its possession of a military surgeon and physician. While, in hindsight, Persian traditional healers, or *ḥakim*s, of the mid-19th century could have claimed to rival their European counterparts in therapeutics, the Westerners’ superior anatomical knowledge made them better suited to the battlefield. Consequently, clinical instruction became a cornerstone of the Dār al-Fonun, and in January 1850, following the example of the European academies, Amir Kabir also opened a government hospital for the purpose of instructing medical students (Afkhami, 1999, p. 124).

The medical college of the Dār al-Fonun became fully established only after Mirzā Taqi Khan's demise, and its legacy for public health encompassed much more than its founder had envisioned. It did not merely produce native modern physicians, but it also became a center for the propagation of European intellectual trends in health sciences, through the numerous medical works authored or translated by its faculty and printed at the school's lithographic press. Indeed, the very vocabulary of modern Persian medicine emerged from the Dār al-Fonun, after the Dutch physician and medical professor Johann L. Schlimmer published his *Terminologie medico-pharmaceutique et anthropologique Francais-Persane* in 1875. More than a mere dictionary, Schlimmer's work was designed as a manual of instruction for his students in the art of medicine and public health, which is why it includes transcripts of his lectures and, occasionally, the investigative results of his various commissions. Under the rubric of the bubonic plague, for example, Schlimmer devotes a number of pages to the results of his investigations concerning the outbreak of the disease in Persian Kurdistan in 1871. Moreover, Schlimmer was probably the first medical scholar to define public health in Persian. Hence, under "*Préservation*" he cites: "*Ḥefẓ-e ṣeḥḥat: jelow-e maraż gereftan*" ("prevention of disease").

Schlimmer's publication was only one among many which propagated novel notions of sanitary science to come out of the Dār al-Fonun press. Indeed, long before Schlimmer had codified the Persian medical language, Jakob Eduard Polak, a subject of the Austro-Hungarian Empire and professor of medicine at the Dār al-Fonun, published a treatise on Asiatic cholera which included the latest European theories on the etiology of the disease, together with its symptoms, postmortem pathology, and the sanitary measures to prevent its spread (Polak, 1890). Moreover, Polak's efforts in the field of military medical education at the Dār al-Fonun led to the creation of a cadre of army surgeons, modeled along Western military standards, which revolutionized the effectiveness of the military physician(*ḥakim-e fowj*). Indeed, Polak later observed that, before the appointment of his students to the Persian army, seldom would one witness the return of wounded soldiers from the battlefield. This was due to the lack of adequate medical care, which resulted in the majority of the injured troops succumbing to their wounds (Polak, 1865, p. 649), especially during epidemics. It was only after the assignment of Polak's students as physicians to the various regiments in the second half of the 19th century that an improvement in the health of the Persian army could be witnessed (Polak, 1865, p. 651). This accomplishment, more than anything else

in the medical field, embodied ʿAbbās Mirzā and Amir Kabir's visions of a new order molded upon European martial norms.

Earlier than this, Amir Kabir had already undertaken certain tangible preventive public health measures. In 1851, for example, he ordered all of the inhabitants of Tehran and its surrounding areas to be inoculated against smallpox, so as to stem the spread of the outbreak. However, several days after the vaccinations had started, he was told that for a variety of reasons, including fear and ignorance, many were unwilling to submit themselves to be vaccinated. Hence, due to the mounting number of casualties, the Amir decreed that a fine of five *tomān*s (which were to be added to government coffers) was to be levied on anyone who refused to undergo the process. In spite of this, many continued to evade vaccination out of superstition and prejudice, choosing either to pay the fine (when they could afford it), or hiding from the government's agents who were administering the vaccinations. As a result, in total only 130 people were actually vaccinated (Beygi, p. 199).

The short duration of Amir Kabir's premiership, together with the demands of his other areas of responsibility, prevented him from engaging in disease prevention beyond these limited undertakings in Tehran. However, with the emergence of the Dār al-Fonun as an institution, the intellectual groundwork was set for the emergence of a national public health organization in Persia. This was to emerge much later, because Amir Kabir's demise not only brought his reforms to an end, but it also ushered in a renewed period of reactionary decentralization and national unrest which lasted for almost two decades (Afkhami, 1999, p. 122).

