MEDICINE, PUBLIC HEALTH AND THE QAJAR STATE pdf

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Medicine, public health and the Qajar State. patterns of medical modernization in nineteenth-century Iran. Leiden-Boston. , p. Pages.

Dr Hormoz Ebrahimnejad Following the interregnum and anarchy of the eighteenth century, Iran was politically re-united under the Qajar dynasty The centralization of power during the Qajar period was the major impetus for the modernization of the military, the administration, education, and medicine. In this article the author argues that medical modernization in nineteenth-century Iran is 1 best understood within the framework of the evolving power structure of the Qajar state; and 2 was underpinned by transformations in traditional medicine, which paved the way for the radical integration of the modern sciences in Iran. Their outbreak led to a greater role of physicians in the state, theoretical discussions among Persian physicians on the nature and causes of epidemics, and changes to the prevailing medical discourse. Nineteenth-century Persian medical literature bears witness to a traditional medicine in transition, including changes prompted by the introduction of Western ideas and practices. Contrary to what has usually been assumed, modernization did not occur through the straightforward replacement of traditional by modern European medicine. Rather, the integration of modern medicine went through a long process that included both the reinterpretation of traditional theories by traditional physicians and the assimilation of modern theories through the prism of traditional medicine. The theory of replacement, as proposed by Dr Tholozan, the French personal physician to Naser al-Din-Shah , owes much to the fact that medical modernization in non-European countries has generally been studied in the colonial context. Medical reform and state power The study of traditional medical institutions and their transformation illustrates the linkage between the evolving structure of state power and medical organization. The growing number of physicians employed by the state is a case in point: This prompted the creation of dozens of medical titles besides that of the traditional chief physician: In an era predating hospitals and medical schools, the proliferation of court physicians enjoying regular income, prestige and titles was a major step in the institutionalization of medicine. Some Persian medical manuscripts of the time advocated institutional reform. One author saw state hospitals as institutional centres for various branches of medicine where physicians, surgeons, and pharmacists would collaborate under the control of the government. As such they provided the solution for improving medical knowledge by means of the educational role that they had in addition to their disciplining role. Clearly, there was no social or political impediment to intellectual contact between traditional and modern medicine. In stark contrast to the situation in India, Western medicine was not seen as an instrument of colonial domination but as a modern science worthy of study. In both countries traditionally educated physicians played an important role in the transmission of modern medical theories. Nevertheless, due to political and institutional differences, in Iran the traditional medical system integrated and transformed itself into modern medicine, while in India traditional medicine maintained its institutional and theoretical fortresses. Straightforward modernization - the substitution of traditional institutions and knowledge by European ones - has always faced problems of impracticality due to the traditional system if not outright resistance from traditional forces in Iran. To the extent that reformists aimed to modify and not replace, their efforts generally resulted in internal change. The modernization of medicine, when compared to modernization in the social and political spheres, remains a special case. While attempts to modernize the country by invoking traditional values and institutions resulted in the social and political reinforcement of traditional forces, in the scientific domain internal change paved the way for the radical integration of the modern sciences. The internal transformation of traditional medicine as the underpinning process of Iranian medical modernization illustrates how the modern sciences, which originated and developed in Europe, were epistemologically transmitted to nineteenth-century Iran. Anonymous manuscript on the establishment of a public hospital, Library Majles, Tehran, no. Translated into English in: Patterns of Medical Modernization in Nineteenth-century Iran. Notably, in this article nineteenth-century Iranian medicine is neither limited to the court nor to the colonial institution. In Iran, as in India, the vast majority of the population was not covered by court or colonial medicine. But as opposed to

India, in Iran, it was court medicine that played a major role in medical modernization. In addition to socio-political factors, cultural, economic, and demographic factors in India favoured the survival and reinforcement of Ayurvedic and Yunani medicine.

