

Medicine in Iran: profession, practice, and politics, 1800–1925. Review

A review prepared:

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The author of the book under review is Hormoz Ebrahimnejad, lecturer of history at the Humanities faculty at Southampton University (UK). On his university web-page he writes that his interests include the structure of power in Iran after the 1979 Revolution, which he experienced first hand: “I was intrigued by how and why such an event occurred. In the space of a few months the Revolution swept out the Shah’s regime, which was, in the words of Jimmy Carter, “the isle of stability in the Middle East”. Ebrahimnejad’s dissertation, written and defended at Paris-Sorbonne, was an exploration of power and its manifestations in the early period of the Qajar dynasty and was published as a book (*Succession et pouvoir en Iran: les premiers Qâjârs. 1726–1834*. Paris: L’Harmattan, 1999). Working in archives, he unearthed a large quantity of material on epidemics which directly or indirectly influenced the political environment in Iran. This research motivated him to study the influence of epidemics on the medical literature of the period.

In 1999, one of Ebrahimnejad’s articles on Iranian medicine was published in the journal *Vrach* (*Meditsina v Irane: evolutsiya i politika. Vrach*, (8), 40–41). In this article, Ebrahimnejad outlines two questions, the answers to which

became the subjects of his next two books. How and when did modern Western medicine arrive in Iran? Why, despite political support, did traditional medicine fail to survive to the same extent that it did in neighboring India and Pakistan? In the book that deals with the first question, Ebrahimnejad examines the institutional transformation of Iranian medicine using the example of translation (from Farsi to English) and analyzes documents from doctors of traditional medicine dating from the 1860s (Ebrahimnejad H. *Medicine, Public Health and the Qajar State: Patterns of Medical Modernization in Nineteenth-Century Iran*, Sir Henry Wellcome Asian Studies Series. Leiden: E. J. Brill, 2004, 289 p.). One reviewer expressed the hope that Ebrahimnejad’s work on the transition from traditional to modern medicine would prove to be a significant contribution to Iranian history and to the history of medicine. (Gallagher N. Review of Hormoz Ebrahimnejad “*Medicine, Public Health and the Qajar State: Patterns of Medical Modernization in Nineteenth-Century Iran*”. *Int. J. Middle East Stud.* 2007; 39 (4): 682–683).

Within ten years, this expectation was proven correct. The book being reviewed in this article, *Medicine in Iran: Profession, Practice, and Politics 1800–1925*, completes a trilogy of works on the desperate attempts of the Qajar dynasty to modernize its medieval system of government. In one speech, founder of the Islamic Republic

of Iran Ayatollah Khomeini (1902–1989) lamented the fact that traditional medicine was being forgotten, claiming that its revival was a necessary feature of a more general Islamic revival. However, when Khomeini was diagnosed with inoperable stomach cancer, he chose to undergo chemotherapy, and his successor Ayatollah Khamenei officially authorized the use of treatments employing embryonic stem cells. How can this union of traditional and modern Western medicine be explained? According to Ebrahimnejad, “the application of modern medicine, a symbol of Western influence, by an Islamic power whose ideology is based on fighting Western influence and values indicates how far modern technology has penetrated all the interstices of the society” (p. xiii). As he notes in his article “Medicine in Iran: Evolution and Politics”, “if Western medicine had not been imposed by force in Iran during the 19th century, but rather had been assimilated during the course of the internal evolution of medical knowledge in Iran, then today’s attempts to revive traditional medicine to the detriment of modern medicine would be doomed to failure” (*Vrach.* 1999; 8: 41).

