Iranian Studies (2024), 1–23
doi:10.1017/irn.2023.76

ARTICLE

Tohfeye Ziyarat (Souvenir of Pilgrimage): Religious Mobility and Public Health in Late Qajar Iran, c. 1890–1904

Sarah Eskandari

Department of History, University of Pennsylvania, Philadelphia, United States
Email: sarahese@sas.upenn.edu

(Received 26 July 2023; revised 12 December 2023; accepted 13 December 2023)

Abstract

Following the opening of the Suez Canal in 1869, long-distance pilgrimage to Islamic holy sites expanded and quickened, resulting in the spread of cholera among travelers. The necessity of taking circuitous routes to holy cities both inside and outside Iran significantly exacerbated the spread of cholera. Although potential factors such as inadequate public health infrastructure and ineffective quarantine measures contributed to the dissemination of cholera, overall religious mobility in the form of pilgrimage primarily factored behind cholera's spread. Analyzing the influence of religious mobility and rituals sheds light on how pilgrims, as contagions, dealt with the pandemic and the treatment they received from authorities, members of host societies, and individuals within and outside Iran during the cholera pandemics of the1890s and early 1900s.

Keywords: cholera; hajj; nineteenth-century Iran; public health; rituals; women

Between 1820 and 1903, the world witnessed seven significant outbreaks of cholera. In Iran, where cholera was known as *waba*, the population suffered significant fatalities and endured socioeconomic chaos. This lethal disease, which was the most common epidemic of nineteenth-century Iran, typically resulted from infected water supplies and was transmitted through human excrement. Scholars have noted many factors that played a role in the spread of cholera in Iran, including inadequate public health infrastructure, pervasive poverty, ineffective quarantine measures, and close relations with neighboring countries on the Eurasian plateau, especially Russia. This paper will argue for the significance of another factor behind cholera's spread in Iran: namely, widespread religious mobility in the form of pilgrimages and the pursuit of devotional rituals, especially those associated with burial practices. These practices transformed members of pilgrimages and other mobile worshipers into vectors of pathogens, facilitating the transmission of cholera during the pandemics of the 1890s and early 1900s. This study also aims to elucidate the impact of such ritualistic practices and public health conditions on gender relations and the lives of women.

The late nineteenth century witnessed the global expansion of the long-distance pilgrimage.[1] Religious mobility intensified during this period following the opening of the Suez Canal in 1869 and the development of railway routes in the Caucasus and between Alexandria and Port Said, which expanded opportunities for pilgrims from Iran and Central Asia to make the pilgrimage to Mecca and the holy Shi'a shrine cities of Iraq, notably

[1] Kane, *Russian Hajj*, 1, 3, 7, 13.

Najaf and Karbala. As travel expanded and quickened, cholera spread too: its diffusion was accelerated by the development of the railroad in Ottoman and Persian realms and the new pilgrimage routes during the reign of Naser al-Din Shah (1848–96) and Mozaffar al-Din Shah (1896–1907). Naser al-Din Shah ordered Joseph Desire Tholozan, his physician, to establish the *majlis-i hifz-i sihhat* (Sanitary Council) under the pressure of the International Sanitary Conference in 1867 following the new wave of cholera. However, the council rarely met and did not assist in preventing cholera. Resources for cautionary hygienics were weak. As travel became somewhat quicker and more direct, many pilgrims still had to take a circuitous route to make the pilgrimage to holy cities inside and outside Iran, spreading the disease to even wider circles. Despite these many hardships, people of all echelons of society in the Qajar era (1789–1925) continued to regard performing pilgrimages as an essential religious duty.

Examining the cholera outbreak through the lens of religious mobility and rituals sheds light on how pilgrims and worshipers navigated the pandemic and the impact of these epidemics on the treatment they received from authorities, host societies, and others inside and outside Iran. In some cases, as I will also demonstrate, religious migration and associated rites and customs rendered pilgrims vulnerable to persecution and various forms of abuse. I argue that several factors, including religious obligations, the movement of pilgrims, and sanitary conditions, as well as geographical and geopolitical elements, contributed to both the spread of cholera and the emergence of social unrest. Furthermore, these factors provided an explanation for the mistreatment and neglect experienced by religious pilgrims, inflicted upon them by both local populations and foreigners.

Iranian historians have regarded the spread of cholera as an essential component in the study of frontiers, Iranian pilgrims' encounters, and public health in the modern period. Yet the role of widespread religious rituals such as the pilgrimage in cholera's spread in Iran has garnered relatively little attention. Some historians have sought to explore the intersection between public health and religious mobility. Homa Nategh's study of cholera during the Qajar era demonstrates that Iranian pilgrims to Mecca and Atabat Al-Aliyat grappled with cholera while passing through the borderlands. She notes that pilgrims became one of the main vectors of cholera's journey to Iran.[2] Rasool Jafarian's numerous edits of hajj accounts introduce some significant forms of suffering with which Iranian pilgrims struggled, underscoring the Ottomans' animosity, the impact of the pandemic, and the significance of robbery.[3] Firoozeh Kashani-Sabet's study of quarantining in the Ottoman Empire and Iran sheds light on the national response to frontier epidemics and how measures were initiated to combat diseases.[4] Similarly, Sabri Ates's study of Iran-Ottoman competition in Iraq in the nineteenth century reinforces the idea that pilgrims not only suffered from a pandemic in the Iran-Ottoman borderlands but also were maltreated by Ottoman officials.[5] Amir Arsalan Afkhami's study of cholera is in agreement with other scholars who consider how pilgrims grappled with lethal diseases at the borders and how the pilgrimage and its pertinent rites made pilgrims carriers of cholera to every corner of the country.[6]

The scholarship on Islamic rituals and the Muslim hajj has also emphasized commonplace hazards on the hajj routes, such as contagious diseases. Francis Edward Peters's study of the Muslim hajj attempts to account for hajj rituals and challenges faced by pilgrims, including diseases and incidents of human violence on the hajj routes.[7] Michel Christopher Low elucidates the role of the Hijaz railway in accelerating the spread of cholera and its impact on the dynamics between pilgrim caravans, the Sharif of Mecca, and the local economies of Arab tribes.[8]

[2] See: Nategh,"Ta'sir Ijtema'ei va Eghtesadi."
[3] Jafaria, *Safarnamehay-e Hajj Qajar*.
[4] Kashani-Sabet, "The City of Dead."
[5] Ates, *The Ottoman-Iranian Borderlands*.
[6] Afkhami, *A Modern Contagion*.
[7] Peter, *The Hajj*.
[8] Christopher Low, *Imperial Mecca*.

https://doi.org/10.1017/irn.2023.76 Published online by Cambridge University Press

Eileen Kane and Lale Can provide insight into the hajj as a mass phenomenon that also inadvertently accelerated the spread of cholera. Kane illuminates Russian involvement in the hajj pilgrimage despite a raging cholera outbreak and the risk of infection. The 1893 massive cholera epidemic ravaged Russia and was blamed on returning hajj pilgrims.[9] Lale Can delineates how, despite hardships and dehumanizing conditions such as outbreaks of cholera, Central Asian pilgrims took the hajj journey as a path to gain spiritual rewards, and also describes the prevalence of tuberculosis as an ongoing cause for concern in the imperial capital.[10]

These valuable studies shed necessary light on the religious pilgrimage's complexities, particularly as untamed epidemics imperiled travel. Missing from this literature is a comparative investigation of gender relations. The theme of gender and the role of pilgrimages in women's lives, with attention to public health matters, has received scant attention in Middle East studies. Scholars such as William C. Young, Sophia Rose Arjana, Donna Honarpisheh, Mona Moufahim, Amineh Mahallati, and Kamran Scot Aghaie are unanimous in highlighting the multidimensionality of religious rituals and interconnectivity of ceremonies and women's empowerment. However, as Firoozeh Kashani-Sabet has rightly elaborated, we lack "accurate and reliable statistics on the prevalence of outbreaks, population counts, and accessibility of hospitals and pharmacies, nor know about women's health and vulnerability and the influence of cholera on their hygiene, childbirth, and social mobility."[11] The scholarship on the pilgrimage, pandemics, and public health remains deficient in considering other social aspects, such as the impact of rites pertinent to pilgrimage and the role of gender.

This study will synthesize these scholars' voices and employ the lens of religious mobility to highlight the role of pilgrimages and the pursuit of devotional rituals in cholera's spread in Iran. Drawing upon diverse Persian and English sources, this essay will also explore the notion that the pilgrimage served as an opportunity for religious authorities to transform Islamic traditions into sociopolitical acts that instrumentalized people's faith, and, at times, victimized believers. Additionally, gender analyses will be incorporated to address the plight of women pilgrims and recover the traumatic encounters women endured along these borderlands, which facilitated the spread of cholera and led to outbreaks of violence. The sensorial experiences of the pilgrimage—burial, corpse washing, mourning rituals, drinking water from the sacred well of Zamzam in Mecca, and eating the *torbat-i* (soil) of Karbala—were all religious rites that also had the potential to spread cholera. Engaging in pilgrimage and participating in devotional rituals exposed pilgrims to abuse and persecution, especially during cholera. These encounters highlight the significance of religious mobility as a multidimensional social phenomenon that affected pilgrimage, border crossings, and public health. By analyzing these aspects, this study aims to provide a comprehensive understanding of the intersection between religious practices, mobility, and the spread of cholera in Iran, and to shed light on the broader implications for public health and the experiences of pilgrims during this period.

Additionally, this study explores the nature and structure of power in nineteenth-century Iran, in which the clerical establishment and the state collaborated in governance, control, and discipline, influencing public health. According to Foucault, the management of public health played a pivotal role in shaping what he called the "power dispositif" or "power apparatus" of the modern state.[12] The response to contagious diseases was not merely about addressing health concerns but was intricately linked to the broader project of state power. The regulation and management of public health served as tools through which the modern state asserted control over its citizens, contributing to the establishment of a disciplinary society. However, the creation of disciplinary power or the power dispositive of the modern state through public health did not unfold in Iran due to the decentralized

[9] Kane, *Russian Hajj*.
[10] Can, *Spiritual Subjects*.
[11] Kashani-Sabet, *Conceiving Citizens*, 10.
[12] See Foucault, *Security, Territory, Population*, 6–18.

https://doi.org/10.1017/irn.2023.76 Published online by Cambridge University Press

nature of governmental power and the noteworthy changes in the Iranian power structure between 1800 and 1907. These changes included the increasing autonomy of ulama as non-governmental centers of power and the growing influence of foreign powers, particularly Russia and Britain, in Iranian affairs. These developments, especially the former, markedly differed from the experiences of countries like Turkey and Egypt, in which significant efforts were made to build and modernize their armed forces. In Iran, after the death of Crown Prince Abbas Mirza in 1833, there was a notable absence of similar endeavors until the era of Reza Shah.[13] Nineteenth-century Iran lacked meaningful government-sponsored reforms; therefore, the sanitary response to contagious disease did not contribute to the power dispositif of the modern state.

