

Firoozeh Kashani-Sabet

THE POLITICS OF REPRODUCTION:
MATERNALISM AND WOMEN'S HYGIENE
IN IRAN, 1896–1941

Travelers to Iran in the 19th century often decried the startling rate of infant mortality. Writing in 1856, Lady Mary Sheil, wife of the British envoy to Persia, Sir Justin Sheil, remarked that “the mortality among children is immense, owing to neglect, ignorance, and laziness.” Citing the Shah’s French physician, Sheil continued: “Dr. Cloquet . . . expressed to me his conviction that not above three children in ten outlived their third year.”¹ Sheil faulted the local culture of child rearing, including women as the traditional caretakers of children, for this deplorable condition. She described a society in which fairly affluent mothers apparently disliked nursing infants and one that purportedly allowed “nurses” to calm children with bits of opium. Nearly four decades later, the British official George Nathaniel Curzon documented other scenarios to explain the high mortality of women and children. Upon visiting Iran in 1892, Curzon cited a report by the Austrian physician Jakob Polak that one of the “main causes of the decline of population” in Iran was related to the “unfavourable position of women, including the facility of divorce, early marriage, and premature age, the length of the suckling period, and the thereby impaired fertility of the sex.” Other possible reasons for population decline included the “decay of sanitary police, and consequent greater ravages by typhus, dysentery, cholera, plague, and, more particularly, owing to the inadequacy of inoculation, by small-pox—the mortality of children in the second year of their age being very striking.”² Though pinpointing different reasons for the prevalence of infant mortality, Sheil and Curzon recognized this issue as a consequential social problem facing 19th-century Iranian society.³

As these indicators show, curbing infectious diseases and prolonging the lives of mothers and children, whose health was particularly compromised in the 19th century, made sense both medically and socially. This impetus would have little political significance, however, had it not been coopted by Iranian modernists and policymakers in the first half of the 20th century to control the sexuality of women and men in the interests of the nation. For the next fifty years, Iranian officials, physicians, intellectuals, and women activists would investigate the high incidence of infant and maternal mortality, offering socially prescriptive measures to counter the possibility of depopulation. These concerns

Firoozeh Kashani-Sabet is Assistant Professor in the Department of History, University of Pennsylvania, Philadelphia, Pa. 19104, USA; e-mail: fks@history.upenn.edu.

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generated impassioned debates about the reproductive role of women in the family and the polity. Demographic and nationalist pressures recast conventions of child rearing and mothering in modern Iran, forging a maternalist ideology. Women did not always frame the debates on population, but their vital contribution to human reproduction placed them at center stage of hygiene and maternalist politics.

Why did hygiene, particularly women's hygiene, become a strident polemic in the political culture of modern Iran? For women's health remained a key to understanding demographic trends, and it literally became a national prerogative to question and supervise women on the tenets of mothering and child rearing. Essential to this project was the need to form a modernist culture that lauded matrimony, domesticity, and motherhood. Popular newspapers as well as school curricula reinforced women's familial responsibilities, even as they invited women to complement their household duties with work outside the home.⁴ In the context of public health care women trained as professional nurses, not just midwives, serving to expand the longevity of infants, mothers, and the infirm. Women paid attention to venereal disease and intermarital relations, as well as to pregnancy and child rearing.⁵ To be sure, the mortality of women and children decreased somewhat in the early Pahlavi years, but the ever expanding state also intruded further into the lives of citizens as a result of the maternalist discourse.