Several years after Amir Kabir's demise, as a result of a devastating global cholera epidemic, concerned nations, on the initiative of the French, decided to convene an international sanitary conference. Inaugurated in 1866, the principal aim of the conference was for affected states to engage in a common policy to combat and stem the flow of visitations westward and to prevent a recurrence of Asiatic cholera in Europe. When the meeting was opened in Constantinople on 13 February, the countries represented included Austro-Hungary, Belgium, Denmark, Spain, the Papal States, France, Great Britain, Greece, Italy, the Netherlands, Portugal, Prussia, Russia, Sweden/Norway (then politically united), Persia, Egypt, and Ottoman Turkey. Persia's representatives at the conference were Mirzā Malkom Khan, the famed reformer, who at the time was a consular *aide de camp* at the Persian Legation in Constantinople, and M. Sawas Effendi, an Ottoman subject and public health inspector in

Constantinople (Fauvel, p. 91). Moreover, Jakob Eduard Polak also attended as a representative of the Austro-Hungarian Empire. The significant presence of expertise in Persia is an indication of the importance which international policy-makers and sanitarians accorded to Persia's role in the transmission of Asiatic cholera westward, and foreshadowed the strong measures of public health reform that would be recommended to the Persian government.

The centerpiece of the conference was the deliberation of its third commission, which was concerned with defensive measures that were to be taken in the "Orient" so as to halt the recurrent spread of cholera into Europe (Flauvel, pp. 484-90). Due to its geographical centrality and shared borders with India, Afghanistan, Russia, and the Ottoman Empire, Persia was perceived as a major thoroughfare for the propagation of cholera into Europe. Experience from previous outbreaks had shown that the city of Herat, in Afghanistan, was the main immediate source for the spread of cholera into Persia, and subsequently to the West. Traditionally, Herat would acquire the disease from India via Kandahar or Kabul, and then transmit it to the city of Mashhad in northeastern Persia (Conférence Sanitaire Internationale, p. 53). Consequently, surveillance of this highway as a means of preventing the initial entry of the disease into the country became a high priority for the Qajar administration.

The conference delegates reached the conclusion that, since the Persian government was incapable of defending itself from the spread of cholera from India, its primary goal had to be the limitation of the spread and degree of damage inflicted by the scourge after a visitation (ibid., p. 53). To this end, the conference recommended the establishment of a nationwide sanitary organization, modeled after the Ottoman system. It should be noted that this recommendation stipulated that at least half of the members on the board of the sanitary organization in Persia would have to be European (ibid., p. 53). The conference also recommended that the Persian government should suspend pilgrimage during epidemics. Based on Polak's testimony, a precedent existed (the shah had set a similar ban in the past), which would make this undertaking feasible (ibid., p. 54). In addition, in view of the futility of banning the entrenched practice of reburial in sacred ground, the Persian government was advised to require that the corpses should be embalmed, hermetically sealed, and only allowed to be exhumed during the three winter months (ibid., pp. 54-55). Nevertheless, before such decrees could be enforced, delegates reiterated that Persia needed a sanitary organization capable of applying

hygienic measures and policing vital highways and pilgrimage routes. Following the concluding remarks, these recommendations were put to the vote, resulting in their unanimous approval. Only the Persian representatives, Mirzā Malkom Khan and M. Sawas Effendi expressed reservations; although they voted in favor, they were concerned about the extreme difficulty of implementing the restrictive measures recommended (Flauvel, p. 652). Indeed, during the 1850s and 1860s, Persia had to grapple with outbreaks of cholera on almost a yearly basis; consequently, to restrict pilgrimage and exhumations during epidemics meant that the government would have to bring the religious life of the country to a virtual standstill—something that neither Mirzā Malkom Khan nor M. Sawas Effendi considered possible. Moreover, the stipulation that at least half of the representatives on the board must be European (which in the case of Persia meant physicians to European legations) was seen as a threat to their country's sovereignty over its own sanitary affairs and as effectively handing over significant coercive powers to European nations. It is therefore no surprise that, with the exception of the proposals for the creation of a health council, the Qajar government did not welcome the outcome of the conference in Constantinople.

On the scientific front, the position of the Persian delegates vis-à-vis the etiology of cholera was as much a reflection of their national interests as their support for restrictive measures to stop the flow of an epidemic into Europe. For example, a clear majority of the conference participants supported the view that the incubation period of cholera was no longer than a few days, with the notable exception of Mirzā Malkom Khan and M. Sawas Effendi (Howard-Jones, p. 239). The position they took was probably motivated by their awareness that supporting this viewpoint would imply an acknowledgement that the temporary quarantine of suspicious cases could prevent the spread of outbreaks. Mirzā Malkom Khan also did not give his support to the view that cloth and linen could be fomites for cholera, for he knew that if such a position was espoused internationally, Persia's significant cotton export could be irrevocably damaged. In addition, M. Sawas Effendi was the only delegate not to join the general consensus that corpses of cholera victims should be considered dangerous even though their infectiousness was still unproven (ibid., p. 240). Once again, this position was held by the Persian delegate probably on account of the importance for Shiʿites of burial in the the holy cities of Iraq, the ʿAtabāt (q.v.). Consequently, although the conference in Constantinople was Persia's first foray into the realm of international health policy-making, its influence on the actual decisions made in Tehran with

regards to national public health policies was limited (Afkhami, 1999, p. 126).

