

Modernization, Medicine, and Power in Nineteenth-Century Iran

Research >
Central Asia

Following the interregnum and anarchy of the eighteenth century, Iran was politically re-united under the Qajar dynasty (1794-1925). The Qajar period marked Iran's long and at times bloody transition from a traditional kingdom – where the existence of semi-independent magnates limited political unity – to a socially and politically integrated nation-state. 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.

By Hormoz Ebrahimnejad

Among the events that aggravated the political crisis linked to the succession of Fath'Ali-Shah in 1833-34 were plague and cholera epidemics that broke out in 1829. 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.

The changing description and understanding of epidemics can be seen in the works of Shirâzi, a traditional court physician of the time.¹ Breaking from his predecessors, Shirâzi put forward an argument based on his clinical observations, using humoral theories to distinguish cholera from cholera, and to prove that, despite their similar symptoms, cholera was an epidemic while cholera was not. When Shirâzi wrote his treatise on the difference between cholera and cholera in 1835, most physicians in Europe and Iran could not clinically discern these two diseases. While Shirâzi's work was hardly a breakthrough in the description or treatment of cholera, it shows that traditional medicine was undergoing theoretical transition.

Shirâzi was not an isolated case. 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 re-interpretation 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 (1848-96), 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: as Qajar administrative structures expanded, the number of court physicians multiplied. This prompted the creation of dozens of medical titles besides that of the traditional chief physician: *malek al-atebbâ* (prince of physicians) *sehat al-dowla* ([keeper of the] health of the state), *hakim al-mulk*



Horar va Mardom (Art and People) No. 164, 1965, Tehran, Iran. Courtesy of the author.

(physician of the kingdom), *ra'is al-atebbâ* (chief of the physicians), *nâzem al-atebbâ* (supervisor of the physicians) and so forth. 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 institutionalisation 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.² Court patronage, moreover, was extended to European physicians. While Western physicians in India worked in the colonial medical service, their counterparts in nineteenth-century Iran worked alongside traditional physicians in the court's medical organization.³

Such was the institutional context in which modern medicine was introduced in Iran. 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 instru-

ment 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.⁴

In both the political and medical spheres, modernization involved: (1) re-organizing existing institutions; and (2) locally adapting and justifying new ideas and institutions by referring to tradition. 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. <

Dr Hormoz Ebrahimnejad is affiliated to the Wellcome Trust Centre at University College London. A specialist on the social and medical history of Iran in the eighteenth and nineteenth centuries, he researches the history of epidemics and their effects on social and political integration.
ucgaheb@ucl.ac.uk

Doctor and his patient, painted by Hosein Sheikh

Notes >

- 1 Cf. Hormoz Ebrahimnejad, 'La médecine d'observation en Iran du XIXe siècle', *Gesnerus*, 55 (1998), pp. 33-57.
- 2 Anonymous manuscript on the establishment of a public hospital, Library Majles, Tehran, no. 505. Translated into English in: Hormoz Ebrahimnejad, *Medicine, Public Health and the Qajar State: Patterns of Medical Modernization in Nineteenth-century Iran* (forthcoming)
- 3 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.
- 4 In addition to socio-political factors, cultural, economic, and demographic factors in India favoured the survival and reinforcement of Ayurvedic and Yunani medicine.