The emergence of maternalism as a social and political ideology coincided with renewed efforts to improve public hygiene in Iran. By maternalism, I mean an ideology that promoted motherhood, child care, and maternal well-being not only within the strictures of family, but also in consideration of nationalist concerns. Maternalists differed in their gender, backgrounds, and aims, pursuing social reform for either humanitarian or nationalist purposes. They included physicians, hygienists, educators, journalists, feminists, and policymakers. As Seth Koven and Sonya Michel have argued, "Maternalism always operated on two levels: it extolled the private virtues of domesticity while simultaneously legitimating women's public relationships to politics and the state, to community, workplace, and marketplace."⁶ In Iran, too, maternalism lauded domesticity and forged new associations between women and the state through the establishment of schools and the pursuit of unconventional professions. Maternalist objectives led to the creation of charitable, educational, and hygienic institutions that improved the general welfare of the citizen. Women benefited from the maternalist discourse by gaining new opportunities in the workforce and by becoming indispensable to the nation.⁷ Maternalism, however, did not necessarily project a feminist outlook. Nowhere does this distinction stand out as clearly as in the debate on reproduction and sexual hygiene in modern Iran. Although maternalists strove to improve the health of women, especially pregnant women, and to prolong the life of women and children, they did not all wish to establish gender equality or to combat patriarchy. The reproductive responsibility of women to the nation was simply too critical a matter to entrust to ordinary citizens, and overturning the status quo could inadvertently jeopardize national interests.

The maternalist discourse became closely associated with the hygiene movement in Iran, often sharing and endorsing similar nationalist objectives. As I have argued elsewhere, Iran's support for hygienic reforms emerged at a critical juncture when the country embraced a humanistic philosophy that not only aimed to curb infectious diseases for human betterment but also tried to forge a nation of healthy patriots. In the early Pahlavi years, the philosophy of humanism that had undergirded hygienic reforms

no longer resonated with secular nationalists shaping health policy. This shift reflected the political culture of the country when authoritarian tendencies of the ruling elite supplanted the burgeoning democratic movement of the constitutional years (1906–11). Because of limitations on state power, many Western-educated physicians strove to control childbirth and sexuality less through legislation than through a public campaign aimed at altering the traditional lifestyle and hygienic culture of the ordinary citizen. One should not, however, exaggerate the dominance of Western-trained doctors in this period. In July 1934, the Municipal Council of Tehran stated that the number of medical professionals educated in Iran slightly exceeded the number of foreign-trained health practitioners.⁸ Nonetheless, Western-style medicine made headway in Iran, and proposed changes, such as lessening the influence of local midwives reflected this trend.

The Iranian case stands out as an interesting historical phenomenon because unlike Romania, Japan, or Germany, no formal policies regarding childbirth or pronatalism were mandated by the state in the period under discussion.⁹ Although maternalists promoted arguments that sought to increase birthrates, they were not solely repeating or recasting Western concepts of pronatalism. The pronatalist discourse appealed to some Iranians in part because such themes could be adapted to the more familiar Islamic injunctions regarding parenting and maternity. It is more accurate to situate the debate on women's health and infant mortality in Iran as part of a hygiene movement that began in the 19th century. The interest in hygiene intersected with a maternalist discourse that inculcated the values of domesticity and celebrated the virtues of motherhood.

A caveat regarding sources and historiography seems necessary here. The theme of hygiene, and especially women's hygiene, has received meager scholarly attention in Middle Eastern historical studies, though social scientists have considered the significance of reproductive politics in the contemporary period.¹⁰ Iranian historiography succumbs to the same pattern, where the subject is even less thoroughly explored, although in addition to my research recent dissertations, and articles have begun to address different facets of health care in modern Iran.¹¹ Historians know little about the origins of public health institutions and the background of local physicians and public health professionals administering medical aid. We lack accurate and reliable statistics on the prevalence of outbreaks, population counts, and accessibility of hospitals and pharmacies. Where women's health is concerned, the gaps extend further. Archival and manuscript sources, when available, remain scattered, making it difficult to establish general trends. Although archival documents and manuscript sources from Iran and abroad were consulted for this study, regrettably many basic questions regarding the training and identity of Iranian midwives and nurses remain vague.¹² These historiographic difficulties, however, should not deter social historians from delving into the field of public health. Even if accurate data are at times wanting, available documentation in the form of historical manuscripts, travelogues, and journalistic accounts can chronicle the social circumstances and cultural milieu in which ideas of maternalism and hygiene took shape and gained institutional backing during this period.