By 1869, under Nāṣer-al-Din Shah's administration, the tide of instability began to subside and a greater degree of control was exerted over the rebellious provinces of Persia. In addition, due to a significant initiative by the shah, the first telegraph line owned and operated by the Persian government was completed between Tehran and Jolfā (FO 60/320). More than anything else it was the completion of the telegraphic network in Persia that allowed the shah's bureaucracy to extend its authority to the peripheries, eventually bringing to fruition the preventive measures necessary to stem the flow of contagious diseases in Persia. In addition, the telegraph served as a "warning beacon," giving the central government immediate notice of health concerns in neighboring countries, and thereby providing adequate time to organize defensive measures in the face of a potential threat. As awareness of public health advances in the West grew, especially of the Ottoman successes in combating epidemics, so fatalism was replaced by feelings of humiliation and discontent among the Persian elite, who desired an end to the relative backwardness in their country. This increased awareness was fueled by the efforts of Nāṣer-al-Din Shah's French physician, Joseph Desiré Tholozan, who in August 1869 composed and published a report on the state of public health in Persia (Tholozan). It presented the history of Asiatic cholera's repeated invasions of Persia and reiterated many of the recommendations of the conference in Constantinople, including the need for an administrative sanitary board as well as the introduction of quarantine measures to impede the spread of cholera into Persia. What distinguished Tholozan from his predecessors was his emphasis on the need for municipal sanitary improvements as a preventive measure.

In 1867, under Nāṣer-al-Din Shah's orders, Tholozan formed the Sanitary Council (Majles-e ḥefẓ-e ṣeḥḥat) for the purpose of studying the situation of hygiene in Persia, preventing the inflow of disease and formulating recommendations on how to improve public health there (Tholozan, p. 10). This group formulated a set of recommendations that were to become the basis for a nascent sanitary policy in Persia. The Sanitary Council also posted sanitary physicians to the principal cities in Persia and equipped them with guidelines on how to stop the introduction of cholera into Persian territory. Tholozan communicated the Council's findings to the shah in a report entitled "Report to His Majesty the Shah on the Current State of Hygiene in Persia,"composed and published in 1869 (ibid., FO 60/323, 13 November 1869).

The first section of this report recommended a regular annual budget for health, paid for by a special tax, to fund a National Sanitary Council that would meet on a regular basis; this budget would also cover the maintenance of urban hygiene in Persia's larger cities (Tholozan, pp. 4-7). In addition, the report called for the estab-lishment of municipal councils of health, composed of notables and physicians, in all the major cities of Per-sia. These assemblies would serve as sentinels, reporting any outbreak to the central administration, and would maintain and enforce government regulation on urban hygiene (ibid., pp. 9-10). Furthermore, by highlighting the role of foreign physicians in any future Persian sanitary council merely as consultants, the report sought to guarantee Persian sovereignty in its own domestic administration. Tholozan's defense of Persian independence on sanitary matters was a hallmark of his career in Persia and the source of many future conflicts with both his own legation and that of other European imperial powers, particularly since the conference in Constantinople had recommended that an "international" sanitary council be established in Persia with European physicians holding sway over the council. The final conclusion of the Sanitary Report emphasized the necessity to create a literary base of works on hygiene and popular medicine in Persia.

In December 1870, the reformist politician Mirzā Ḥo-sayn Khan Mošir-al-Dawla was appointed to the post of Minister of Justice, and in less than a year was accorded full ministerial power as *Ṣadr-e Aʿẓam*. The shah's naming Mošir-al-Dawla to this high office was not unintentional. During his eleven years as Persia's envoy to the Porte, Mošir-al-Dawla had been a careful observer of the Ottoman *tanzimat* reform movement. In his many dispatches from the Ottoman capital, he described the measures with approval and urged that Persia should follow suit (Bakhash, p. 44). However, an epidemic disease prevention policy was conspicuously absent from the agenda of reforms enacted during the thirty-month period between the time of Mošir-al-Dawla's appointment as Minister of Justice and the termination of his premiership (September 1873). This deficiency becomes even more surprising when one considers that Mirzā Malkom Khan, the Persian representative at the sanitary conference in Constantinople, was Mošir-al-Dawla's confidential advisor during his tenure as *Ṣadr-e aʿẓam*. (FO 60/342, 20 March 1872). However, due to the brevity of Mošir-al-Dawla's tenure as Premier and the more pressing administrative problems plaguing the Persian government at this time, disease prevention predictably was not high on the agenda.