Spiritual Reward: Significance of Pilgrimage in Qajar Era

> If young people today happen to travel with a litter (a small wooden platform) and hear that over 50 years ago their fathers traveled (to Mashhad) with this device, they will laugh at us and doubt their fathers' wisdom. The litter was very common among the affluent. They provided a litter with two donkeys, one in front and one behind, as well as a spare horse.[14]

> In this dreadful desert, the eye could not see the eye. If it was not for God's kindness and the attention of the lord of believers [*molaye mo'menan,* Imam Ali], we could not survive. We could hardly reach the caravanserai and it is even difficult to write [about it]. *Ghahve-chi* [coffee maker person] and *kajavah-kesh* [*kajavah* dragger] are lost. The candle was with *ghahve-chi*. We could hardly take shelter in a wall from the wind and storm and put ourselves in the hand of the kind God. *Ghahve-chi* was not found. Two Askars were tipped to go through the desert to call for the *ghahve-chi*. They [*ghahve-chi* and *kajave-kesh*] were found by morning. No one believed that they were alive. God did not want them to be murdered by thieving Arabs.[15]

Observations of the hajj account, recounting the challenges faced by pilgrims on the routes to the cities of Mashhad and Mecca, bring to light the significance and deep connection of nineteenth-century Iranians to religious rituals, particularly the pilgrimage. Visiting the shrines of the Shi'a imams and holy sites associated with Muhammad, his family members (*ahl al-beyt*), and his descendants served as one of the most visible religious practices of Shi'a Islam. Iranians actively performed this custom to express their piety. Their desire to perform pilgrimages, particularly to Mashhad and the Atabat Al-Aliyat, major Shi'a shrine cities of Najaf, Samera, Karbala, and Kazemiyeh, increased after the Safavid era (1501–1736) when Shi'a Islam became the state religion of Iran. By 1900, roughly 600 pilgrims visited on an average day, attesting to the popularity of such practices.[16] During the Qajar era, over a hundred thousand pilgrims embarked on journeys to the Atabat Al-Aliyat annually. The presence of prominent Shi'a clerics in Iraq and their religious and political power reinforced Iranians' motives to visit the Atabat Al-Aliyat. The importance of holy sites in the Atabat Al-Aliyat, along with other shrines throughout the country, was that pilgrims, particularly those who were financially secure, became the patrons of sacred places, donated their possessions, and contributed to the construction of the shrines' domes and other physical requirements.[17]

[13] Keddie, "Iranian Power Structure," 6.
[14] Mostufi, *Sharh-e Zendeganiy-e Man*, vol. 2, 32.
[15] Al-Saltaneh, "Safarnameh."
[16] Ali Moojani, *Atabat Al-Aliyat*, 330.
[17] Homa Khanom, the mother of the Abdol Hossein Farmanfarma (1852–1939), a Qajar prince, was one of the patrons of sacred places whose patronage was reflected in the building of the dome of Imamzadeh Davod.

https://doi.org/10.1017/irn.2023.76 Published online by Cambridge University Press

Other than appealing to their spiritual needs, such as requests and the forgiveness of sins, pilgrimages were often motivated by personal concerns and personal and familial socioeconomic deprivations such as illness, monetary issues, and infertility. Considering the pervasive inadequacy of education, recreational facilities, jobs, and leadership opportunities, along with institutionalized violence and limited access to healthcare, most ordinary people, particularly women, had few outlets for public academic and cultural expression. Owing to gender segregation, a substantial portion of women's recreational activities took place within their homes. Public gardens, shopping markets, public baths, mosques, and shrines served as alternative spaces for amusement, providing some relief from daily concerns.[18] Iranians considered shrines as sanctuaries that met their religious and spiritual needs, offering both mental and physical restoration.

People from all echelons of society devoted a large part of their lives to visiting local shrines. They also undertook the far more extensive and expensive pilgrimage to Mecca, when it became more popular in the second half of the Qajar era, despite difficult circumstances like the high cost of long-distance travel, inadequate transportation, and prevalent diseases. The traumatic pitfalls and requirements for making a pilgrimage demonstrate the extent to which pilgrimage played a fundamental role in Qajar society. For example, the pilgrimage to Mecca (*Mut'ah* Hajj), one of the five pillars of Islam and an obligatory religious duty, could only be fulfilled by financially and physically capable people.[19] This trip was a long journey in the Qajar era, taking almost a year and carrying many hardships.[20]

Another noteworthy example was the pilgrimage to the grave of Imam Hossein in Karbala, the second most significant pilgrimage in Shi'a Islam. This journey could be exceptionally challenging for certain pilgrims, as evidenced by the term *mahal* (impossible) used to describe it by the late nineteenth-century traveler, Muhammad Rafi Tabatabai (d. 1908), in his observations from 1896.

> The hardships and outnumbered difficulties and the length of travel made the journey impossible. One day one of my acquaintances, who was in charge of some urban affairs, came to me and said: I am going to visit Atabat Al-Aliyat with some friends and I am here to say goodbye and ask for forgiveness . . . it is possible to die in this hardship.[21]

Tabatabai, despite being aware of the lack of sufficient protection along the way, was deeply moved by the conversation and resolved to undertake the pilgrimage journey. The arduous path encompassed traversing deserts, mountains, and seas, resulting in water scarcity, physical exhaustion, and perilous routes. Pilgrims were confronted with individuals who sought to exploit them, including abusers, robbers, and those seeking bribes. However, Tabatabai's focus was solely on the spiritual aspect of the journey, leading him to forget concerns about the physical challenges that lay ahead. To him, these two journeys, "the physical and the spiritual, are entirely distinct from one another."[22] The focus on perils and difficulties encountered during the pilgrimage journey may have been employed to underscore the spiritual importance of this journey, portraying it as a profound spiritual trial. Consequently, authors may have exaggerated the challenges they faced as a literary device to emphasize the profound spiritual dimension of their journey.

This travel required extensive arrangements for a month before the journey. This included visiting relatives and friends to ask for forgiveness (or solubility) for sins or

Farmanfarma, *Zendeginamey-e Abdol Hossein Farmanfarma*, vol. 2, 36; also see Etemad al-Saltaneh, *Kheyrat-i Hassan*, vol.1, 69; and Bamdad, *Sharh-e hal-e rejal-e Iran*, vol. 4, 327.

[18] See Mo'ayyer al-Mamalek, *Yaddashthayee az zendeganiy-e khosusiy-e Nassredin Shah*, 28; Shireen Mahdavi, "Amusements in Qajar," 492–93.

[19] See Mernissi, *The Veil and the Male Elite*, 24, 27.

[20] Farmanfarma, *Zendeginamey-e Abdol Hossein Farmanfarma*, 34.

[21] Tabatabai, *Safarnameye Gharavi*, 14–15.

[22] Ibid., 63.

https://doi.org/10.1017/irn.2023.76 Published online by Cambridge University Press

wrongdoing. Pilgrims then remained at home for 15 days to allow neighbors to visit the pilgrims' houses, asking the pilgrims to pray for them. Sometimes the visitors gave them a token of a *nazr* (vow), such as money or fabric, which they asked the pilgrims to put into the shrine.[23] The pilgrimage to Karbala held such immense significance that pilgrims were willing to give up everything they possessed to fulfill it. Even the fear of potential loss of life did not deter them from embarking on this sacred journey.[24]

Mashhad, the sole city in the northeast of Iran that housed a Shi'a shrine, held great significance for Iranians due to the presence of the shrine of Imam Reza, the eighth Shi'a Imam. In his book, Abdollah Mostufi highlights the challenges encountered by pilgrims when traveling to the city of Mashhad. Mostufi specifically draws attention to the difficulties faced by women during this journey, emphasizing the potential exacerbation of these challenges. He describes his own travel experience using a litter accompanied by two donkeys and a spare horse, underscoring the additional complexities that could arise for women undertaking the pilgrimage.

> They [Karavan] provided a litter with two donkeys, one in front and one behind, as well as a spare horse. When the women grew tired of sitting on the litter, they would ride the horse in the beginning and the end of the journey. But women could not have such adventure or recreation alone. To get on the litter, a ladder was needed, and women would be lifted by their arms to be guided onto the platform.[25]

Following Mashhad, Qom held tremendous significance as the holiest city in Iran and the site of the shrine of Fatima Masumeh, the sister of Imam Reza and daughter of the seventh Imam, Musa al-Kazim. The pilgrimage to Qom was of immeasurable value, prompting pilgrims to make significant sacrifices to complete it. Some pilgrims even stayed in Qom for several months, and there were instances in which individuals were brought to Qom specifically to be buried near Fatima's shrine. A noteworthy observation is that a larger number of women visited Qom than men. This was due to the belief that Fatima, having passed away before marriage, held special importance in addressing feminine requests, particularly those pertaining to marriage expectations. Women held the conviction that seeking Fatima's intercession would be particularly beneficial in matters related to their marital aspirations.[26]

The significance of shrines extended beyond their purely devotional aspects and encompassed interconnected worldly concerns as well. Pilgrims' motivations to visit shrines were not solely rooted in religious faith, but also in belief in the healing properties associated with these sacred sites. The pursuit of healing from illnesses served as a common incentive for pilgrims, particularly in cases in which individuals faced a sense of hopelessness and sought miraculous remedies. As an illustration, Amin Aghdas, one of Naser al-Din Shah's wives, embarked on a journey to Mashhad with the intention of seeking recovery from blindness.[27]

Pilgrims would often collect soil from shrines and utilize it in various rituals and healing practices. One renowned shrine, Shah-Abdol-Azim, gained widespread recognition for its reputed miracles, attracting numerous sick pilgrims seeking healing.[28] *Farhange Esfahan* (Isfahan Culture; 1879–1890), the first newspaper in Isfahan, documented several stories about these miracles and the recovery of patients.[29]

[23] Mostufi, *Sharh-e Zendeganiy-e Man*, vol. 1, 421; also see Torab, *Performing Islam*, 69, 71, 76, 118.

[24] Eyn al-Saltaneh, *Khaterat-e Eyn al-Saltaneh,* 710.

[25] Mostufi, *Sharh-e Zendeganiy-e Man*, vol. 2, 32.

[26] Fatemeh Ghaziha, *Safarhaye Nasreddin Shah Be Qom* (Tehran: National Library and Archives of Iran, 2002), 228; Heinrich Brugsch, *Im Lande der Sonne*, trans. Majid Jalilvand (Tehran: Markaz, 1995), 194–97.

[27] Jean-Baptiste Feuvrier, *Trois Ans à la Cour de Perse*, trans. Abbass Eghlab (Tehran: Ali Akbar Elmi, 1947), 254; Mirza Alikhan Amin al-Doleh, *Political Memories* (Tehran: Hafez Farmanfarmaiyan, 1991), 136.

[28] There was a story spreading that a 15-year-old paralyzed female was healed there. Gobineau, *Trois ans en Asie,* 409; Charles Edward Yate, *Khurasan and Sistan*, trans. Ghodratollah Roshani (Tehran: Yazdan. 1986), 299.