The literature on Middle Eastern women has been slow to explore the salience of maternalism and hygiene, despite its centrality to the nationalist debate. Here, I maintain that the history and relevance of women's hygiene in shaping the women's movement and the political and cultural evolution of modern Iranian society was no less significant and revolutionary than the simultaneous discourses on veiling or education. The

controversies surrounding women's hygiene and reproductive politics, in fact, comprised a tertiary dimension of that debate.

Recent scholarship on Iranian women's history, while concerned with issues of mothering and *peripherally* addressing matters of health and hygiene, focuses less on maternalism and reproductive politics.¹³ Yet, as Nancy Schrom Dye and Daniel Blake Smith have shown in their research, "Mothering is far more than a biological constant; it is an activity whose meaning has altered considerably over time. Changes in cultural values, maternal self-perceptions, and attitudes toward children—all these factors underscore the historical dimensions of motherhood."¹⁴ In the Islamic Middle East, where mothering remains a revered profession as well as a common marker of identity, an analysis of maternalism can shed light on the historical scope of motherhood and the contentious nature of reproductive politics. The hygiene movement in Iran that at once improved public sanitation through vaccination programs would also transform concepts of maternity, mothering, and womanhood. In the process, it would help to generate another sweeping ideology: maternalism.

HYGIENE, POPULATION POLITICS, AND MIDWIFERY

Iran experienced epidemics of plague, cholera, smallpox, measles, and diphtheria with regularity, like other regions of the 19th-century Middle East. Smallpox, measles, and diphtheria often targeted children, a population deemed especially vulnerable to contracting disease. In 1875, epidemic diphtheria had appeared in Shiraz and increased until 1876, when it began to diminish. Later that year, diphtheria broke out in "some of the villages, but not in the town of Kashan, affecting children from 3 to 10 years old." Similar outbreaks were reported at Qum and Tehran, where in the autumn of 1876, the diphtheria epidemic was described as virulent, "particularly amongst children."¹⁵ A report of the Board of Health pointed out that a "sort of epidemic small-pox of the confluent form committed, two months ago, great ravages, attacking both old people and children; out of 750 cases of the latter, only 37 recovered."¹⁶ In addition to medical reports, memoirs recorded personal experiences with infant mortality during these years. Yahya Dawlatabadi notes in his autobiography that his younger brother died in childhood at the age of six.¹⁷ Similarly, 'Abd Allah Mustawfi recalls that his sister Roqiyeh "died in her youth." Mustawfi also points out that his nephew, the son of his brother Mirza Ja'far, "died in infancy," although he does not specify the cause of death.¹⁸

These statistics and personal accounts confirm the prevalence of infant mortality and indicate that epidemics contributed significantly to this outcome, perhaps more so than the "ignorance" of midwives. Yet, the discourse of hygiene singled out unskilled midwives as a major contributing factor to mortality in Iran, a controversial assertion that highlights the significance of maternalist ideology in framing the debate on Iranian women's health and reproduction in the modern era. This scapegoating becomes particularly revealing, for, as Willem Floor has shown, Iranian physicians of the same era were at times no less (and possibly more) prone to superstition and unscientific approaches to medicine than the midwives. According to Floor, "Many of the therapies prescribed by Persian doctors were indeed just ridiculous. . . . What to think of treatments 'such as the placing of a live pigeon or disemboweled fowl or lamb to the feet of a dying patient.'"¹⁹ Yet, the unorthodox treatments, limited training, and questionable methodology of male

physicians infrequently became scripted as primary contributors to infant mortality in Iran, even though efforts were made to standardize the training and certification of physicians as well.²⁰ An analysis of maternalism will help to explain this fundamental difference, for midwives assumed more than just a transitory function in the social life of Iranian women. Although they performed obstetrics, midwives also treated common ailments, accepting a measure of responsibility for the general health of women and children.