This book tells the enthralling story of the transformation of traditional Greco-Islamic medicine in Iran under Western influence. It is the culmination of extensive research from the archives of the National Library in Tehran and Persian periodicals (including manuscript and lithographic publications ranging from the second half of the 19th century to the beginning of the 20th). The key concept here is “medical modernization”. There is no clear summary of such a concept, but in essence it is a multi-layered process involving Western influence in the introduction of modern technologies and ideas as well as the evolution of local medicine and local doctors. According to the author, “the book is an account is at account of this evolution of this evolution” (p. 2). By traditional medicine, the author has in mind the school of medicine based on Galen’s teachings and not folk or magical healing techniques (p. XIII) or “the Galenic-Islamic tradition which was an offshoot of Galenic and Hippocratic medicine “the Galenic-Islamic tradition which was an offshoot of Galenic and Hippocratic medicine through translation into Arabic under the Abbasid Caliphate (750–1256)” (p. 50).

Ebrahimnejad identifies three phases of medical modernization. In his view, the first phase began in the middle of the 19th century in Tehran, when the Dar ul-Fonun (Polytechnic School) was founded, the first state institution of higher education and the precursor to the University of Tehran. One hundred years later, a professor from this university called Amir Alam presented a paper at the First-All-Iranian Scientific Medical Congress titled “The history of healthcare in Iran over the past 40 years and the current organization of healthcare” (Tehran, 1945) which claimed that well-known politician Mirza Taghi Khan Amir Kabir (1807–1852) founded the medical faculty in Tehran and staffed it with the best doctors of the day. The faculty graduated several cohorts of doctors, but after the death of the great reformer, the medical and sanitary institutions he founded went into decline. Several passages in Ebrahimnejad’s book sound surprisingly relevant for Russia at the beginning of the 21st century: “Mirza Mohammad Khan-e Sepahsalar, who was minister of war, was motivated more by improving the efficiency of the system than by an ideology of progress. This view was also held by the Shah, but whenever a new organization seemed to threaten his absolute authority, modernization was discouraged. Time and again, Naser al-Din Shah supported reform but then reversed his position and eliminated the reformers, hence the lack of consistency and continuity in the reform projects” (p. 100). For example, the Council of Health, formed abroad in the 1860s, existed only for a few months.

Westernization of Iranian society was carried out from the top down and was at times hesitant. In the draft of a letter from A.S. Pushkin to P.Ya. Chaadaev we read the following: “The government is the only European in Russia”. The situation in Iran in the middle of the 19th century is analogous, and Iranian medical reforms reflect this situation. Ebrahimnejad notes that the government’s support for healthcare was part of the process of state centralization. The government, on the one hand, promoted Western values, yet, on the other hand, it was wary of their influence. The Iranian intelligentsia was ambivalent about this state of affairs: it supported the central authorities but at the same time came out against it. The contrast between the prosperous West and backwards Iran left a depressing impression on

the Qajar elites. The author notes, “Faced with an overwhelming gap between Iran and the West, military, technologically, and commercially, the Iranian elite surrendered to Western science and values” (p. 122).

As a result of the two Russo-Persian Wars (1804–1913 and 1826–1828), Persia lost Northern Azerbaijan, which was formalized in the Treaties of Gulistan and Turkmenchay. The Persian Gulf was controlled by the British. The government understood the need for reforms and chose France as a counterweight to British and Russian expansion. Future medical specialists were sent to France, French doctors became *hakimbashi* (court doctors) to the Shah and taught at Dar ul-Funun, and French medical treatises were translated into Farsi. A majority of Persian students and ambassadors in France became members of the Masonic Lodge. The French Masonic Lodge called the Grand Orient played a significant role in bringing the two countries together. Returning to Iran from Paris in 1858, reformer and intellectual Mirza Malkam Khan founded the pseudo-Masonic society Faramushkhan. In addition to government support, one of the most important factors in the rebuilding of Iranian medicine and the advent of Iranian healthcare was, in Ebrahimnejad’s view, the cholera and plague epidemics that were becoming increasingly common in the 19th century. Doctors practicing the traditional form of medicine used the results of personal observations and the authority of Galen or Avicenna to lend their arguments greater significance, trying to reconcile the ancient theory of the four humors with modern European approaches.