[29] Abdolmahdi Rajay, *Tarikh-e ejtemaie Isfahan dar dorey-e Zellolsoltan* (Isfahan: Isfahan University Press, 2004), 255.

https://doi.org/10.1017/irn.2023.76 Published online by Cambridge University Press

Pilgrims were driven by various significant motivations, including seeking specific blessings for their families. These blessings encompassed desires for wealth, the alleviation of poverty, fertility, successful marriages for their daughters, having male children, and attracting the love and attention of their husbands.[30] Local shrines, such as Bibi Zobaydeh and Shah-Abdol-Azim in Shahr-e Reyand and Ali Ebne Mah Ziyar in Ahvaz held notable reputations and carried significant importance, partly due to their ability to address these mundane concerns. These shrines served as revered sites where pilgrims found solace and sought divine intervention to fulfill their everyday needs and desires.[31]

The conferral of highly venerated titles, such as *hajji* (for males), *hajieh* (for females), *karbalaie*, and *mashadi*, upon completion of the pilgrimage, signified the immense importance of this ritual. These titles also reflected the power dynamics inherent in the shrines, particularly those located in Mecca, Karbala, and Mashhad, which often engendered a sense of self-efficacy and accomplishment among pilgrims. The granting of these titles held great significance and could elevate one's social status upon one's return. For example, Homa Khonaom, the mother of Abdol Hossein Farmanfarma, a Qajar prince, experienced immense joy upon receiving the title *hajieh* after her pilgrimage to Mecca. Although women of the elite in the Qajar era typically held royal titles, Homa Khanom specifically chose to be addressed as *hajieh*, considering it a cherished "adornment to her name."[32] Similarly, pilgrims who visited Karbala were bestowed with the title *Karbalayee* upon their return. These honors had the potential to significantly enhance one's standing in society, reflecting the esteemed status and recognition associated with completing the pilgrimage.

The evidence presented highlights the pivotal role of pilgrimage in the fabric of everyday life and the formation of social hierarchies and interactions within society. It also underscores the interconnection between the study of religious mobility and that of contagious diseases, and how the presence of cholera may have shaped, disturbed, or disrupted the implications and actual journey of the hajj pilgrimage. Cholera, like other preventive challenges, was not an exceptional obstacle that hindered the practice of this ritual, nor was it considered a valid justification for reducing the frequency of pilgrimages. In the following section, I will delve into further detail on how the integration of pilgrimage within Iranian society both directly and indirectly influenced the spread of cholera. This exploration will shed light on the complex relationship between religious mobility, social dynamics, and the transmission of diseases such as cholera.

Souvenir of Pilgrimage: Unhygienic Conditions and the Onslaught of Cholera

> [Officers] got us into the bath [in quarantine]. Took our clothes and gave us long [loincloth] that was used and wet; it was possible that some diseases were contagious. There was a shower that was dripping a drop of cold water. We should have got our hands under the drops and rubbed them on our bodies. When I received my clothes, I saw that they were mixed with dirty rural clothes that could not be imagined. So that dirt and stench were as if it was impossible to wash and clean them all. I had to throw away a set of twenty-five toman clothes. . . . We have heard that quarantines are for health protection and to prevent contagious diseases. But these places are the source of diseases. Even healthy people get sick here.[33]

Mirza Mohammad Khan Nazim al-Molk's hajj account, along with many other recorded testimonies, highlighted the inadequate quarantine measures and poor sanitary conditions

[30] Mitra Mehr Abadi, *Zane Irani be Revayate Safarnameh Nevisane Farangi* (Tehran: Afarinesh, 2007), 28–29; Ernest Orsolle, *Le Caucuse et la Perse,* trans. Ali Asghar Saeedi (Tehran: Center for Humanities and Cultural Studies, 2003), 300.

[31] Ali Asghar Amirani, "Infertile Women," *Khandaniha* 18, no. 12 (1957): 19; Orsolle, *Le Caucuse et la Perse*, 300.

[32] Farmanfarma, *Zendeginamey-e Abdol Hossein Farmanfarma*, vol. 2, 36.

[33] Mirza Mohammad Khan Nazim al-Molk, "Moshkelat-e rah-e hajj: Sherkat-e lenj va gharantiney-e Toor Sina," in *Sixteen Qajar Hajj Accounts*. ed. Rasool Jafarian (Tehran: Movarrekh, 2015), vol. 10, 697-698.

https://doi.org/10.1017/irn.2023.76 Published online by Cambridge University Press

prevailing in quarantine baths. These accounts provided valuable insights into the extent of suffering experienced by pilgrims due to insufficient public health conditions, including water shortages and contaminated water supplies, which contributed to the rampant spread of deadly diseases throughout the nineteenth and early twentieth centuries.

It is crucial to acknowledge Iran's geopolitical position as a crossroads of civilizations and a central part of the Islamic pilgrimage route from the east. The opening of the Suez Canal in 1869 and the development of railway routes further solidified the significance of pilgrimage as a core Shi'a ritual, even during periods of pandemics.[34] Consequently, the devotional visits and associated rites and customs played a pivotal role in the dissemination of cholera, a highly contagious fecal-oral disease primarily transmitted through contaminated water and food. As the popularity of the pilgrimage to Mecca increased in the 1860s, cholera infections spread more rapidly in Iran and across the region. Despite the establishment of the *majlis-i hifz-i sihhat*, the implementation of cautious hygienic practices, and the construction of numerous sanitary cordons, quarantine facilities, and inspection stations, primarily by the Ottomans at the borders to examine cadavers, these measures proved ineffective in protecting the population from illnesses.[35]

The consequences of the pandemic are evident in the Ottoman archives, which provide insights into the loss of numerous lives due to challenges encountered along the pilgrimage routes, such as those to Kermanshah, Jidda, and Baghdad.[36] The archives also shed light on the conditions prevailing in quarantine facilities and the exploitation of pilgrims during their journeys. In particular, Dr. Oslchanictzki, an Ottoman physician who was tasked with overseeing the return of pilgrims from Mecca in Jidda, described the city as a "vast cemetery" following the 1893 pandemic. This characterization underscored the devastating impact of the outbreak, emphasizing the widespread loss of life and the overwhelming toll it took on the city's inhabitants.

> All was quiet in the city, but we knew that at Mecca there was a veritable hecatomb of pilgrims; more than a thousand were being reported dead daily. An initial convoy of 5000 camels brought 15,000 pilgrims to Jidda. The ill had to be kept outside the city and only the healthy were admitted. I went with my colleague to the place and we began our medical inspection, which lasted from 4 a.m. to noon. The sight was terrible: everywhere were the dead and the suffering, the cries of men, women and children mixed with the roaring of the camels, in short, a terrifying scene that will never be blotted out of my memory. The city of Jidda became then a vast cemetery, and the most urgent and useful sanitary precautions consisted in burying the dead bodies that filled the caravansaries, mosques, cafés, houses, and public places. There was this peculiarity.[37]

The cholera epidemics of 1892 followed the newly established railway routes into Iran. Cholera was either spread by pilgrims returning through the Red Sea or "carried by Mecca-bound travelers from northern India and Afghanistan."[38] Historian Homa Nategh referred to cholera as "*tohfeye* Arabestan," meaning a "souvenir of Arabia," as Iranian pilgrims unknowingly carried the disease back to Iran following the deaths of 40,000 pilgrims in Saudi Arabia.[39] The scale of the fatalities in 1892 was unprecedented, as noted by Joseph Desire Tholozan, who served as Naser al-Din Shah's physician and described it as the worst

[34] Amir A. Afkhami, "Disease and Water Supply: The Case of Cholera in 19th Century Iran," *Yale School of Forestry and Environmental Studies Bulletin Series 103,* (1998): 205–20, 208.

[35] For polemics of quarantines and politics on borderlands see Kashani-Sabet, "The City of Dead."

[36] Ottoman Archives of the Prime Minister's Office (1898): Yeedee 00157.

[37] Duguet, *Le pèlerinage de la Mecque,* 297–99 cited in *The Hajj: The Muslim Pilgrimage to Mecca and the Holy Places*, by Peter Francis Edward. Princeton, NJ: Princeton University Press, 1995, 303.

[38] Afkhami, "Disease and Water Supply," 209.

[39] Homa Nategh, "Ta'sir Ijtema'ei va Eghtesadi ye Bimari-e waba dar doureye Qajar," *Nageen* 148 (1977): 31–62, 35.

https://doi.org/10.1017/irn.2023.76 Published online by Cambridge University Press

cholera outbreak he had witnessed in his thirty years in Iran.[40] Etemed Al-Saltanah (1843–96), a Qajar writer and statesman, recounted that within just two days 1600 people had succumbed to the disease.[41] Moshir al-Atebba (1856–1903), a court minister and physician, added that the cemeteries were overwhelmed with corpses, "creating a haunting scene where the burial sites appeared entirely covered in white fabric."[42] Despite the severity of the outbreak, this *tohfeh* (تحفه, souvenir) of cholera did not deter the flow of pilgrims to Mecca. It created an atmosphere of terror, primarily affecting the pilgrims themselves, but also victimizing those in their proximity. The widespread transmission of cholera among pilgrims had far-reaching consequences, causing fear and distress among the population.

To decelerate cholera's spread, quarantine stations were established at Tur in Sinai and Wajh in the Hijaz, and strict regulations, including mandatory quarantine, were implemented. Ships arriving at Jeddah were required to pass through the designated quarantine station, and if they failed to do so, they had to return and successfully complete the quarantine procedure. According to Amir Nizam Gharaguzlu, "If there is no illness in the ship, its passengers will be quarantined for three days and if there is an illness, they will be quarantined for twelve days. If one who is quarantined dies of cholera or plague within twelve days, the quarantine will be extended for another twelve days from the time of illness."[43] However, despite the implementation of these sanitary rules and quarantine procedures aimed at screening pilgrims, the effectiveness of these measures remained inadequate. In some cases, they even exacerbated the epidemic and posed a risk of making healthy pilgrims sick. This insufficiency of the quarantine stations was described by Nazim al-Molk and underscores the challenges and limitations to controlling the spread of cholera during the pilgrimage.

> Rooms [in quarantine] are all seven cubits by four cubits. The floor was plastered, and the beds were covered with a layer of carpet that was full of bed bugs and dirt. Thirty people could be accommodated in each room, each with less than half of one cubit, who had to cling to each other, lie down, and endure dirt, lice, stench, oil smoke, samovar coal, and so on.[44]

Unhygienic and unsafe quarantine conditions also were described by Qajar official Mirza Mahmood Khan Modir al-Dowleh, the military minister and brother of Mirza Ahmad Khan Moshir al-Saltaneh. In his hajj account written in 1903, he describes that on his way back from Mecca, at Tur Sina,

> Two thousand tents were established, and each ship was taken to these tents for four nights . . . hajjis had to stay only one day more in quarantine. They put me on the ship with Afkham al-Saltaneh and Haram al-Saltaneh with one female waitress and four servants. . . . We were grateful that they did not take us to the quarantine otherwise, we would get a fever.[45]

The discussion surrounding the possibility of quarantine centers serving as a conduit for the widespread transmission of diseases highlights the unhygienic conditions and the practices of pilgrims engaging in daily rituals and personal sanitation. These factors contributed to the dissemination of diseases, turning borders and borderlands into vast

[40] Ibid., 35.

[41] Etemed Al-Saltanah, *Rooznameye Khaterat*, 829.

[42] Nategh, "Ta'sir Ijtema'ei va Eghtesadi," 38.

[43] Amir Nizam Gharaguzlu, "Safarnameh," in *shanzdah safarnamey-e hajj Qajari*. ed. Rasool Jafarian (Tehran: Movarrekh, 2015), vol. 7, 249.