Iran responded to crises in public health by making hygiene a salient social concern as well as a patriotic and humanitarian mission. Important institutions of hygiene emerged to combat infectious diseases. By 1874, the Sanitary Council formed in Tehran met on a somewhat regular schedule to discuss health matters. Often referred to in British sources as the “Board of Health,” *I’tizad al-Saltanah*, the Minister of Public Instruction, headed the Sanitary Council.²¹ In addition, at “Ispahan and Kermanshah a sort of ‘Assemblée Médicale’ has been established” to improve the public response to epidemic outbreaks.²² These attempts to enhance public health met with limited success, however, prompting maternalists to consider the persisting reasons for high mortality in Iran.

Mirza Najaf Quli Khan, a physician in Tabriz, reported in 1899 that the cause of population decline in Iran (*nuqsan-i nufus-i mardum-i Iran*) could be traced to unskilled midwives who dispensed care with filthy hands and in unsanitary conditions. As he causally remarked, “These uneducated executioners are ready to destroy the population.”²³ This physician’s sharp scrutiny and sobering observations echoed the public outcry for improved hygiene and birthing conditions in Iran.

Since the medieval period, midwifery had ranked high as a profession because of the midwives’ valuable role in facilitating the process of birth. As Ibn Khaldun wrote in the 14th century, “Crafts noble because of their object are midwifery, the art of writing, book production, singing, and medicine. Midwifery is something necessary in civilization and a matter of general concern, because it assures, as a rule, the life of the new-born child.”²⁴ Thus, as a craft midwifery ranked as high as intellectual endeavors, yet it was a profession that is “as a rule restricted to women, since they, as women, may see the pudenda of other women.”²⁵

Even before the modern era, Iranian women considered family life and hygiene a component of their domestic responsibility. A 17th-century work, *Kulthum Nanah* written by Jamal al-Din Muhammad ibn Husayn Khvansari (d. 1713), recounts the daily habits of Iranian women of the Safavid era and discusses the superstitions midwives tended to incorporate in their practice.²⁶ This work so impressed some Orientalists that it was translated into English and French in the 19th century. A narrative of the habits and beliefs of the common folk, *Kulthum Nanah* discusses the customs of bathing, marriage, and pregnancy. From reciting incantations to performing prayers, from suspending onions to waving a sword, midwives performed unconventional healing rituals to insure the health of the newborn and the mother.²⁷ This anecdotal account reinforced the “unscientific” approach that traditional midwives adopted when delivering babies by relating some of the superstitions common to childbirth. By the late 19th century, as Iran became engrossed by the potential healing powers of Western medicine, male physicians and hygienists disparaged these empirical methods of local midwives.

Charles James Wills, a British medical officer attached to the Telegraph Department in Iran, commented on the culture of midwifery, a description that reinforced the poor care

midwives seemed to give pregnant women. Writing in 1879, Wills painted a gruesome picture of the birthing process, during which mothers sometimes endured physical injury. Local traditions of childbirth and midwifery, which remained mainly “in the hands of Jewesses and old women,” sustained the belief that labor proceeded more successfully if the expecting woman were not lying down. As Wills explains, “The patient is placed in a crouching position, sitting on her heels, with her feet raised from the ground by means of two bricks . . . the patient on no account is permitted to lie down. The successful termination of the labour is supposed to be the result of gravitation.” If a complication presented itself, such as “the presentation of an extremity, or of the cord, the midwife simply drags at it till something gives way.” Such a procedure could rupture the womb, which was “a common thing.” New mothers generally visited the public bath on the sixth day after delivery and resumed their ordinary activities shortly thereafter.²⁸ Midwives in Iran were not alone in recommending a sitting position to induce labor, but their limitations in tackling complications related to childbirth did at times endanger the health of mothers and newborns.