The lack of an active policy for disease prevention and control during Mošir-al-Dawla's tenure, however, should not be confused with the absence of health initiatives, since public works and urban renewal were at the heart of Mošir-al-Dawla's reform agenda (FO 60/342, 1 January 1872). Indeed, Ḥasan ʿAli Khan Garrusi (see AMIRNEẒĀM), former Persian envoy to Paris and Mošir-al-Dawla's successor in Istanbul, was named Minister of Public Works. Having observed the French and Ottoman plans for improving the conditions of their respective capitals, Garrusi was the perfect man to put into effect Mošir-al-Dawla's vision of a modernized Tehran. These improvements included the building of new city walls, parks, fountains, new roads to replace the narrow and unsanitary winding alleys, and the installation of gaslights (Nashat, p. 159). Moreover, burials, which had previously been under religious jurisdiction, were secularized to be brought under civil authority, so as to facilitate their regulation and thereby reduce a major cause of concern for health authorities (Bakhash, p. 90).

More than anything else, Mošir-al-Dawla's most important contribution to Persian public health was the consolidation of a stable and ordered administrative structure, led by a reluctant Nāṣer-al-Din Shah, which brought the country out of a decade-long bureaucratic limbo. Like Amir Kabir before him, Mošir-al-Dawla sought to strengthen the arm of the central government, for he knew that reform could only be enacted within the framework of an organized and authoritative jurisdictional structure. Later in the decade, as Minister of War, Mošir-al-Dawla was responsible for the creation of a military hospital and pharmacy under the direction of a European physician (Nashat, p. 69). Mošir-al-Dawla's efforts in the military realm were an example of the Qajar tradition of maintaining the health of a "modern" army whose purpose was to act as the backbone of the central government.

In 1874, following a renewed outbreak of Asiatic cholera, the Austro-Hungarian government decided to host a second international conference on public health, and invited representatives of all concerned nations to Vienna. The proclaimed goal of the conference was prevention of the spread of such epidemic diseases from one country to another, by the adoption of a uniform set of preventive measures, which were to be agreed upon by the conference (FO 248/297 22 December 1874). When it opened in Vienna, on the first of July, twenty-one countries were represented, including the newcomers Luxembourg, Switzerland, Romania, and Serbia, who had not been represented in the 1866 Constantinople conference. Nāṣer-al-Din Shah's

former physician, Polak, who had represented Austria in 1866, on this occasion represented Persia.

Ostensibly, the meetings in Vienna aimed at a reassessment of the recommendations and conclusions reached by the conference in Constantinople, and for the most part they reconfirmed them. A novel development in this conference, however, was a proposal for the establishment in Vienna of a permanent international sanitary commission for the study of epidemic diseases. This committee was depicted as a purely scientific body focused on the study of cholera. A precursor to the World Health Organization, this commission was to consist of medical representatives from participating countries, with a head-quarters staffed by individuals appointed by the commission's delegates. Concurrent with this proposition, the Conference also stressed the need to establish in Persia a *Conseil de Santé international* (International Sanitary Council), after the model of existing bodies in Constantinople and Alexandria (Seaton, pp. 556-70). However, the skepticism and suspicion of major powers, such as Great Britain, towards these proposals led to the downfall of the scheme. In particular, critics feared that, without an explicit delineation of its powers, a Persian sanitary council could claim international sanction to interfere with commercial and colonial interests. Notwithstanding the opposition by certain powers to the foundation of an international council in Persia, the idea of such a body became fixed in the minds of Persian administrators. However, more than anything else, the conference in Vienna reminded Europeans once again that the health of people in the East was inexorably linked to their own salubrity. The fear of Asiatic cholera, together with the spirit of cooperation that was fostered by a recognition of mutual interests, set the groundwork for the eventual emergence of an international sanitary police in Persia.

In the spring of 1874, rumors of an outbreak of Bubonic Plague in Ottoman Arabia began to circulate in the diplomatic community of Tehran. Indeed, despite the efforts of the Ottoman authorities to hide the fact while attempting to stem the plague's progress, news quickly spread of the disease. The timing of this development, coinciding with the recommendations of the Vienna Conference for the establishment of an International Sanitary Council, prompted ʿAliqoli Mirzā Eʿteżād-al-Salṭana (q.v.), the shah's Minister of Public Instruction (*wazir-e ʿolum*), to call a meeting of Persia's first International Consultative Sanitary Council; it was to meet under his presidency at the central government's pharmacy attached to the Dār al-Fonun (FO 881/3332, 27

June 1877). Although the assembly was ostensibly known under its forerunner's designation of Majles-e ḥefẓ-e ṣeḥḥat, this new council was radically different in form from its predecessor. To begin with, it was composed of Tehran's principal native physicians, together with the director of the Dār al-Fonun. In addition, the meetings of the body included the participation of the shah's *ḥakim bāši* (Chief Physician), Tholozan, medical officers of the foreign legations, the Ottoman sanitary officer in Tehran and the physicians attached to the British Indo-European telegraph service (FO 60/382, 14 April 1876). Significantly, by withholding any legislative authority from the council, Eʿteżād-al-Salṭana ensured that they would not represent a threat to the Persian government. At the same time, he also managed to gain a greater degree of executive cooperation from the European powers by allowing direct participation in decision-making, albeit in a nominal and advisory capacity only, of the legation physicians, as well as by fostering an environment of mutual concern between Persian and foreign members of the council.