[44] Nazim al-Molk, "Moshkelat-e rah-e hajj," 698.

[45] Mirza Mahmood Khan Modir al-Dowleh, "do safarnamey-e hajj," ed. Rasool Jafarian)Mash'ar: 1387), 131–32.

https://doi.org/10.1017/irn.2023.76 Published online by Cambridge University Press

cemeteries (*goorestan-i azim*), symbolizing the immense loss of life experienced by Iranians. Amir Nizam Gharaguzlu's account from 1901 depicts the horrifying conditions resulting from pandemics that overshadowed the pilgrimage routes, along with other perilous circumstances.

> The cholera was among hajjis from Mecca to Madinah. One-third of the pilgrims perished and those alive were half dead. They describe the heat, Arabs' misbehavior, and plundering and looting from Yanbu to Madinah that amaze one! . . .[Today] is the day of vanafsa [Pity day, referring to the Judgment Day]! "A man flees from his brother." God protect [us]. What would happen to these people? Ten to fifty-sixty people die annually on this journey and no one does anything or says anything or writes anything.[46]

Iranian pilgrims frequently expressed grievances regarding the lack of pilgrims' attention to personal hygiene and appropriate clothing, a phenomenon sometimes referred to as "Diogenes syndrome."[47] This behavioral health condition was characterized by poor hygiene and living conditions. This kind of negligence often became more pronounced when different ethnic groups mixed in borderlands, trains, steamships, or while gathering to board transportation. The disregard for public health practices raised concerns among pilgrims, particularly those from elite backgrounds. Mehrmah Esmat al-Saltaneh, the daughter of Prince-Governor Farhad Mirza (1818–88), voiced her apprehension regarding public health and raised questions about the essential physical cleanliness required for daily prayers.

> It is so strange that these people say there is no God except for Allah (لا اله الاالله) and they are not cautious regarding purity. They do *vozu* [ablution] where they pee and walk barefoot through the same place. There are weird things about them. The toilets are made so that impure water is secreted. Despite all this incautiousness, they walk and enter the Prophet Mohammad shrine with these dirty feet and kick poor Ajam [Iranians] out.[48]

Although it remains unclear whether the author has explicitly differentiated between purity and hygiene, it is crucial to recognize that, within this context, ritual purity may have held greater significance than mere hygiene. According to Mary Douglas, the concept of purity extended beyond physical cleanliness and played a significant role in cultural and religious symbolism.[49] Mehrmah found it perplexing to reconcile belief in God with a lack of caution regarding purity, highlighting the intricate interconnection between religious faith and purity. In this context, purity serves as a testament to the authenticity of a pilgrim's dedication to religious rituals and holds implications for individual social standing.

In addition, these observations of pilgrims' negligence might be aligned with the "fatalism" debate put forth by scholars like Justin Stearns and Nukhet Varlik, which examines the concept of fatalism among Muslims when it comes to contagious diseases. According to this perspective, the conditions described might signify the pilgrims' theological belief that everything is under God's control. Their faith in God's omnipotence and predestination could lead to the denial of the contagious nature of diseases such as cholera. Consequently, they might not prioritize public health and cleanliness, relying on the

[46] Gharaguzlu, "Safarnameh," in *shanzdah safarnamey-e hajj Qajari*, vol. 10, 697.

[47] For the poor sanitary condition and the apathy of Muslims regarding hygienic measures in the last decades of the nineteenth century, see Kashani-Sabet, "City of Dead," 55–56.

[48] Mehrmah Esmat al-Saltaneh, "Safarnameh," 93.

[49] See Mary Douglas, *Purity and Danger: An Analysis of Concepts of Pollution and Taboo* (London: Routledge, 2003), introduction.

https://doi.org/10.1017/irn.2023.76 Published online by Cambridge University Press

principle of *tawakkul*, or trust in God.[50] It also should be noted that the inadequacy and danger associated with implemented quarantine and sanitary measures might lead them to ignore or avoid these measures. Importantly, after the 1892 outbreak, people began recognizing that outbreaks could be controlled through adherence to hygienic standards advocated by modern science, marking a departure from fatalistic and divine explanations for cholera outbreaks.[51] This shift paralleled Sherine F. Hamdy's critique of the notion of passive Muslim fatalism and the misconception of fatalism as being anti-science. She challenges the idea of fatalism as a "passive religious restriction" or a coping mechanism for those lacking access to treatment. Instead, the shift illustrated that accepting God's will was an active choice that demanded cultivation. This choice was contingent on various factors, including the perceived control patients felt over their circumstances and the availability of viable solutions that aligned with their medical, social, and spiritual needs.[52]

The pandemic in the 1890s spread through Iranian Shi'a practices, particularly the widespread custom of visiting the holy shrines in Iraq, which became one of the primary routes for cholera to enter Iran. To reach the Atabat Al-Aliyat, pilgrims had to traverse different cities, including Kerman, Shiraz, Kazerun, and Bushehr, depending on their departure location. Upon entering Iraq, the pilgrims typically visited Kazimayn in Baghdad before proceeding to Karbala and Najaf. After the opening of the Suez Canal and the development of railway routes in the Caucasus and between Alexandria and Port Said, affluent pilgrims from Iran, Afghanistan, and Central Asia increasingly utilized this indirect yet more comfortable northern route to Mecca. Typically, pilgrims would depart Tehran by caravan or horse carriage to the Caspian port of Enzeli. A Russian steamer would then convey them to Baku, facilitating railroad passage through the Caucasus to the Turkish port of Batum. Subsequently, a steamer from Batum transported them to Istanbul, and from there, they journeyed to Alexandria in Egypt by rail. Continuing by rail to the Suez, they secured maritime passage to Yanbo and Jeddah, ultimately reaching Mecca via caravan transportation.[53] Despite the significant number of pilgrims dying from cholera on these pilgrimage routes, their bodies were not buried there but transported to holy sites for burial, further contributing to the spread of the disease.[54]

In addition to the negligence of pilgrims, the central government did not adhere to regulations and did not follow the cautionary steps recommended by Western Europe and the Ottoman Empire after the International Sanitary Conference held in Istanbul in 1866. Although the Ottoman Empire urged Iran to take initiatives to prevent the transmission of cholera, and the conference proposed establishing a national sanitary council in Tehran, Iran did not cooperate with these recommendations.[55] The government, motivated by the revenue generated from the pilgrimage tax for the shah, also feared that imposing restrictions on pilgrimages and exhumations during cholera outbreaks would disrupt religious life and lead to widespread discontent.[56]

The decision of the Iranian government to refuse the closure of pilgrimage routes and impose restrictions on Muslim pilgrims crossing the borders had lethal consequences not only for the pilgrims outside Iran but also for those within the country. This was evident in the case of one of Naser al-Din Shah's sons, who died of cholera in Mashhad in 1867,

[50] Justin Stearns, *Infectious Ideas: Contagion in Premodern Islamic and Christian Thoughts in the Western Mediterranean* (Baltimore, MD: Johns Hopkins University Press, 2011), 10, 44; Varlik Nukhet, "Oriental Plague or Epidemiological Orientalism? Revisiting the Plague and Episteme of the Early Modern Mediterranean." In *Plague and Contagion in the Islamic Mediterranean* (Kalamazoo, MI: Ark Humanities Press, 2017), 73–75.

[51] Afkhami, *Modern Contagion*, 128.

[52] Sherine F. Hamdy, "Islam, Fatalism, and Medical Intervention: Lessons from Egypt on the Cultivation of Forbearance (*Sabr*) and Reliance on God (*Tawakkul*)," *Anthropological Quarterly* 82, no. 1 (2009), 173–196, 173, 174.

[53] Afkhami, "Disease and Water Supply," 209.

[54] Nategh, "Ta'sir Ijtema'ei va Eghtesadi," 36.

[55] Afkhami, *Modern Contagion*, 5–6.

[56] Ibid., 31–32; Nategh, "Ta'sir Ijtema'ei va Eghtesadi," 47.

https://doi.org/10.1017/irn.2023.76 Published online by Cambridge University Press

with infected pilgrims quickly spreading the epidemic to every corner of the country.[57] Taj al-Saltaneh, a feminist and the daughter of Naser al-Din Shah, reflects on the cholera outbreak in 1903–4 and criticizes the lack of awareness among the population. She notes that "people refused to believe the seriousness of the pandemic to boost their spirits."[58] Even if the epidemic became clear, people remained unaware as "all references to the subject had been forbidden in the vicinity of the Sahebqaraniyya [the shah's palace], lest the shah should be afraid. Once it intensified, we learned it."[59]

The government failed to take measures to educate people about the increased risk of contamination due to heat and travel. Etemad al-Saltaneh, in his writings, describes that the people in the harem surrounding the shah did not tell the truth about the spread of cholera. For instance, in 1892, the brother of one of the shah's wives, Anis al-Dowleh, assured the shah that there was no cholera in Tehran, "while secretly indicating to Etemad al-Saltaneh the severity of the outbreak."[60] Etemad al-Saltaneh questioned the government's negligence and inability to handle the situation effectively. When the Ottomans returned up to 4000 pilgrims to Iran to prevent the spread of the pandemic in Khorasan, Etemad al-Saltaneh criticized the actions of Iran's rulers, highlighting their incompetence compared to the ruler of Khanaqin. This example illustrates how pilgrims and those who died from cholera, the "souvenir of pilgrimage," became victims of the central government's procrastination in warning people about the disease and failing to provide proper instructions to educate them about the dangerous conditions that could be lethal during pilgrimages.[61]

The desire to appease clerics had an influence on government decisions regarding cholera and the implementation of necessary restrictions. The clerics would telegraph the shah, expressing their complaints about the blockade on pilgrimage routes, and the central government feared facing criticism and backlash from religious leaders. This dynamic is illustrated by the appointment of Amin al-Sultan as the chief administrator of the shrine of Fatima Masuma in Qom in 1892. He was hesitant to impose a ban on Shi'a pilgrims coming from infected regions in Afghanistan and India, as it would invite further criticism from the clerics. Consequently, little was done to prevent the ingress of cholera.[62]

It is important to note that pilgrims did not directly return to the capital; they often made a stop at Shah-Abdol-Azim's mosque, which was situated on the Tehran-Mashhad thoroughfare, to express their gratitude for a safe homecoming before entering the capital. This practice coincided with outbreaks of cholera at shrines such as Shah-Abdol-Azim, as large caravans from holy cities arrived, increasing the number of deaths.[63] Etemed al-Saltanah mentioned the high fatality rate in Mashhad due to cholera and criticized the government for its lack of initiative. He remarked, "I heard that up to eighty people die of cholera in Mashhad daily . . . it was possible to prevent the disease from spreading by establishing quarantines. But who should order and who would listen?"[64] The government's inability to take proactive measures and its lack of authority or adherence to implementing effective quarantines became evident.