By the turn of the century, although midwives remained central to the birthing process, their role was no longer appreciated. Iranian midwives presided at births, but they did not receive formal schooling, nor were they skilled in the modern techniques of obstetrics. As Mirza Najaf Quli Khan, the physician from Tabriz, derided in 1899, if newborns were lucky enough to survive the ignorance of midwives, they would then have to endure the incompetence of nannies and wet nurses who bathed them in cold water and bundled them tightly in blankets, needlessly exposing them to pneumonia or restricting their natural movements. These grievances, although anecdotal and devoid of statistics, exposed the culture of child rearing in Qajar Iran. It is disconcerting, however, that hygienists tended to single out women as the culprits, and indeed the maternalist discourse originated with male hygienists and physicians in the 19th century who questioned the role of traditional female caretakers and then reassessed the culture of mothering and childbirth in Iran. After the publication of the first women’s journals, many educated Iranian women also donned the mantle of the maternalist and criticized midwives, but they had as their primary aim the betterment of women’s status rather than an overarching desire to inflate population figures for nationalist purposes.

European medical doctors expanding Western medical knowledge in Iran influenced the field of midwifery, as well. Jean-Etienne Schneider, a French physician who had served the Persian king Muzaffar al-Din Shah and who headed the Sanitary Council for a time, had hoped to charge a French midwife, Mademoiselle Marguenot, with the task of educating Persian midwives about childbirth. However, according to Schneider, Persian midwives “had no idea of sepsis, anti-sepsis, and who through their ignorance have caused many cases of puerperal fever, with many fatalities,” but they nonetheless possessed authority and influence over the traditions of childbirth in Iran.²⁹ Schneider described Mademoiselle Marguenot as having struggled “almost daily” against superstitions and the prejudices of the indigenous women in the domestic service of Persian ladies.³⁰ Persian maternalists propagated this negative image of midwives as well. In 1904, Mirza Husayn Khan Zuka’ al-Mulk, founder of the newspaper *Tarbiyat*, advertised the publication of a textbook on midwifery composed by Mu’tamid al-Sultan, a respected Persian physician. Zuka’ al-Mulk lamented that the book had not been published earlier so that it could have been read by “ignorant, uncaring midwives” and thus averted the

“innocent martyrdom” of a thousand people by “stubborn, old women.”³¹ Although little is known about the training of midwives in the 19th century, an extant manuscript titled, “A Treatise on Midwifery,” offers medical advice on the process of facilitating childbirth. The text, apparently completed in June 1877, discusses the physiology of a woman undergoing labor, as well as the various possible positions of the fetus, highlighting scenarios that might cause danger or death to either the mother or the child.³² This specialized medical treatise lacks the accusatory tone of popular hygienic discussions of midwifery in the late Qajar era that hounded midwives as enemies of public health. Instead, it focused on imparting obstetrical knowledge to the physician and the midwife about pregnancy, including determining the competence of the uterus through its shape—either a “pear” or a “clock”—and recognizing the movements of the fetus in an effort to identify the position and condition of the fetus in utero.³³

Epidemics and unskilled midwives, however, were not the only causes of infant mortality. Famines and poverty compounded the social hardships confronting Iranian families of the 19th century. “In Iran, the poor do not have enough food, and for this reason the health of poor children is generally worse than that of adults. In particular, toward the end of summer and the beginning of autumn, food sources are mainly limited to fruits,” most of which is consumed by adults. Children, it claimed, subsisted mostly on rice.³⁴ When epidemics visited the country, children became easy targets because they were often malnourished and more susceptible to contracting contagious diseases.³⁵ The Tabrizi physician cited earlier, Mirza Najaf Quli Khan, noted that married couples on average suffered the loss of six or seven children. Aside from dealing with the emotional hardship of death, the anguished couples then had to cope with the possibility of infertility, since some women experienced difficulties in procreating after multiple births. Mirza Najaf Quli Khan’s observations support Lady Sheil’s statistics on infant mortality and in fact suggest a possible increase in mortality figures by the turn of the century.³⁶ These accounts, however anecdotal, confirmed the prevalence of child mortality as well as the common occurrence of sterility and infertility in married life.