Accordingly, the historic first meeting of the council took place under the presidency of Eʿteżād-al-Salṭana at precisely 3:00 PM on 27 March 1874. Although it consisted mostly of consultations and discussions, the meeting also agreed upon the introduction, for the first time in Persian history, of tangible measures to prevent the spread of an epidemic into Persia. What is perhaps even more significant is that these direct measures were to remain under Persian auspices. This included naming Persian physicians, such as Mirzā Sayyed ʿAli and Mirzā Esmāʿil to the posts of Chief Sanitary Officer at Bushire and Kermānšāh, respectively, with the task of establishing quarantine measures for incoming passengers and goods from infected areas in Ottoman Arabia (FO 60/382, 14 April 1876).

The Sanitary Council continued to meet periodically throughout the rest of the 1870s and 1880s, most significantly during periods of epidemics. The Presidency of the Council was passed on to ʿAliqoli Khan Moḵber-al-Dawla in 1880, following Eʿteżād-al-Salṭana's death. Unlike their Ottoman counterparts, who spoke French at the meetings of the International Sanitary Council in Constantinople, the Persians conducted most of their discussions in their native tongue. These proceedings were described as beginning with a report on the mortality rate in Tehran and the chief causes of death in the capital, followed by presentations about the same issue in the principal provincial towns (Browne, p. 108).

During the closing years of the 19th century, a severe and threatening plague epidemic in India prompted the Sanitary Council to meet once again. By this time the Persian Gulf quarantine arrangements in Persia were under British-Indian direction; they wished to protect their trade interests vis-à-vis Russia, and consequently employed discriminatory and restrictive quarantine practices against Persian travelers. Russia also established sanitary cordons in northeastern Persia whenever it felt that its sanitary or trade interests required such intervention (Afkhami, 2003a, pp. 196-239). The atmosphere of suspicion that had been created around the quarantine arrangements in the Persian Gulf, together with the machinations of the Great Powers to manipulate the sanitary arrangements on the Persian frontiers to their own advantage as well as the ongoing economic problems in Persia, had created a despondency on the part of the Persian Government vis-à-vis the edicts of the Sanitary Council in Tehran. When the British representative on the council, Hugh Adcock, threatened to suspend the meetings in November 1899, the Persian Government was more than happy to oblige; they informed members that no sessions would be called until further notice (Afkhami, 2003a, pp. 235-39; FO 60/609).

The Imperial Persian Sanitary Council was reestablished in August 1904 by Moẓaffer-al-Din Shah's French physician, Jean-Etienne Justin Schneider on 6 August 1904. It included delegates from the Persian ministries, the shah's chief physicians, a representative of the Persian Customs services, and all the physicians to the principal Western legations (FO 60/632). For the first time, minutes of the meetings of the council were typed for its own archives as well as for distribution to all the ministries and foreign legations. The council met regularly every Monday. The meeting spelled out the aim of the council "to occupy itself with the sanitary state of the country and to enlighten the Persian Government on the hygienic and prophylactic measures that need to be taken to preserve public health in Persia and notably in Tehran" (ibid.). Eight months after its inauguration, Persian councils praised the Sanitary Council for discussing the essential sanitary needs and requirements of Tehran,such as the necessity for public laundry places, covered waterways, street cleaning, and the need for abattoirs and cemeteries outside the city walls (Afkhami, 2003a, pp. 358-59; "Dār al-ḵelāfa wa Majles-e ḥefẓ-e ṣeḥḥat"). The revival of the Sanitary Council by the shah's physician, Schneider, was an earnest effort to institutionalize public health in Persia by bringing it under central control in Tehran. Through the participation of the physicians of all the major foreign legations, the council's resolutions were meant to provide a platform for a

unified and internationally sanctioned approach to sanitary matters in Persia.