In practice, however, a different picture emerged: doctors were the first to leave the areas affected by the epidemics and often neglected their medical responsibilities – they left the sick without medical care because they were afraid of contracting the illness. However, there were indeed some doctors who occasionally or often provided treatment to cholera patients. For example, there was one single doctor who stayed in Tehran during the cholera epidemic of 1892, and he was a Jew. N. Kudari, in his work “Mirza Muhammad Tabrizi” (Baku, 1971), cites the observations of Russian doctor A.G. Bakhramov, who arrived in Iran in 1870. Bakhramov, the chief doctor of Ardabil region and a man with a

considerable reputation among his compatriots, refused to treat cholera patients, arguing that man, as a rational being, should not oppose the will of God. Other Russian doctors described such incidents. For example, S.I. Samedov in his work “Healthcare in Iranian Azerbaijan Immediately Before and During the National Independence and Democratic Movement of 1945-1946” (Baku, 1960) recalls the words of A.A. Vladimirov, who, in summarizing the results of three Russian anti-cholera medical units in Iran in 1904, writes that one factor exacerbating the already difficult situation caused by the cholera epidemic was, according to many, the Muslim clergy. Its influence spread not only throughout the spiritual life of Iran, but also into the realm of secular power, a fact which sometimes posed an insurmountable obstacle for European doctors (medicine, declared unclean, was not taken; doctors’ orders, considered to be contrary to the teachings of the Koran, were not followed). It was also noted that transmitters of plague and cholera were often pilgrims.

According to Ebrahimnejad, “modern Western medicine forged a path in Iran through two major developments: smallpox vaccination and surgery based on modern anatomy” (p. 122). However, this path was long and thorny. When the Englishman E. Brown visited one of the Council of Public Health’s medical institutions in 1887, he observed that the majority of doctors present were not familiar with any medical theories other than those of Avicenna. Professor Amir Alam in the already cited work “The history of healthcare in Iran over the past 40 years and the current organization of healthcare” (Tehran, 1945), recalls that when he returned to his homeland in 1906 after having studied military medicine in France, he found the national healthcare system in very poor condition: in the whole country there was only one state hospital. It was run by a European surgeon and was not very reliable. Patients were left with incompetent doctors who took no responsibility for them and despite their great ability to endure suffering, patients received no qualified medical care. According to Alam, there were 20 to 25 beds in the hospital.

The second phase of medical modernization also began in 1906 with the Constitutional Revolution and the slogan “science and progress”. The Iranian *intelligentsia* believed

that “the introduction and adoption of Western ideas, science, technology, and institutions would prevent Iran from stagnating” (p. 121). The Majlis (the Parliament) was founded and new journals about hygiene, children’s education, and healthy lifestyles appeared. In 1910, the government decided to set aside 10% of the funds from the transport tax for a universal and free vaccination program against smallpox and diphtheria. However, the reserved funds were not enough. In 1909, citizens of Qushan demanded the creation of a medical center with a doctor and pharmacy. Half of the funds necessary for such a center were to be taken from the local customs house, another third from the Russian consulate and Russian bank, and only 15% from the government (p. 150).

In 1911, the teaching of traditional medicine in Dar ul-Fonun was discontinued and according to Cyril Elgood, a series of laws approved by the Sanitary Council and ratified by the majles regulating medical and pharmaceutical activity “drove the last nail into the coffin which held the body of Greek and Arab medicine” (p. 154). The 1911 law restricted the practice of medicine to graduates of state-run medical schools and doctors with diplomas from European universities.

The third phase of medical modernization is the period of Reza Shah (1878–1944), who overthrew the Qajar dynasty in 1925. Ebrahimnejad’s book offers a brief overview of medicine during the period of his rule. The Sanitary Medical Council, whose responsibility was to ensure general health and protect the nation from the outbreak of epidemics, was founded in 1904. It had representatives that included local doctors from the provinces and published a monthly journal in Farsi and French. In 1929, the Majlis passed a law concerning smallpox vaccinations and the creation of quarantine zones in the border regions. Healthcare bodies were also established in the various municipalities. In 1930, the Sanitary Council became the Department of Health, and in 1941 it was reorganized as the Ministry of Health of Iran. According to Amir Alam, the organization oversaw 80 hospitals with 2,500 beds, two leprosy hospitals with 750 beds, 568 doctors (of the 1st and 2nd category), 629 assistants and nurses, 100 midwives, and 456 vaccination personnel. At the same time, the government was enacting reforms of the medical