Reliable figures on Iran’s 19th-century population are not readily available, but in 1898, Mirza Husayn Khan Zuka’ al-Mulk reported that, based on travelers’ accounts (left unspecified), Iran’s population at the time totaled over 8 million.³⁷ By 1920, Julian Bharier listed the population as 11,370,000. A decade later, the population had increased once more to 12,590,000.³⁸ As these statistics show, Iran, unlike France, actually experienced a slight growth in population, despite high mortality rates, during the interval when concerns about depopulation consumed maternalists. Perhaps the low level of public hygiene, including the dearth of clean running water, the frequency of pandemics, and the scarcity of clinics and institutions of modern health care, heightened fears of depopulation, particularly since Iranians, already uneasy about the viability of their country as an independent nation, remained under military threat along its boundaries. Finally, because the government had not conducted reliable censuses, maternalists may not have been aware of the gradual increase in population rates. Nonetheless, as shall be seen, maternalists manipulated the debate on population to impose social control over sexuality and women’s reproductive rights. Despite the general but slow trend toward population growth, in 1907 another journalist alerted that “many of our people will suffer throughout the years unless there is hygiene in the country and until we understand its methods. And, of course, as our population declines, so too will our advancements.”³⁹

This frightening scenario launched a hygiene movement in Iran that conspicuously coopted social programs for political aims as it assumed control of women's bodies.

Attention to women's health emerged in this context and was not always restricted to reproduction. Rather, this interest spurred innovation in treating common women's problems such as cramping related to menstruation and pregnancy.⁴⁰ Maternalists, however, concentrated on women's reproductive health and recorded their trepidation about depopulation, midwives, and inadequate sanitation through the print medium. In 1908, one of the "best newspapers of the Constitutional Period" serialized a satirical column on the state of sanitation in Iran.⁴¹ The discussion took the form of a fictitious exchange between a father named Haydar Khan and his son. As the column continued week after week, Haydar Khan disparaged not only the ulama, or religious scholars, whose duty, he believed, was to inculcate the meaning of cleanliness (*nizafat*); he also targeted Iranian midwives and their ineptitude for creating a virtual public health crisis in the country.

In a telling passage, Haydar Khan recalled the gruesome birth of his son, whose complicated delivery had almost led to the death of the child and his wife, Afifah Khanum. The presiding midwife, who had apparently tried all possible positions for inducing labor, eventually concluded erroneously that Afifah Khanum's distended stomach was *not* a result of pregnancy but rather the consequence of a malignant condition that was sure to bring her untimely death. Losing hope, the midwife simply rubbed oil on the patient's back and stomach to assuage her suffering and, instead of sending for a physician, burned wild rue to ward off the evil spirits. That Afifah Khanum's death had been averted in this instance was attributed to the intervention of her husband, Haydar Khan, who then quickly called for a doctor to rescue his wife and child from the grips of the caring yet uninformed midwife.⁴²

This episode bespoke the hazards women and children faced during labor and delivery even as it derided midwives and their common superstitions. Haydar Khan and Afifah Khanum represented the ordinary Iranian citizen at the turn of the century—that is, citizens who had not benefited from travel abroad, who did not have access to Western physicians like members of the Qajar aristocracy, and who relied on local *hakims* and midwives for basic medical services. Recounted in part to condemn the dearth of qualified midwives, this story called attention to the prevalence of maternal and infant mortality resulting from what should have been a predictable and basic function of Islamic matrimony: human reproduction. Instead, the absence of sanitary facilities posed serious health risks to women and children.