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2: HEALTH IN PERSIA iii. QAJAR PERIOD â€“ Encyclopaedia Iranica

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Contact Research interests My current research stems from my general and long-term interest in the structure of power in Iran 18thth centuries. Having experienced the Revolution in Iran, which was the second after the Bolshevik Revolution of , I was intrigued by how and why such an event occurred. As a research student in Paris, I was interested in examining how the clerics could take power. In my first book, Succession et pouvoir en Iran: In such a situation, the Shah could only name his successor tacitly. Although such a nomination was also backed by a tacit consensus, after the death of the Shah the heir apparent, had to secure his right to the throne by the sword as well as by relying on the support of foreign powers. During the archival research for my dissertation, I came across a host of material on epidemics, which directly or indirectly affected the political situation. These sources led me to examine the medical manuscripts in the nineteenth century to explore the impact of epidemics on medical literature. Despite the change of subject, my work on the history of medicine continues to address the structure of political power but from a different angle: In my first book, I exclusively discussed problems of political power and the transmission of authority and sovereignty and my research in the history of medicine also covers the transmission and transition of science and knowledge. Patterns of Medical Modernisation in Nineteenth-Century Iran Brill, , examined the medical transformation in Iran from an institutional point of view, arguing that the new state-run institutions such as the first polytechnic school, the military hospital and the boards of public health furthered medical professionalization by bringing together traditional physicians and modern-educated doctors. It was thanks to this framework that theoretical and intellectual transition in medicine occurred. The book illustrated the importance of institutional change in medical transformation through the edition and analysis of a Persian manuscript written in the s by a traditional physician. My third book, Medicine in Iran: Profession, Practice and Politics Palgrave, , complemented the study of medical transformation in Iran by examining the theoretical transition in traditional medicine, and investigating the change in the perception of diseases and medical concepts within the framework of humoral theory. It demonstrates that traditional physicians played an important role in the rise of modern medicine in Iran, not only through their contribution to translate medical texts, but more substantially by overturning the concepts of humoral medicine when applying these in the treatment of epidemic diseases. This process allowed Persian physicians to be more open to new ideas, with the introduction of anatomy-pathology and biomedicine in Iran. The result of this research was to introduce a new historiographical approach in the history of medical modernisation that had thus far segregated Western and non-Western medicines by seeing modernisation as simply the old being pushed out by the new, rather than an internal and intellectual transformation. In order to test these findings against other historical contexts, I organised an international workshop in London , in which several research papers discussed medical modernisation in countries such as Vietnam, Turkey, Egypt, Japan, India and elsewhere. I am currently working on two different projects: In this book, I will examine how succession took place during the reform era from to the rise of the Pahlavi dynasty in My second project is on the Waqf charitable endowments in Islam and welfare or public health in the Islamic countries. I will study this question in the context of the rise of Islamism in modern period. The increasing number of waqf and provision of welfare by the Islamist parties through such institutions indicates a change in the structure of political power in Islamic countries, their legitimacy and as a result in the pattern of their succession transition of power. This project will also examine the impact of the waqf organisation in the development of healthcare system and hospitals.

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3: Dr Hormoz Ebrahimnejad | History | University of Southampton

Medicine, Public Health and the Qajar State: Patterns of Medical Modernization in Nineteenth-Century Iran by Hormoz Ebrahimnejad The starting-point for this volume is a previously unstudied nineteenth-century Persian text concerning hospital reform, and of great importance for understanding the history of medical care in nineteenth century Iran.

Therefore, the history of developments in this direction is the most important focus of interest related to health issues during this period. For instance, in , 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: 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. 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. Accordingly, John Cormick q. 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. In addition, on a regional level, enlightened governors started to implement public health initiatives independently from the central government. 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, , p. European instructors were recruited to train the Persian officers and technicians who would form this new army. Schlimmer published his Terminologie medico-pharmaceutique et anthropologique Francais-Persane in 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 Moreover, Schlimmer was probably the first medical scholar to define public health in Persian. 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, , p. Earlier than this, Amir Kabir had already undertaken certain tangible preventive public health measures. In , 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. As a result, in total only people were actually vaccinated Beygi, p. Inaugurated in , 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. Sawas Effendi, an Ottoman subject and public health inspector in Constantinople Fauvel, p. 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. 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. To this end, the conference recommended the establishment of a nationwide sanitary orga-nization, 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. The conference also recommended that the Persian government should suspend pilgrimage during epidemics. 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. 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. Sawas Effendi expressed reservations; although they voted in favor, they were concerned about the extreme difficulty of implementing the restrictive measures recommended Flauvel, p. Sawas Effendi considered possible. 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. Sawas Effendi Howard-Jones, p. 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. 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. 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. What distinguished Tholozan from his predecessors was his emphasis on the need for municipal sanitary improvements as a preventive measure. 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. 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. 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. 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 his many dispatches from the Ottoman capital, he described the measures with approval and urged that Persia should follow suit Bakhash, p. 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. 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. In , 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. 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 Constantinople conference. 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. 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 , rumors of an outbreak of Bubonic Plague in Ottoman Arabia began to