Pathways to Divinity: The Convergence of Sacredness and Illness

As established in the previous section, the continued propagation of cholera among Iranians can be attributed not only to weak administration, poor sanitation practices, and inadequate healthcare facilities but also to the mismanagement and insufficient regulation of religious mobilities, driven by the fear of displeasing clerics and their followers. This section delves

[57] Afkhami, *Modern Contagion*, 105.
[58] Taj al-Saltaneh, *Taj al- Saltaneh Memoirs*, 95.
[59] Ibid.
[60] Etemad al-Saltaneh, *Rooznameye Khaterat*, 828.
[61] Ibid., 823.
[62] Afkhami, *Modern Contagion*, 58, 86.
[63] Ibid., 64.
[64] Etemad al-Saltaneh, *Rooznameye Khaterat*, 814.

https://doi.org/10.1017/irn.2023.76 Published online by Cambridge University Press

into the examination of prominent religious customs associated with the pilgrimage that significantly contributed to the dissemination of cholera among Iranians during the 1890s and subsequent years. It is worth noting that although Western countries had largely managed to contain the spread of cholera during this period, Iran faced persistent challenges in combating the disease.

Burial in Holy Cities

The burial customs of Iranians exemplified their deep connection to pilgrimage, even after death. Many individuals aspired to be laid to rest in revered cities like Mashhad, Qom, Karbala, and Najaf. Although this practice was more prevalent among the upper class, those from lower socioeconomic backgrounds also sought this sacred opportunity. However, these burial rituals, combined with mass movements like pilgrimage, inadvertently contributed to the rapid spread of cholera during pandemics.[65] The transportation of bodies from one place to another for burial in holy sites exacerbated the dissemination of the disease. The fervor surrounding burial in these sacred cities was evident. As delineated by John Wishard (1863–1940), an American writer and surgeon, a 72-year-old man undertook a lengthy journey on foot to honor his wife's dying wish to be buried in Qom. "This man traveled on his own with his horse and took his wife's corpse to Qom. Although he was seventy-two, he walked over a hundred and fifty miles."[66]

The risk associated with this practice was further heightened when bodies were not immediately interred in holy places and were sometimes exhumed months after initial burial to be relocated to a sacred spot. In the case of upper-class individuals, additional rituals and ceremonies compounded the circulation of the disease. For instance, when Naser al-Din Shah's daughter, Fakhr al-Dolweh (1861–93), passed away from tuberculosis, "her body was transported with elaborate ceremonies first to the shrine of Shah-Abdol-Azim and then to Qom for burial next to Mahde Olia's tomb (Naser al-Din Shah's mother)."[67] This practice of carrying corpses to holy cities led to cities like Mashhad being referred to as the "graveyard capital" of the country, where "the boundaries between the living and the dead seemed to merge."[68] In this context, where the dead and the living coexisted closely, the containment of cholera was far from guaranteed. A striking example was seen in 1892 when the signs of cholera were diminishing in Mashhad, but the arrival of bodies for burial sparked a new wave of the disease, reintroducing it and spreading it throughout the province of Khorasan, neighboring cities, and eventually Tehran.[69]

In 1892, following the resurgence of the cholera pandemic, Ottoman authorities enacted a ban on pilgrims transporting cadavers into Atabat Al-Aliyat. However, just a year later, Iran contended that such prohibitions were unwarranted. They argued that the contagion was confined to the eastern regions of Iran, explaining that traveling from these points to the western borders of Iran and the Ottoman Empire would be quite a lengthy journey. Consequently, after seventeen months, in November of 1893, burial rituals involving the careful transportation of corpses were allowed to resume.

Pilgrims went to great lengths to pass the inspection of Ottoman health authorities in Iraq, employing methods like drying and preserving the corpses. Even some officials who should have set an example failed to follow precautionary measures and insisted on burying their colleagues in the Atabat Al-Aliyat.[70] Consequently, during the ninth International Sanitary Conference held in Paris in 1894, pilgrims were officially recognized as carriers

[65] Taj al-Saltaneh, *Taj al- Saltaneh Memoirs*, 95–96.
[66] John Wishard, *Twenty Years in Persia*, trans. Ali Pirnia (Tehran: Nowin Pub, 1984), 133.
[67] Etemad al-Saltaneh, *Rooznameye Khaterat*, 865.
[68] Ates, "Carrying Cadavers to *Atabat*," 59.
[69] Afkhami, *Modern Contagion*, 59.
[70] Ates, "Carrying Cadavers to *Atabat*," 63–64.

https://doi.org/10.1017/irn.2023.76 Published online by Cambridge University Press

of cholera to Europe.[71] In 1899, the Ottoman health minister also declared that trafficking in cadavers would endanger public health and contribute to the spread of cholera.[72] The burial ritual raised concerns among politicians in Western Europe, who identified it as a primary cause for the pandemic spread of cholera. However, Iran's ambassador in Istanbul denied that the transportation of cadavers would further contribute to the spread of cholera.[73] The practice of carrying corpses to holy cities persisted until the collapse of the Ottoman Empire. Around this time, influential Shi'a clerics in Iran began issuing fatwas, declaring that transporting cadavers into Iraq was not in accordance with Islamic principles and that the funds spent on this process would benefit the British occupiers of Iraq in 1920. Nonetheless, the transportation of dead bodies continued, particularly to Mashhad.[74]

Corpse Washing

Corpse washing, also known as corpse purification or *ghusl*, is a religious ritual performed on deceased individuals in various cultures and religious traditions. It involves the cleansing and purification of the body before burial or cremation, and it holds great significance in many religious practices. In Islamic tradition, corpse washing is an important part of funeral rites. It is typically performed by family members or community members with expertise in this specific ritual. The process involves washing the body with water and using natural substances such as soap or perfumes. The body is handled with care and respect, and the washing is done with the intention of purifying the deceased and preparing them for their journey into the afterlife. The practice of washing corpses continued during the cholera outbreak, posing a significant threat as it quickly contaminated clean water, which served as the primary conduit for the spread of cholera. Taj al-Saltaneh recounted a harrowing account in her memoirs, describing the dire consequences of corpse washing during the cholera epidemic of 1903-4. While seeking refuge in a supposedly safe place, referred to as *poshte kooh* (behind the mountain in a literal sense) or boondocks, she witnessed how the polluted water resulting from washing dead bodies endangered the lives of everyone present. She wrote, "We found out that the bodies of the dead were washed for burial in the very same river on whose bank we had camped. From a small, ramshackle village nearby eleven dead were carried away that night, which is why our companions had fled in terror . . . with infinite care we gathered everyone together and decided to go back. We departed at once. That night, at our next stop, one of our servants who had caught the disease died in a matter of minutes."[75] Seeking safety in *poshte kooh*, the act of corpse washing undermined the potential solutions that the inhabitants had considered.

Taj al-Saltaneh's comments also indicate that she was well aware of the transmission of contagion through water, likely stemming from her privileged education as a member of the elite. In the nineteenth century, the understanding of cholera was notably constrained by the pervasive influence of traditional and religious beliefs. This limitation was compounded by the dearth of widespread education and the reluctance of religious leaders to address pandemic-related concepts and the significance of hygiene. Their primary focus on matters of purity and impurity, especially in relation to scarce water resources, inadvertently contributed to water contamination and the continued spread of cholera.[76] Compounding this issue, cemeteries were often situated near waterways that served as sources of drinking water, resulting in the pollution of drinking water due to the practices of corpse washing and soil contamination. Furthermore, Islamic tradition stipulated the washing of deceased bodies in flowing water, including streams that supplied water to urban communities.

[71] Ibid., 63.
[72] Ibid., 64.
[73] Nategh, "Ta'sir Ijtema'ei va Eghtesadi," 47.
[74] Ates, "Carrying Cadavers to *Atabat*," 70.
[75] Taj al-Saltaneh, *Taj al-Saltaneh Memoirs*, 95.
[76] Mohammad Tavakoli-Targhi, "From Jinns to Germs: A Genealogy of Pasteurian Islam," *Iran Nameh* 30, no. 3 (2015), iv–xix, xvi, v, vii, xvii.

https://doi.org/10.1017/irn.2023.76 Published online by Cambridge University Press

People held a deep-seated belief that all flowing water was inherently clean, disinfected, and immune to pollution. This belief in the inherent purity of flowing water led Iranians to conduct corpse washing in running water, often close to drinking water sources, exacerbating the proliferation of cholera.[77]

Sensorial Rituals

Zamzam Water. Consuming the water of a holy well in Mecca, known as Zamzam, was a significant source of contamination, referred to as the most potent carrier of cholera bacteria. In 1881, Edward Frankland, a professor at the Royal College of Chemistry, determined that the water contained six times more animal waste pollutants than the sewage in London.[78] Given that pilgrims could not be expected to possess the same level of knowledge as doctors, and irrespective of the significance of this medical knowledge, they persistently partook in this ritual due to its deep-rooted presence in their customs, making it challenging to refrain. The pilgrimage to Mecca held great honor, prompting those unable to embark on it to request pilgrims to bring back water from the revered Zamzam well. Pilgrims typically fulfilled these requests, particularly from those who had shown hospitality before or after the journey. Following the completion of the pilgrimage, pilgrims would spend forty days at home, when people would visit to welcome them back. As a souvenir, "pilgrims often offered a glass of Zamzam water, which was commonly contaminated and caused diseases."[79] Nevertheless, people firmly believed in the healing properties of Zamzam water, calling it *abe shafa* or "healing water," and trusted it to assist them with everyday concerns and on the day of judgment. Despite the risk of diseases like cholera, believers continued to distribute and consume this water without hesitation.

***Torbat* (soil).** The therapeutic qualities of the soil, known as *torbat*, found around shrines, were strongly believed in by many individuals who sought its healing effects. This belief prompted pilgrims to collect and preserve the soil from these shrines as a means of safeguarding themselves against diseases and other concerns. For instance, during his third visit to Europe in 1889, Naser al-Din Shah used the *torbat* of Karbala to treat his wife's eye ailment. He recounts the incident by stating, "Amin Aghdas's eyes were in severe pain, rendering her unable to see. Distressed, I promptly retrieved the soil of Karbala, which I had brought from there. Mixing it with water, I instructed her to apply it to her eyes. Miraculously, with the blessings of the *torbat* of Seyyed al-Shohada (Imam Hossein), her eyes were healed, astonishing everyone."[80] Collecting and utilizing the soil from shrines was seen as a remedial practice undertaken by pilgrims, driven by their aspirations and desires. According to Ernest Orsolle (1858–?), women would visit Bibi Zobaydeh, one of the sacred sites, with the hope of attaining fertility and would often take soil from there.[81] Sometimes, religious leaders would encourage people to consume the *torbate* Seyyed al-Shohada as a protective measure against cholera. However, unknown to the believers, this soil may have been contaminated with the very disease it was meant to guard against, rather than possessing any healing or restorative properties.[82]

Mourning Ritual

In Iran, the practice of mourning ceremonies during various Islamic occasions was widespread. Despite the presence of cholera, people continued to engage in these rituals at sacred

[77] Ibid., iv. Afkhami, "Disease and Water Supply," 214, 215.
[78] Christopher Low, *Imperial Mecca*, 167.
[79] Moones al-Doleh, *Khaterat-e Moones al-Doleh*, 126–27.
[80] Ghaziha, *Nasreddin Shah's Travel*, 223–24.
[81] Orsolle, *Le Caucuse et la Perse*, 300.
[82] Nategh, "Ta'sir Ijtema'ei va Eghtesadi," 53.

https://doi.org/10.1017/irn.2023.76 Published online by Cambridge University Press

locations, and religious leaders and mosque imams encouraged the act of lamentation. For instance, in 1892, Ghahreman Mirza Eyn al-Saltaneh (1872–1945), Naser al-Din Shah's nephew, recounted that when people became aware of the cholera pandemic, they were gripped by fear and organized mourning ceremonies in the name of Imam Hossein, seeking his protection from the disease. As he described, "Tehranians and clerics went to the Imamzadeh Hassan. Last time, they were more than twenty thousand. Donations and *rowzeh khani* (mourning performances) are so frequent that I cannot capture them in writing. Mourning groups are everywhere."[83]

Yahya Dowlatabadi (1862–1939), a politician and writer, also observed the continuation of cholera through mourning ceremonies during the Muharram month of 1892. People visited sacred sites to mourn and implore Imam Hossein for protection against cholera. Paradoxically, these very rituals contributed to the exacerbation of the pandemic. Dowlatabadi noted, "The Muharram of 1892 arrived, and people mourned as was customary for this month. However, the causes for the spread of cholera were created. From the second day of Muharram, a cholera outbreak occurred, and before the tenth day of Muharram, hundreds of people were dying daily."[84]

Ceremonial rituals were intertwined with other factors that led to a significant loss of life by prolonging vulnerability to the cholera outbreak. It is important to note that the absence of pilgrimage rituals was deeply unsettling for pilgrims. The lack of quarantine measures and weak precautions against cholera, which were perceived as signs of ignorance and indifference toward contagion, can instead be attributed to religious beliefs and the concept of fatalism, as reflected in accounts from pilgrims.