In 1906, Schneider resigned from the presidency of the Sanitary Council; and his post was taken up by another French military doctor, a Dr. Coppin, who was Mo-ḥammad-ʿAli Shah's Chief Physician (Schneider, 1911), followed by a Dr. George, a French professor of medicine at the Dār al-Fonun. By this time, the European-trained Persian physicians had assumed a more proactive and vocal role at the Sanitary Council and sought to use the council's forum to frame a more effective and rational public health policy for Persia. To meet these expectations, the members of the Sanitary Council realized that they needed an independent budget. The Persian physicians were able to lobby parliament (Majles) successfully to be granted the tax traditionally levied on pilgrims and corpses traveling to the holy cities in Iraq (see ʿATABĀT). The Sanitary Council decided that the money raised would be spent on building a quarantine station between Kermānšāh and Karbalā (Afkhami, 2003a, pp. 378-79; SOCSEP, 3 June 1912). With these newly acquired funds, schemes were also drawn up to establish a quarantine service on the shores of the Caspian Sea similar to the British-administered system on the Persian Gulf, to prevent the importation of cholera from Russia (SOCSEP, 8 January 1912). In addition, with the appearance of cholera in Russia and small outbreaks in northern Persia in 1908, the Council was able to convince the Majles to allocate an additional 20,000 *tomān*s for employing doctors, establishing lazarettos, and providing stricken areas with medication (Elgood, p. 531). By July 1912, the quarantines in Astara and Anzali were supplied with disinfecting stoves, at the cost of 7,395 francs each, fully funded by parliamentary decree (Afkhami, 2003a, pp. 378-81; SOCSEP, 1 July 1912; SOCSEP, 7 October 1912).

A reshuffling of the Sanitary Council's leadership occurred in 1911 when George, who had replaced Schneider as president of the Sanitary Council, resigned from his office in order to represent Persia at the International Sanitary Conference in Paris (Elgood, p. 532). Anthony R. Neligan, who was appointed as the British legation physician in place of Tom F. Odling in 1906, took over the management of the council for a short time. In one of his first acts as leader, Neligan used the funds recently received from the Majles to revive Persia's struggling smallpox vaccination program (ibid.). When the vaccination service began in 1911, calf lymph was obtained from Paris and public vaccinators were appointed all over the country. In 1916, the Sanitary Council undertook the reorganization of the vaccination service of Teh-ran and the provinces, as well as the direct, day-to-day management of the

vaccination service in the capital. The vaccination posts in Tehran were to be held by certified physicians, with the exception of the clinic at the Dār al-Fonun, which had medical student-vaccinators supervised by professors from the school of medicine. As a result, the center at the Dār al-Fonunfulfilled the dual task of vaccinating the population of the capital and instructing medical students on the correct techniques and the complications associated with vaccination (SOCSEP, 30 October 1916). In the provinces, the vaccination services were placed under the direction of central commissions based in the provincial capitals. These commissions were to be composed of four members: the government representative, two Persian physicians, and one European physician. The establishment of the vaccination service was a testament to the success of the Sanitary Council in bringing a degree of administrative order to Persia's public health system. Its ability to organize national programs, such as the vaccination service, further indicated that the failure of Persia's indigenous public health administration throughout the 19th century was due to its inadequate administration and the lack of centralization (Afkhami, 2003a, pp. 384-92).

Although the Sanitary Council attempted to improve the sanitary conditions of Tehran as early as 1913, by buying disinfection equipment and establishing guidelines to improve the city's hygiene, Persia was still far from having a national sanitary program that would provide an acceptable municipal and rural defense against contagious diseases (Afkhami, 2003a, p. 389). Christian missionaries also played a notable part in improving public health in Persia, particularly in the provinces, far from the centers of administrative power in Tehran. The Presbyterian missionaries, who founded the American hospital in Tehran in 1892, played a key role in the medical and public health spheres in northwestern Persia as well. Besides training several physicians and establishing a hospital in Orumia, in 1916 the Presbyterians also started the first professional nursing school in Tabriz (Moghadassy, p. 3). Due to their extensive and apolitical medical activities, the Americans were popular amongst Persians.

The propagation of public health in Persia was not limited to political or religious spheres. Significant sanitary activities were undertaken also for commercial reasons. This was exemplified by the Anglo-Persian Oil Company (APOC) in southern Persia, which spent hundreds of thousands of pounds sterling in the pre-war years and into the 1920s on the health-care of Persians "in order to fit Persian subjects for employment" (Williamson, p. 134).

The Sanitary Council attempted its best to cope with the epidemics and natural disasters that pervaded Iran during the World War I (1914-18). With the departure of many foreign nationals, including physicians, the council was largely dominated by Iranians for the first time in its history and was presided over by an Iranian physician, Amir Khan Amir-Aʿlam (q.v.). Although the French legation, relishing its long history of presidency over the Council, desired that Amir-Aʿlam's nomination be temporary, just until the end of the war, there was little that the European powers could do to stem the tide of Iranian medical nationalism and stop the ascent of a cadre of competent European-trained Iranian physicians from dominating their nation's medical establishment (Afkhami, 2003a, p. 410).