circulate in the diplomatic community of Tehran. 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. 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. The Sanitary Council continued to meet periodically throughout the rest of the s and s, most significantly during periods of epidemics. 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. During the closing years of the 19th century, a severe and threatening plague epidemic in India prompted the Sanitary Council to meet once again. Russia also established sanitary cordons in northeastern Persia whenever it felt that its sanitary or trade interests required such intervention Afkhami, a, pp. When the British representative on the council, Hugh Adcock, threatened to suspend the meetings in November , the Persian Government was more than happy to oblige; they informed members that no sessions would be called until further notice Afkhami, a, pp. 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. 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, a, pp. In , Schneider resigned from the presidency of the Sanitary Council; and his post was taken up by another French military doctor, a Dr. To meet these expectations, the members of the Sanitary Council realized that they needed an independent budget. 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 By July , the quarantines in Astara and Anzali were supplied with disinfecting stoves, at the cost of 7, francs each, fully funded by parliamentary decree Afkhami, a, pp. Neligan, who was appointed as the British legation physician in place of Tom F. Odling in , took over the management of the council for a short time. When the vaccination service began in , calf lymph was obtained from Paris and public vaccinators were appointed all over the country. In , 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. 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: 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 , 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 the Presbyterians also started the first professional nursing school in Tabriz Moghadassy, p. 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. The Sanitary Council attempted its best to cope with the epidemics and natural disasters that pervaded Iran during the World War I The infrastructure of public health in Iran following the war was severely degraded, particularly in the realm of hardware and manpower. 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. This new ministry, part of the Ministry of Interior, unofficially absorbed the Sanitary Council; consequently, Nafisi became the president of the council by default. 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. Cecil Spring on Quarantine in the Persian Gulf. Nationalism and the Struggle for Public Health: Par le docteur J. Williamson, In a Persian Oilfield, London, Amir Arsalan Afkhami Originally Published: December 15, Last Updated:

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4: Public Health Pathways for Premedical Students