education system. At the beginning of the 20th century, there were 20 to 30 students studying at the medical faculty of Tehran university, yet within 40 years there were more than 1,200. Pharmacological and dentistry departments were opened as well as a school of obstetrics and a nursing school. According to Amir Alam, cadavers were used in the teaching of anatomy for the first time in Iran in 1930. Nine hospitals in Tehran fell under the jurisdiction of the medical faculty. All of the departments in each of the hospitals was run by a professor, docent, or department head from the university. Practical lessons for students were also held in the hospitals. Iran’s experience in this regard would be useful even for Russian medical universities, which are currently dealing with the issue of clinical sites. Amir Alam notes that from 1920 to 1945, in addition to the young doctors studying abroad using their own resources, “the state sent 600 people” to Europe to study medicine.

But just how successful was the medical modernization program in Iran when compared to neighboring countries such as, for example, Turkey? Unfortunately, Ebrahimnejad’s book does not provide an answer to this question. It also makes almost no mention of the contribution of Russian doctors to Iranian medicine and healthcare. We come across doctors Babaev and Sadvosky, members of the Medical Council and Dr. Cherebrin at the Russian Embassy yet no other information is provided about them beyond their names. What were they doing in Iran? How long did they stay there? The author goes into detail about the British and American hospitals in Iran, yet makes no mention of the Russian medical missions in the northern provinces of Iran or the Russian hospitals opened in Tabriz in 1905 and later in Tehran.

The chronological scope of the work (spanning from 1800 to 1925) also raises questions. Almost nothing is said of the first half of the 19th century and the book takes as its starting point the creation of the Dar ul-Fonun in the middle of the century. Reza Shah’s reforms were carried out after the fall of the Qajar dynasty in 1925. Would it not have been more suitable to shift the chronology of the book to the period from 1850 to 1950? In any event, it would be impossible to fail to mention the presence of the Soviet army from 1941 to 1946 and the creation

of a 100-bed hospital in Tehran by the Soviet government in May of 1943 with branches in Tabriz, Rasht, and Masshad. According to S.I. Samedov ("Healthcare in Iranian Azerbaijan Immediately Before and During the National Independence and Democratic Movement of 1945-1946". *Baku, 1960*), over three years, the hospital treated over 579.6 thousand people and conducted 1,490 operations. By 1949, over a million patients had been treated and 5000 operations had been conducted. The medical journal *Proceeding of the Soviet Hospital in Iran* was published in both Russian and Farsi. From 1942 to 1946 the hospital hosted 44 scientific conferences. In just the second half of 1946, 1600 professors, doctors, and students from Tehran University participated in conferences hosted by the Soviet hospital. The hospital opened a school for feldschers (physician's assistants) and midwives and offered courses on sanitary culture which were attended by almost 800 people. In July of 1945, the First All-Iranian Scientific Medical Congress was held in Tehran, at which

32 papers were presented, including 9 by soviet doctors. With the help of Soviet specialists, a dermatovenerological society was organized at Tehran University. Unfortunately, Ebrahimnejad does not mention the dissertation and book by S.I. Samedov, who was the director of the Soviet Red Cross hospital in Tabriz in the 1940's. Samedov paints a terrible picture of hopeless poverty, opium addiction, and prostitution in mid-century Iranian Azerbaijan, where syphilis was one of the most widespread diseases. How was religious fanaticism mixed with such total debauchery?

One of the most distinguished Iranian doctors of the 19th century was Mirza Muhammad Tabrizi. Unfortunately, Ebrahimnejad's book does not cover the work of this important physician.

In all, Ebrahimnejad's book *Medicine in Iran: Profession, Practice, and Politics. 1800–1925* makes a valuable contribution to the history of medicine and helps illuminate the internal and external mechanisms of medical modernization.

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