The infrastructure of public health in Iran following the war was severely degraded, particularly in the realm of hardware and manpower. A mission was then sent from Tehran in order to attend the Paris Peace Conference with the goal of defending Iranian political interests on the international scene, and enlisting the leadership of the Pasteur Institute in Paris to inaugurate a satellite in Tehran to tackle Iran's dreadful public health conditions. The members of the mission were acutely aware of the recent ravages of the influenza pandemic in Iran, but the dangers of contagious diseases and the need for reforms in Iran's public health system were probably most poignant in the mind of the Iranian mission's leader, Firuz Farmān-farmā, who almost lost his father to the ravages of the flu (Afkhami, 2003a, p. 433; idem, 2003b). Even with its limited resources, the Pasteur Institute of Tehran played an essential role in the development of an effective Iranian public health policy. Shortly after its inauguration, the institute was described as the most efficient part of the Persian sanitary administration. In October 1927, when Iran's frontiers were threatened by a repeated visitation of Asiatic cholera from Baghdad, the Pasteur Institute was able to prepare 6 to 7 thousand doses of anti-choleric vaccines a day (Qerandel to Mensil, 29 October 1927).

In 1921, ʿAli-Aṣḡar Nafisi (Moʾaddeb-al-Dawla) was appointed Minister of Health and Welfare in the cabinet of Sayyed Żiāʾ-al-Din Ṭabāṭabāʾi. This new ministry, part of the Ministry of Interior, unofficially absorbed the Sanitary Council; consequently, Nafisi became the president of the council by default. Following the fall of Sayyed Żiā's government, the leadership of the Health Ministry passed on to Ebrāhim Ḥakimi (Ḥakim-al-Dawla). During Ḥakimi's tenure, the cabinet of ministers decided to formulate a new set of rules governing the composition and procedure of the Sanitary Council. In the first

instance, the council was officially transferred from the Ministry of Interior to the Ministry of Health and its name changed to the Supreme Council of the Ministry of Hygiene. The Sanitary Council's composition, however, remained unchanged; it included the continued membership and participation of the physicians of the European legations. However, the Council's role became explicitly advisory, and no budget was allotted. Although the council's leadership was Iranian (led by Amir-Aʿlam), the new nationalism pervading the Iranian Government loathed taking orders or advice from a council composed of a large number of Europeans (see BEHDĀRI; Elgood, pp. 562-63).

BIBLIOGRAPHY

Archives (FO = Foreign Office Archives of the British Public Records Office).

FO 60/126 Keith Abbot to Viscount Palmerston, No. 23, Tabriz, 6 December 1846. FO 60/320, Thomson to Clarendon, no. 58, 22 September 1869. FO 60/323 Earl of Clarendon to Privy Council, no. 50, London, 13 November 1869. FO 60/342 Thomson to Granville, copy, Tehran, 20 March 1872. FO 60/342 Translation of the Tehran Gazette, 21 November 1871; encl. 1 in Alison to Granville, no. 2, Gulhak, 1 January 1872. FO 248/297 Derby to Thomson, circular, London, 22 December 1874. FO 881/3332 Beust to Derby, no. 1, Belgrave Square, 27 June 1877. FO 60/382 Dispatch letter Taylor Thompson to Early of Derby, no. 45, Tehran, 20 April 1876, encl. 1, Copy of Memorandum from Joseph Dickson to Taylor Thomson, Tehran, 14 April 1876. FO 60/609 Dispatch From Mr. Cecil Spring-Rice (in the absence of Sir Mortimer M. Durand, British Minister in Tehran) to the Marquess of Salisbury, no. 111, Tehran, 14 November 1899, encl. 1, Memorandum by Mr. Cecil Spring on Quarantine in the Persian Gulf. FO 60/732 Procès-Verbal, Conseil Sanitaire de L'Empire de Perse, 6 August 1904. Procès-Verbal 98ème Séance ordinaire du Conseil Sanitaire de l'Empire de Perse (SOCSEP), 8 January 1912, p. 76. Procès-Verbal 103ème Séance ordinaire du Conseil Sanitaire de l'Empire de Perse, 3 June 1912, p. 96. Procès-Verbal 104ème Séance ordinaire du Conseil Sanitaire de l'Empire de Perse, 1 July 1912, p. 99. Procès-Verbal 108ème Séance

ordinaire du Conseil Sanitaire de l'Empire de Perse, 7 October 1912, p. 107. Rapport de la Commission de Défense Sanitaire (Sé-ance de 9 Septembre 1916) in Procès-Verbal 180ème Séance ordinaire du Conseil Sanitaire de l'Empire de Perse, 30 October 1916, pp. 494-96. Letter from Dr. Jean Qerandel to Felix Mensil, Tehran, 29 October 1927. Contained in Fonds Qerandel à F. Mensil 1906-33, Archives de L'Institut Pasteur, Paris. Amir Khan Amir-Aʿlam, "Concise History of Medicine and Hygiene of Iran in These Four Decades," in Wellcome Institute for the History of Medicine, Contemporary Medical Archives Center (GC/46/14/1-11); "Summary of Conferences Made During the Medical Congress of Iran 1945."