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The historiography of medicine in Iran has usually focused on what is termed the Golden Age of Persian medicine c. Leuven University Press, ; Nancy G. Siaisi, Avicenna in Renaissance Italy: The Canon and medical teaching in Italian universities after NJ: It should, however, be remembered that the historiography of science in general in Islamic countries and not only the history of medicine has often focused on the medieval period. A Historiographical Inquiry Chicago and London: The University of Chicago Press, , cf. Cholera 6 of historical research in Iran, compared with Europe or even with other neighbouring countries. See also works of Sylvia Chiffoleau including: The link between alternative and modern-official medicine in Western countries, however, has been studied in a significant amount of publications by Charles Rosenberg, Roy Porter, Roger Cooter, William Bynum, and others. For a general appreciation on this subject see several articles in Medical History vol. The latter he regarded as indispensable for a better introduction to, or education in, modern medicine in Iran. It covered a wide range of medical knowledge including orthodox traditional medicine, a mixture of modern and traditional theories, as well as texts that clearly displayed the seeds of modern medicine. The above-mentioned anonymous manuscript on the establishment and development of public hospitals illustrates the breadth of this literature. Victor Masson et Fils, For more details, see Chapter Four below. Histoire de la peste bubonique en Perse Paris: Masson, , pp. Luzac, , pp. Even at the end of the nineteenth century the miasmatic theory prevailed in Europe for explaining the spread of cholera, for example, in Hamburg during the cholera epidemic of Evans, Death in Hamburg: Oxford University Press, It contains passages that deal with theoretical issues but mainly it emphasizes institutional reform within a traditional medical framework. Nineteenth-century Iran remained much the same as it was in the tenth century, while profound changes occurred in Europe at this time. For a critical study on this question see: Conscience and History in a World Civilization, 3 vols. The University of Chicago Press, , pp. A Political Biography Berkeley: It is included in order to understand the creation of the public hospital in mid-nineteenth-century Iran in the light of the history of hospitals in Islamic countries in general and in Iran in particular since antiquity. Chapter Two examines the socio-political factors that brought about the need for the hospital. The hospital described in manuscript , for instance, was destined to serve the army though it received also the civilians. Poor public health, they perceived, cost them twice: Moreover, any reform faced opposition from the traditional forces and was slowed down by factional rivalry among the statesmen. This chapter will explain that the reform in public health, in terms of the creation of hospitals and sanitary councils in the second part of the nineteenth century, experienced long periods of lassitude and failure. Ad hoc sanitary councils had existed since the early s but have been largely ignored by modern history. It is not surprising therefore, that this sanitary council closed after two sessions and reconvened only in to respond to 10 the pressure of cholera and plague epidemics. Its only concrete result, however, was a higher tariff for quarantine operation. This is followed by a section on the hospital. The hospital project was held back by delays similar to those experienced by the sanitary councils or majles-e hefz al-sehheh. A detailed discussion on the hospital described in manuscript enables us to reconstruct a history that is barely mentioned in other sources. The manuscript evokes many questions relating to various aspects of medicine and society, but their discussion goes beyond the scope of this study. These issues are therefore, taken up in the extensive footnotes provided in the English translation of manuscript A thorough examination of the manuscript is not the aim of this volume and constitutes the object of a separate study. Although manuscript is one of the major sources for our study, both the First part, i. The last two chapters explore the institutional and theoretical mechanisms of medical change. They are as important in medical history15 as the official or orthodox medicine. MAGE, , forthcoming. Rodopi, ; Roy Porter ed. The focus here is on that part of medical profession that, due to its relation to the state administration at various levels, played a major role in the institutionalization process explained in Chapter Four. In order to clarify this process further, Chapter Five examines the theoretical or

epistemological aspects of modernization in relation to political and institutional context. Some evidence is given to illustrate the proposition that institutional modernization preceded the radical theoretical transformation. Rather it was proposed and implemented at various levels by those who still believed in traditional theories. Overall, Chapter Five has a twofold purpose. Firstly, it shows that the intellectual areas of medical change are less obvious than is conventionally thought and therefore referring to them as landmarks or turning points in the history of medicine is misleading. Secondly, it aims at providing an introduction to further study of the epistemology of medical modernization, which can contribute to the wider question of the mechanisms of the transmission of knowledge. A final remark is necessary here: One might contend that the primary task of the historian is to provide a comprehensive and descriptive history before explaining how modern medicine developed. Granta publications, , p. Editions du Seuil, Nevertheless, these narratives about hospitals reflect some historical facts. For example, a part of a discourse illustrating the strength or justice of a king might contain a statement about a hospital. This indicates the relationship between political power and the building of charitable public institutions, including hospitals, inasmuch as these public monuments rose with the power of the king or dynasty and fell into ruins after their demise. But hospitals, partly due to the endowment system discussed in Chapter Three, did not receive attention and financial support from the government and civil society as much as other charitable 1 Among the most important authorities we can refer to are Mohammad b. Tehran University Press, A tenth-century Survey of Muslim Culture, 2 vols. New York and London: Columbia University Press,

5: Public Health in Qajar Iran - Persian and Iranian History Books

Oct. ; Willem Floor, Public Health in Qajar Persia (Washington DC: MAGE,) (forthcoming). 3 The historiography of modern medicine in other Islamic or non-European countries has a better record than in Iran.

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The volume provides surprising new insights into the interrelation of medical practice, public health and politics in QÄ•jÄ•r Iran. Rather than showing a straightforward replacement, it reveals that Western medicine was assimilated through dialogue into traditional medical systems.

7: Medicine in Islam and Islamic Medicine - Oxford Handbooks

on medicine and public health in Qajar era in Iran 3 Ebrahimnejad H. Medicine, Public Health and Qajar State, Pattern of Medical Modernization in Nineteenth.

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