The Dread of Pestilence and Exploitation: Cholera and Discriminatory Regulations

> Only two hours of the day had passed when one of the hajjis had gone to the garden to bring us news that [thieves] stripped him. A few gunners [*tofangchi*] were sent to follow him and save him of pain, and if they had not been sent he would have been murdered. Imagine to what extent they have animosity against Shi'as that they even want to kill them. Five hours of Thursday had passed when we moved on from *Ba're ghechi savar*. Today we have another three *manzil* until Madinah.[85]

> Travel to [Mecca] carried the fear of losing property, fear of losing life, fear of losing daily prayers and worship, and a lack of access to proper cleanliness.[86]

These observations illustrate that the religious geography of pilgrimage sites and geopolitical boundaries cannot be neatly confined within borders. According to the feminist theorist Gloria Anzaldua, borderlands are places characterized by "contradictions," where "hatred, anger, and exploitation are part of the landscape."[87] Borderlands can also be spaces of cooperation and interdependence for survival. As described by Anzaldua, they are where different cultures intersect, where people of different races inhabit the same territory, and where individuals from various social classes come into contact, bridging the gaps between them.[88] Despite their intention to improve the human condition, borderlands failed to provide psychological, emotional, or physical safety, often perpetuating a sense of "otherness" within the unspecified and undefined space they occupied.[89] These characteristics

[83] Eyn al-Saltaneh, *Khaterat-e Eyn al-Saltaneh*, 482–83.
[84] Yahya Doulatabadi, *Contemporary History* (Tehran: Attar, 1983), vol. 1, 116.
[85] Mehrmah Esmat al-Saltaneh, *Safarnameh*, 57–116, 80.
[86] Davood, "Hajj Accounts," 42.
[87] Gloria Anzaldua, *Borderlands/La Frontera: The New Mestiza* (San Francisco: Aunt Lute Books, 1987), preface.
[88] Ibid.
[89] James C. Scott, *Seeing Like a State: How Certain Schemas to Improve the Human Condition Have Failed* (New Haven, CT: Yale University Press, 1998), 44.

https://doi.org/10.1017/irn.2023.76 Published online by Cambridge University Press

contributed to the emergence of "psychological borderlands, the sexual borderlands, and the spiritual borderlands," which can be applied to the pilgrimage routes of the hajj, underscoring the struggles and negotiations of pilgrims as they confronted and navigated the dominant rules and regulations in these borderlands, referred to as "border crossing." Such crossings entailed anticipated dangers, including robbery, looting, abuse, and deception along the routes, which undermined the pilgrims' sense of security.[90]

Keykavoos Mirza, the son of Fathali-Shah and the ruler of Qom, viewed pilgrims as *kashti-shekastegan* (broken ships) whose salvation would be in the hands of *didare yar* (meeting God). "This is an endless quest sea [*daryaye talab*]. There is no way out of the storm on the beach. . . . our ship is broken, wind up . . . let's review the familiar faces."[91] His 1837 accounts provide valuable insights into the rituals and hardships of the pilgrimage, shedding light on the presence of attackers along the way. He advised pilgrims to "maintain peace with everyone, even animals, considering the journey as a divine test that requires effort to please God. It demands a certain mindset and patience."[92]

The impact of cholera extended far beyond its deadly and debilitating nature. Inadequate hygiene conditions and pandemics resulted in discrimination against pilgrims and led to socioeconomic upheaval within borders, creating a sense of otherness and inflicting psychological harm. People's faith, which was the driving force behind their religious practices, became a tool of exploitation, not only for foreigners but also for their fellow countrymen. Clerics who encouraged close engagement with religious rituals often manipulated this to their advantage. People believed that cholera was a manifestation of divine wrath and sought protection through recitations from holy books and prayers.[93] They viewed cholera as a calamity that befell rulers, but when they observed that the weak and impoverished were the ones predominantly affected, they began to question this notion and remarked that "only the good people should suffer."[94] Clerics urged people to protect themselves from cholera by praying and performing specific actions, yet they themselves did not adhere to these instructions. For instance, in 1892, clerics encouraged people to organize mourning rituals and engage in *rowzeh khani* while consuming *torbat-i* Karbala for a cure, but they themselves would conveniently "escape the peak of the cholera outbreak and return later than others."[95]

The clerics' greed and assertion of power, positioning them as the primary sources of healing and protection in contrast to the state, led to the deception and enticement of people to sacred places. Disease became a means of income for both rulers and clerics, with pilgrims and the impoverished emerging as their primary victims.[96] In 1903, when asked about the possessions of hajj pilgrims who died from cholera, Iran's ambassador in Istanbul revealed that "the prayer Imam of Abhar took their possessions and went to Istanbul without identifying himself to Iran's embassy. Possessions of Azarbayjan's pilgrims were taken by Mirza Sadiq and possessions of Ghazvins' pilgrims were taken by the son of Mujtahid Ghazvini."[97] Sheykh Ebrahim Zanjani, one of the clerics, according to Nategh, confessed that clerics stole victims' possessions: "If a person dies of cholera, rulers from one side, and clerics and Sadat, a title given to those who are believed to be descendants of Prophet Muhammad, from the other side sharpened their teeth [to take their possessions]."[98] Etemad al-Saltaneh also voiced his discontent about this situation, comparing Iran to the Ottoman Empire and highlighting the extent of people's suffering. "The Sultan of the Ottoman Empire spent a significant sum from his own pocket to establish quarantine

[90] Anzaldua, *Borderlands/La Frontera*, preface.
[91] Keykavoos Mirza, "Mecca Accounts or Masalek Al-Salekin," 499.
[92] Ibid., 387.
[93] Taj al-Saltaneh, *Taj al- Saltaneh Memoirs*, 96.
[94] Nategh, "Ta'sir Ijtema'ei va Eghtesadi," 40.
[95] Ibid., 51.
[96] Ibid., 51–52.
[97] Ibid., 52–53.
[98] Ibid., 52.

https://doi.org/10.1017/irn.2023.76 Published online by Cambridge University Press

facilities and safeguard the health of his people [but we did not], whereas Iran lacked such measures."[99] This indicates the lack of proper accommodations and sanitary conditions provided by the government to pilgrims. Consequently, not only were travelers and pilgrims endangered, but the argument that pilgrims contributed to the epidemic was reinforced and circulated, inflicting psychological and emotional distress on pilgrims who were made to feel responsible for its spread.

"Unless angels sympathize with people, otherwise, no one cares about Iranian people."[100] Discrimination, deception, and abuse of impoverished individuals were not limited to within the borders of Iran. The epidemics resulted in the maltreatment of Iranians by Ottoman and Arab authorities at quarantine and inspection stations primarily located on borders and in borderlands. The discriminatory treatment stemmed from various factors, including anti-Shi'a prejudice, corruption, bribery, negligence, and the transportation of corpses to Atabat Al-Aliyat during the pandemic. These accounts depicted the deaths of Iranians on their journey, not only due to diseases, hunger, aridity, and attacks by Arab Bedouins but also from "an Ottoman officer's bullet" and poison in the quarantines. It is unclear whether other pilgrims experienced traumas to the same extent as Iranians.

Officers physically assaulted pilgrims, hurled insults at them, and blamed them for the spread of cholera. They even enforced gender segregation, forcing women to remove their face veils (niqab) to expose their faces.[101] Although the implementation of restrictions and regulations, such as keeping pilgrims quarantined for up to fifteen days, aimed to minimize the risk of pandemic and safeguard the public health of both Iranian pilgrims and the Ottomans, some officers exceeded the instructions provided by the Ottoman authorities and exploited pilgrims in various ways. This can be observed in a letter written by a group of Iranian pilgrims in Atabat Al-Aliyat:

> Many of the pilgrims die of hunger or die by an Ottoman officer's bullet. Some are given poison. All these quarantines, dying, restrictions, and bribery are for poor Iranian pilgrims, not for their own people. It is clear that the construction of quarantines was for poor Ajam [Iranians]. What did the Ajam do to these [Ottomans] that we should suffer all this?[102]

The rituals practiced by Iranian pilgrims during the pilgrimage could potentially pose risks to public health, which may have been a contributing factor to the maltreatment experienced. This phenomenon might not have been exclusive to Iranians but could also affect other pilgrims from Central Asian and South Asian regions, as noted by Lale Can and Christopher Low. [103] However, due to long-standing religious animosity, Iranian pilgrims might have believed that their experiences were unique or that they faced more widespread mistreatment. Instances of Iranian pilgrims being beaten in Iraq were frequent during the cholera outbreak. *Habl al-Matin* newspaper (1907–8) reported pilgrims being assaulted on the way from Karbala to Najaf, "where it is uncertain whether the beatings were driven by animosity or religious prejudice. Once Ottoman doctors realized that the pilgrims were from Iran, they allegedly sent officers to beat them and extort money."[104]

[99] Etemad al-Saltaneh, *Rooznameye Khaterat,* 830.

[100] Ibid., 867.

[101] Mohammad Hassan Kavoosi Araqi, *Selection of Political Documents of Iran and the Ottoman* (Tehran: Center for Political and International Studies of Foreign Ministry, 1996), vol. 7, 397 cited in "Barresiye Moshkelte Zovar-e Irani Dar Ziyarat-e Atabat Al-Aliyat, 1900–1920." Edited by Morteza Noorai and Mina Moieni, *Jastarhay-e Tarikhi*, no. 2 (2017), 207.

[102] "Library, Museum and Document Center of Iran Parliament," Document number 4/29/160/2 (1911) In "Investigation of Pilgrims' Issues in Visiting *Atabat* between 1900-1920." *Historical Inquiries 8*, no. 2 (2017): 199-221; 208.