Studies.

Amir Arsalan Afkhami, review of Niloufar Jozan, *La Beauté Menacée*, in *Iranian Studies* 30, 1997, pp. 635-37.

Idem, "Epidemics and the Emergence of an International Sanitary Policy in Iran," *Comparative Studies of South Asia and the Middle East* 19, 1999, pp. 122-36.

Idem, "Iran in the Age of Epidemics: Nationalism and the Struggle for Public Health: 1889-1926," Ph.D. diss., Yale University, 2003a.

Idem, "Compromised Constitutions: The Iranian Experience with the 1918 Influenza Pandemic," *Bulletin of the History of Medicine* 77, 2003b, pp. 367-93.

Shaul Bakhash, *Iran: Monarchy, Bureaucracy and Reform under the Qajar's 1858-1896*, London, 1978. Moḥammad-Ḥasan Beygi, *Tehrān-e qadim*, Tehran, 1987-88.

E. G. Browne, *A Year Amongst the Persians*, Cambridge, 1959.

Conférence Sanitaire Internationale, *Rapport sur Les Mesures à Prendre en Orient Pour Prevenir de Nouvelles Invasions du Cholera en Europe*, Constantinople, 1866.

Cyril Elgood, *A Medical History of Persia and the Eastern Caliphate from the Earliest Times until the Year A.D. 1932*, Cambridge, 1951.

"Dār-al-ḵelāfa wa Majles-e ḥefẓ-e ṣeḥḥat," in *Tarbiat* 353, 25 Ḏu'l-ḥejja 1322/2 March 1905, pp. 1742-43.

A. Fauvel, *Le Cholera. Étiologie et Prophelaxie*, Paris, 1868.

Norman Howard-Jones, "The Scientific background of the International Sanitary Conferences," *WHO Chronicle* 28/10, 1974, pp. 455-70.

A. Eqbāl, "*Ābela-kubi*," *Yādegar* 4/3, 1947.

Mons. Jibrel and Moḥammad-Ḥosayn Qā-jār, *Resāla dar vabā*, Tehran, 1261/1845.

Homayoun Katouzian, "Nationalist Trends in Iran, 1921-1926," *International Journal of Middle East Studies* 10/4, 1979, pp. 533-51.

Mahin Moghadassy, Vajiheh Ravati and Nayereh Shahinpour, "Progress: Post-Basic Nursing Education in Iran," *International Nursing Review* 19/1, 1972, pp. 3-11.

Moḥammad Ebn ʿAbd-al-Ṣabur, *Anwār al-nāṣeriya/Merʾāt al-ḥekma al-nāṣeriya*, 3 vols., Tabriz, 1245/1829-30.

James J. Morier, *A Second Journey Through Persia*, London, 1881, p. 191.

Abbas Naficy, *La Médecine en Perse des origines à nos Jours*, Paris, 1933.

Maḥmud Najmābādi, "Les relations médicales entre la Grande Bretagne et l'Iran et les médecins anglais serviteurs de la médecine contemporaine de l'Iran," *Proceedings of the XXIII International Congress of the History of Medicine*, London, 1974, pp. 704-8.

Guity Nashat, *The Origins of Modern Reform in Persia*, Urbana, 1981.

Jakob Eduard Polak, "La médecine militaire en Perse. Par le docteur J.-E. Polak, ancien médecin particulier du schah de Perse," *Revue scientifique et administrative des médecins des armées de terre et de mer* 7, 1865, pp. 649-51.

Idem, *Bimāri-e vabā*, Tehran, 1261/1890.

Johanne L. Schlimmer, *Terminologie médico-pharmaceutique et anthropologique français-persane, avec des traductions anglais et allemande des termes français*, Tehran, 1874.

Edward C. Seaton, "A brief account of the proceedings of the international

sanitary conference held at Vienna in 1874," *Transaction of the Epidemiological Society of London* 3, 1874, pp. 556-70.

Jean-Etienne J. Schneider, *Médecine Persane: Les Médecins Français en Perse – Leur influence*, Paris, 1911, p. 4.

Joseph D. Tholozan, *Rapport à Sa Majesté la Chah sur l'état actuel de l'hygiène en perse*, Tehran, 1869. Idem, *Durée du Choléra Asiatique en Europe et en Amérique*, Paris, 1872.

Idem and A. Fauvel, "Communication to the *Académie de Médecine* by Dr. Pelican on the recent Cholera outbreak in Kiev," *Bulletin de l'Académie de Médecine* 36, 1871, p. 649.

J. W. Williamson, *In a Persian Oilfield*, London, 1927.