[103] Can, *Spiritual Subjects*, 81, 148; see also Christopher Low, *Imperial Mecca*, ch. 4.

[104] *Habl al-Matin*, no. 44 (1902), 15.

https://doi.org/10.1017/irn.2023.76 Published online by Cambridge University Press

Exploiting pilgrims' religious beliefs, another method of taking advantage involved the transportation of deceased bodies to Atabat Al-Aliyat. Pilgrims were required to pay for bringing the corpses to Atabat Al-Aliyat, and the bodies were inspected and sealed at the first inspection station. However, at the next station, officers would break the seals impolitely and illegally charge the pilgrims an additional 25 thousand lira. Similar unauthorized charges were made at the front gate of Karbala. [105] This mistreatment by Ottoman authorities partly stemmed from Iranians' misconduct within Ottoman borders, such as smuggling corpses and potentially endangering public health. This fueled suspicions that the bodies and pilgrims could be carriers of cholera, facilitating arguments for their exploitation.[106] Misconduct by some Iranians could lead officers to violate instructions and exploit pilgrims. Reports described the treatment by Ottoman officers as unjust during the journey to and from religious destinations. Ali Akbar Vaghaye Negar denounced the oppression of Ottoman officers, emphasizing that they would extort money from pilgrims for unjustified reasons.[107] He expressed that the sufferings experienced were so significant that "even mountains would bear witness to them," emphasizing that the rewards of heaven would not outweigh the pains endured. Theft and mistreatment were not unexpected during a sacred journey such as a pilgrimage, especially considering that theft could occur within Iran.[108]

> No one was able to secure his possessions. If a person's possessions were taken, there was little to no assistance. During the night particularly, no one dared to leave the house. They will rob people.[109]

The pilgrimage was transformed from a spiritual journey into a humanitarian disaster, resulting in insecurity and discrimination against pilgrims who regarded this religious duty as a means of affirming their self-identity. The religious devotion and observance of specific Islamic rituals by Iranians became an opportunity for sociopolitical exploitation by those who sought to manipulate people's faith for personal gain.

During this period, women faced numerous challenges, including aridity, the pandemic, inadequate hygiene conditions, theft, bribery, discrimination, delays, and various other hardships caused by human factors. They experienced unique hardships due to their physiological characteristics and the significance of their anatomy, such as reproductive and maternal conditions, menstruation, pregnancy, and breastfeeding. These physical attributes made traversing borders and borderlands particularly difficult for them, exposing them to the risk of harassment and increasing the likelihood of feminine gynecologic problems and psychological trauma.[110] The magnitude of women's struggles was such that some clerics deemed undertaking the hajj pilgrimage, especially on specific routes, forbidden (haram) for women.[111]

[105] "Edarey-e asnad va tarickh-e diplomasi vezarat-e omur-e kharej-e," Box 1, File 8 (1901) cited in Morteza Noorai and Mina Moieni, "Barresiye Moshkelte Zovar-e Irani Dar Ziyarat-e Atabat Al-Aliyat, 1900–1920," *Jastarhay-e Tarikhi* 2 (2017): 205."

[106] Ates, *The Ottoman-Iranian Borderlands*, 203.

[107] Ali Akbar Vaghaye Negar Kurdestani, *Goghraphia va Tarikh-e Kurdistan*. Hadigheye Naseri va Merat al-Mozafar (Tehran: Tooki, 1905), 321–22.

[108] Ibid.

[109] Nategh, "Ta'sir Ijtema'ei va Eghtesadi," 44.

[110] For example, a woman's milk dried up as her caravan encountered violent skirmishes with local Arab rulers on the way to Mecca; see Mohammad Hossein Taghavi Ghazvini, "Atabat, India, and Hajj Travel Accounts." In *shandah safarnamey-e hajj Qajari*, edited by Rasool Jafarian. Tehran: Movarrekh, 2015, vol. 10, 793. A woman delivered a baby in the desert while the caravan was surrounded by robbers; see Nasir al-Mamalek, *Safarnameye Hajj: az Jeddah ta Madinah: 1908-1909*, 673. These are only two examples of women's confrontations in the borderlands on pilgrimage routes, which will be more thoroughly discussed in the next project, an investigation of Iranian pilgrims' encounters in the Iran-Ottoman borderlands, 1823–1925.

[111] Ineffable hardships on the borderlands for women made the pilgrimage to Mecca and Atabat, besides its religious merit, an invaluable experience, signifying the competence of women and one of their most significant accomplishments. Mehrmah Khanum describes the hajj journey of Homa Khanum, her mother, and her excitement at

https://doi.org/10.1017/irn.2023.76 Published online by Cambridge University Press

> Traveling to Mecca via this route [Istanbul to Jeddah] not only lacks spiritual reward (*sawab*) but also entails the risk of divine punishment (*eghab*). This is due to the potential hazards associated with the journey, including the fear of property loss, the risk to one's life, and the concern about missing daily prayers and worship. Additionally, there may be challenges in maintaining proper cleanliness. [Let's see] what happens later, but making hajj from this route, especially for women, is definitely considered haram.[112]

Mehrmah Khanum recounts her journey from Jeddah to Bushehr by ship, describing the challenges faced by herself and fellow women travelers. They endured motion sickness and extreme exhaustion, which posed the risk of pushing them to the brink of cholera.

> I was unconscious. I had vomited twice by evening. On Sunday, I collapsed without food and energy. Ladies and servants all collapsed with disrepair. On Sunday we were worse than the first day. Haji Asadollah Beyg's wife came to help us despite being sick herself. My people were all down. I was low on energy until sunset as if I could not even drink a cup of tea. They came to move me from the chair to the bed; I fainted. The air was stifling, and women had nausea; we were about to die.[113]

In addition to the challenges of motion sickness and exhaustion, women faced further risks due to unsanitary conditions along the pilgrimage routes, whether traveling by camel, ship, train, or staying in quarantines. During a pandemic, if women boarded as third-class passengers on a ship, their situation would be even more difficult. According to Nazim al-Molk, women on the ship from Jeddah "were cramped among the ship's crew and other pilgrims," leading to uncomfortable and crowded conditions.[114] This sheds light on why some pilgrims, like Nazim al-Molk, chose to board as third-class passengers to provide some "semblance of formal comfort" for their wives. Quarantines were also particularly challenging for women due to the unhygienic conditions and the heightened risk of disease transmission.

> Rural and urban, lower and noble class, Mazandarani and Bukharai, Shi'a and Sunni, men and women mixed together. Women should sit, eat, and sleep in this crowd. The water was blocked two hours after the sunset until night. All within this crowd were left without water.[115]

In the face of scorching heat, aridity, and the constant threat of plunder, women remained more vulnerable than men during the pilgrimage. Women's vulnerability stemmed not only from their specific physiological conditions and functions but also from patriarchal norms, such as mandatory hijab (head covering) and extreme gender segregation. These norms further diminished their position and exacerbated their vulnerability.[116]

Although these journeys may have temporarily disrupted gender segregation practices, women still had to navigate the discomfort and extreme fatigue of traveling with chador (full body covering) and roobandeh (face veil). These forms of dress often resulted in

being addressed as *hajieh*; she emphasizes that the "travel to Mecca was a very long journey and created so many difficulties for women. That is why it was considered such an important thing to do." Farmanfarma, *Zendeginamey-e Abdol Hossein Farmanfarma*, vol. 2, 34.

[112] Davood Mirza, Hajj Account, in *Panjah safarnamey-e hajj Qajari*, edited Rasool jafarian (Tehra: Elm, 2022), vol. 1, 42.

[113] Esmat al-Saltaneh, *Safarnameh*, 95–96.

[114] Nazim al-Molk, "Moshkelat-e rah-e hajj," 693.

[115] Ibid., 698.

[116] To compare the consequences of patriarchal norms, such as mandatory hijab, and women's vulnerabilities to the current situation under the Islamic Republic, refer to Sarah Eskandari, "Internal Colonialism in Iran: Gender and Resistance Against the Islamic Regime," *International Journal of Middle East Studies* 55, no. 4 (2023), 739–743.

https://doi.org/10.1017/irn.2023.76 Published online by Cambridge University Press

maltreatment at quarantine stations. The requirement for women to travel with a *mahram* (an unmarriageable male companion) was strongly emphasized by Keykavoos Mirza. He firmly advised that women should not travel without a *mahram*, considering it haram for women to undertake the pilgrimage without proper male accompaniment. His extreme viewpoint even suggested that "if a woman cannot find a *mahram*, she should become a concubine to a trustworthy believer," highlighting the significance placed on the presence of a mahram during the pilgrimage.[117]

Despite the necessity of a *mahram* companion, border officers would often subject women to humiliation through sex segregation. In quarantine sites and inspection stations, as documented by Ottoman records, officers separated men and women, compelling women to remove their niqab so that their faces could be seen. Such practices were demeaning and degrading to women during that time.[118] One can argue that the pilgrimage itself, along with the spread of cholera, contributed to the creation of "sexual borderlands" experienced by women. The pilgrimage routes and the struggles faced by women in these borderlands, as well as their negotiations with the dominant rules imposed upon them, can be viewed as a form of "border crossing," as depicted in Anzaldua's conceptualization of borderlands as psychological, sexual, and spiritual spaces.[119]

Conclusion

Despite the establishment of the *majlis-i hifz-i sihhat*, the efforts to prevent cholera were hindered by the lack of resources for effective hygienic practices. The growth of Tehran's Office for Public Order in the 1880s, aimed at promoting garbage collection, failed to improve public hygiene due to insufficient garbage collectors to maintain cleanliness in the city.[120] Despite the organization of over twelve international health conferences between 1851 and 1912, the construction of numerous quarantine and inspection stations on borders, and the requirement for formal documentation for the burial of cadavers, these measures could not halt the devastating impact of cholera, leading to the transformation of holy cities like Karbala into vast cemeteries for Iranians.

Various factors contributed to the dissemination of cholera, including geographical and geopolitical elements in Iran, the development of new transportation networks and alternative pilgrimage and trade routes from India, inadequate sanitary practices, governmental mismanagement, and widespread negligence among officials and inhabitants. However, it was the mass religious mobility and deeply ingrained religious rituals and beliefs that played a significant role in the outbreak and spread of cholera. These popular spiritual practices often challenged and undermined the effectiveness of Iran's central government, while the fear of backlash from clerics further contributed to governmental inaction. The Iranian government opposed some of the restrictions proposed by the Ottoman Empire and Western Europe, procrastinated in implementing constructive initiatives to manage the disease, and delayed the dissemination of information about cholera, thereby putting people's lives at risk.[121] Additionally, clerics weakened the government's efforts by consistently complaining about regulations, engaging in the trafficking of cadavers, and organizing rituals regardless of the consequences of cholera, prolonging vulnerability to the pandemic. Religious mobilities not only facilitated the dissemination and lethality of cholera outbreak and caused socioeconomic chaos inside and outside the country but also became a humanitarian burden for the practitioners of these rituals.

[117] Keykavoos Mirza, "Mecca Accounts or Masalek Al-Salekin, 1837," 405.

[118] Mohammad Hassan Kavoosi Araqi, *Gozidey-e asnad-e siyasi Iran va Osmani* (Tehran: Center for Political and International Studies of Foreign Ministry, 1996), vol. 7, 397.

[119] Anzaldua, *Borderlands/La Frontera*, preface.

[120] Sabri Ates, "Carrying Cadavers to *Atabat*," 55–57; Afkhami, *Modern Contagion*, 62; *Taj al-Saltaneh Memoirs*, 97.

[121] For example, Iran refused to close the Mashhad-Herat road to Imam Reza because it was an important pilgrimage route. Also, Iran lacked the required equipment and medical personnel to establish quarantine stations.

https://doi.org/10.1017/irn.2023.76 Published online by Cambridge University Press

There are other religious rituals that remain unexplored but deserve investigation to determine their connection to cholera and religious mobility. These include the passing of material objects, touching the *zarih* (a shrine's ornamental covering), and touching the adorations of shrines and mosques. Even seemingly small-scale ceremonial rituals increased the severity of cholera outbreaks among Iranian pilgrims and the people they came into contact with as the nineteenth century transitioned into the twentieth.

In this context, the voices of women pilgrims are crucial in the study of borderlands. However, women's perspectives have often been overlooked in the study of public health and pandemics due to a lack of primary accounts. This may be attributed to the existence of gender double standards on frontiers, gender-discriminatory rules, and the specific characteristics of women's physiological functions, collectively leading to the silencing of women's voices. Consequently, contradictions, violence, and exploitation, prevalent in these borderland spaces, were multiplied for women.

Bibliography

Afkhami, Amir A. "Disease and Water Supply: The Case of Cholera in 19th century Iran." *Yale School of Forestry and Environmental Studies Bulletin* Series 103 (1998): 205–20.

Afkhami, Amir Arsalan. *A Modern Contagion: Imperialism and Public Health in Iran's Age of Cholera*. Baltimore, MD: Johns Hopkins University Press, 2019.

al-Saltaneh, Mehrmah Esmat. "Safarnameh," *Mighat-I Hajj Journal*, no. 17 (1996): 57–117.

Amin al-Doleh, Mirza Alikhan. *Political Memories*. Tehran: Hafez Farmanfarmaiyan, 1991.

Anzaldua, Gloria. *Borderlands/La Frontera: The New Mestiza*. San Francisco: Aunt Lute Books, 1987.

Ates, Sabri. "Carrying Cadavers to *Atabat Al-Aliyat*: The Competition between Iran and the Ottoman Empire in the 19th Century." *Iran Nameh* 26, no. 1/2 (2011): 37–70.

Ates, Sabri. *The Ottoman-Iranian Borderlands: Making a Boundary, 1843–1914*. New York: Cambridge University Press, 2013.

Ayn al-Saltanah, Qahraman Mirza. *Ruznamah-i Khatirat-i Ayn al-Saltanah* (Journal of Memories of Ayn al-Saltanah). Edited by Masud Salur and Iraj Afshar. Tehran: Asatir, 1995.

Bamdad, Mehdi. *Biography of Iranian Statesmen*. Tehran: Zovvar, 1992.

Bamdad, Mehdi. *Sharh-e hal-e rejal-e Iran*. Tehran: Zovvar, 1992.

Brugsch, Heinrich. *Im Lande Der Sonne*. Translated by Majid Jalilvand. Tehran: Markaz, 1995.

Can, Lale. *Spiritual Subjects: Central Asian Pilgrims and the Ottoman Hajj at the End of Empire*. Stanford, CA: Stanford University Press, 2020.

Christopher Low, Michael. *Imperial Mecca: Ottoman Arabia and the Indian Ocean hajj*. New York: Columbia University Press, 2020.

Davood, Mirza. "Hajj Accounts." In *Fifty Qajar Hajj Accounts*, vol. 1, edited by Rasool Jafarian. Tehran: Elm, 2022.

Douglas, Mary. *Purity and Danger: An Analysis of Concepts of Pollution and Taboo*. London: Routledge, 2003.

Doulatabadi, Yahya. *Contemporary History*. Tehran: Attar, 1983.

Duguet, Finnin. *Le pèlerinage de la Mecque au point de vue religieuse, social et sanitaire*. Paris: Rieder, 1932.

Etemad al-Saltaneh, Mohammad Hassan Khan. *Kheyrat-i Hassan*. Tehran: 1887.

Etemad al-Saltaneh, Mohammad Hassankhan. *Rooznameye Khaterat* (Journal of Memories). Edited by Iraj Afshar. Tehran: Amirkabir, 1971.

Farmanfarm, Mehrmah. *Zendeginamey-e Abdol Hossein Farmanfarma*. Tehran: Toos, 1998.

Feuvrier, Jean-Baptiste. *Trois Ans à la Cour De Perse*. Translated by Abbass Eghlab. Tehran: Ali Akbar Elmi, 1947.

Foucault, Michel. *Security, Territory, Population: Lectures at the College de France, 1977–78*. Basingstoke, UK: Palgrave Macmillan, 2009.

Ghaziha, Fatemeh. *Safarhaye Nasreddin Shah Be Qom* (Naser al-Din Shah's Journeys to Qom). Tehran: National Library and Archives of Iran, 2002.

Gobineau, Comte de Gobineau. *Trois ans en Asie: de 1855–1858* (Three Years in Asia). Tehran: Ketabsara, 1988.

Jafarian, Rasul. *Safarnamehaye Hajj Qajar* (The Qajar Hajj Travel Accounts). Tehran: Elm, 2010.

Kane, Eileen M. *Russian Hajj: Empire and the Pilgrimage to Mecca*. Ithaca, NY: Cornell University Press, 2015.

Kashani-Sabet, Firoozeh. *Conceiving Citizens: Women and the Politics of Motherhood in Iran*. Oxford, UK: Oxford University Press, 2011.

Kashani-Sabet, Firoozeh. "The City of Dead: The Frontier Polemics of Quarantines in the Ottoman Empire and Iran." *Comparative Studies of South Asia, Africa and the Middle East* 18, no. 2 (1998): 51–58.

Kavoosi Araqi, Mohammad Hassan. *Selection of Political Documents of Iran and the Ottoman*. Tehran: Center for Political and International Studies of Foreign Ministry, 1996.

https://doi.org/10.1017/irn.2023.76 Published online by Cambridge University Press

Keddie, Nikki R. "The Iranian Power Structure and Social Change 1800–1969: An Overview." *International Journal of Middle East Studies* 2, no. 1 (1971): 3–20.
Mahdavi, Shireen. "Amusements in Qajar." *Iranian Studies* 40, no. 4 (2007): 483–99.
Mehr Abadi, Mitra. *Zane Irani be Revayate Safarnameh Nevisane Farangi* (Iranian Women According to Foreign Travel Writers). Tehran: Afarinesh, 2007.
Mernissi, Fatima. *The Veil and the Male Elite: A Feminist Interpretation of Women's Rights in Islam*. Cambridge, MA: Perseus Books, 1991.
Mo'ayyer al-Mamalek, Doost Ali. *Yaddashthayee az zendeganiy-e khosusiy-e Nassredin Shah*. Tehran: Tarikh-e Iran, 1983.
Moojani, Ali. *Atabat Al-Aliyat*. Tehran: Majmae Jahani Ahle Beyt, 1389.
Moones al-Dole. *Khaterat-e Moones al-Doleh* (Moones al-Doleh Memoir). Edited by Siroos Sa'dvandian. Tehran: Zarrin, 2001.
Mostufi, Abdollah. *My Biography: Social and Administrative History of Qajar Era*. Tehran: Hermes, 2007.
Mostufi, Abdollah. *Sharh-e Zendeganiy-e Man*.
Nategh, Homa. "Ta'sir Ijtema'ei va Eghtesadi ye Bimari-e waba dar doureye Qajar." *Nageen* 148 (1977): 31–62.
Nategh, Homa. *Mosibate Waba va Balaye Hokumat* (Cholera and the Scourge of Government). Tehran: Gostareh, 1385.
Nazim al-Molk, Mirza Mohammad Khan. "Encounters on Hajj Route: Lenj Company and Quarantine Toor Sina." In *Sixteen Qajar Hajj Accounts*, vol. 10, edited by Rasool Jafarian. Tehran: Movarrekh, 2015.
Nukhet, Varlik. "Oriental Plague or Epidemiological Orientalism? Revisiting the Plague and Episteme of the Early Modern Mediterranean." In *Plague and Contagion in the Islamic Mediterranean*. Kalamazoo, MI: Ark Humanities Press, 2017.
Orsolle, Ernest. *Le Caucuse et la Perse* (Travel to Caucusus and Iran). Translated by Ali Asghar Saeedi. Tehran: Center for Humanities and Cultural Studies, 2003.
Ottoman Archives of the Prime Minister's Office (1898): Yeedee 00157.
Peter, Francis Edward. *The Hajj: The Muslim Pilgrimage to Mecca and the Holy Places by Peter Francis Edward*. Princeton: Princeton University Press, 1995.
Rajayee, Abdolmahdi. *Social History of Isfahan in Zellole? Soltan Period*. Isfahan, Iran: Isfahan University Press, 2004.
Scott, James C. *Seeing Like a State: How Certain Schemes to Improve the Human Condition Have Failed*. New Haven, CT: Yale University Press, 1998.
Seyf, Ahmad. "Iran and Cholera in the Nineteenth Century." *Middle East Studies* 38, no. 1 (2002): 169–78.
Stearns, Justin. *Infectious Ideas: Contagion in Premodern Islamic and Christian Thoughts in the Western Mediterranean*. Baltimore, MD: Johns Hopkins University Press, 2011.
Tabatabai, Muhammad Rafi. *Safarnameye Gharavi*. Tabriz, 1896.
Taghavi Ghazvini, Mohammad Hossein. "Atabat Al-Aliyat, India, and Hajj Travel Accounts." In *Sixteen Qajar Hajj Accounts*, vol. 10, edited by Rasool Jafarian. Tehran: Movarrekh, 2015.
Taj al-Saltaneh. *Taj al-Saltaneh Memoirs*. Edited by Mansoorieh Ettehadieh and Siroos Sa'dvandian. Tehran: Tarikh Iran, 1983.
Torab, Azam. *Performing Islam: Gender and Ritual in Iran*. Leiden: Brill, 2007.
Vagharodoleh, Sakineh Soltan. *Journal of Mecca and Atabat Al-Aliyat Journey*. Edited by Rasool Jjafarian and Kianoosh Haftlang. Tehran: Elm, 2010.
Vaghaye Negar Kurdestani, Ali Akbar. *Geography and History of Kurdistan*. Edited by Hadigheye Naseri and Merat al-Mozafar. Tehran: Tooki, 1905.
Wishard, John. *Twenty Years in Persia*. Translated by Ali Pirnia. Tehran: Nowin, 1984.
Yate, Charles Edward. *Khurasan and Sistan*. Translated by Ghodratollah Roshani. Tehran: Yazdan, 1986.

Cite this article: Eskandari S (2024). Tohfeye Ziyarat (Souvenir of Pilgrimage): Religious Mobility and Public Health in Late Qajar Iran, c. 1890–1904. *Iranian Studies* 1–23. https://doi.org/10.1017/irn.2023.76