Although victims themselves, women curiously were singled out as the enemies of public sanitation. They were regarded simultaneously as the potential founts of hygienic knowledge and as the perpetrators of medical ignorance. Women could help to promote hygiene as quickly as they could hinder it. In Iran and elsewhere, as modern physicians gradually assumed authority over the childbirth process, they whitewashed the image of the traditional midwife who may have succumbed to magic or talismans and was thus faulted for the tragedy of infant mortality in Iran. As Deborah Kuhn McGregor has argued in her study of midwifery in America, "Physicians came into cultural authority as representing science and the social structure of the larger political and economic system when they began to supervise childbirth. . . . Physicians with forceps in hand, even though they would not use them for decades, became a symbol of power"—a legitimacy with which the midwife could barely compete.⁴³

In addition to addressing the dilemmas of midwifery, maternalists dwelled on other facets of child rearing and women's health. Because poor mothering or inadequate midwifery surfaced as the main culprits of high infant mortality, hygienists urged mothers to stop playing doctor. In one article mothers and nannies were cautioned not to treat every ailment experienced by children in the same way. "My sisters, my mothers," the writer implored, "where did you train to become a doctor? Where did you learn about the properties of herbs? You are right to know about the beneficial properties of chamomile tea in healing children's stomachaches. . . . but not all stomachaches are the same."⁴⁴ Instead, mothers and nurses were instructed to consult physicians before administering healing herbs to their sick children—discussions that showed the transition between traditional and modern medicine in Iran.

Breastfeeding, deemed as the starting point of good health for children, was stridently endorsed by maternalists in hygienic literature. There were, of course, religious and historical precedents for this emphasis. The Qur'an, for example, states that "mothers shall suckle their children for two whole years."⁴⁵ Drawing on such an irrefutable source, most Persian journals implored lactating mothers to breastfeed their newborns, as "the best and healthiest milk is the mother's milk." In fact, women who decided against breastfeeding were regarded as negligent, not to mention more susceptible to uterine and breast cancers.⁴⁶ Moreover, women who viewed breastfeeding as a social inconvenience and opted for wet nurses were admonished and shamed. As one journalist goaded, mothers, who "out of ignorance" decided against breastfeeding in order to "keep their clothes clean, to sleep well at night, to entertain guests . . . or go to weddings," demonstrated the height of callousness and probably would not be much moved if their children died either. In other words, non-breastfeeding mothers, whose ranks were apparently growing, hardly resembled mothers at all. "With deep regret," he wrote, "I confess that the mothers of today have forgotten their holy duty."⁴⁷ To lend further credence to his views, this writer even cited the work of a British physician, Edward Ellis, who had written on children's diseases and had endorsed breastfeeding in his works.⁴⁸ This reference to a Western medical authority on breastfeeding seems ironic, since classical Islamic physicians also considered breastfeeding the most beneficial nutrient for newborns. According to Giladi Avner, "Approval of maternal breastfeeding seems to have been unanimous among Muslim doctors," among them Ibn Sina.⁴⁹ However, if a mother could not breastfeed for medical reasons, then an appropriate wet nurse was the next best alternative. The qualities of a good wet nurse, as explained by Ibn Sina, included the right "form and physique," relatively young age, and personal character.⁵⁰

Persian women writers, drawing on Islamic and local traditions, advocated breastfeeding to reduce illness and death among women and children. Pregnant women, often singled out in literature on hygiene because of their vital role in abating population worries, were urged to take responsibility for creating "antiseptic" conditions for childbirth. They were instructed to provide their designated midwife with a clean change of clothes prior to delivery, soap and boiled water, and clean sheets for the procedure.⁵¹ Pregnant women were particularly warned to beware of midwives who had contracted syphilis and could thus infect newborns with the disease.⁵² In turn, midwives were cautioned not to rush the process of delivery and literally "yank out" the baby "like a rubber tissue," needlessly threatening the infant and mother.⁵³

MODERN NURSING AND THE CHALLENGE
OF VENEREAL DISEASE

Although the reverence for midwifery as a profession had abated somewhat since the days of Ibn Khaldun, many Persian women's journals supported academic nursing, which they viewed primarily as a "womanly" occupation and a suitable alternative to traditional midwifery.⁵⁴ In 1916, one woman described nursing (*parastari*) as a vocation "that is everywhere considered women's responsibility" and ill-suited to men, for nursing was a "talent that is natural in women."⁵⁵

The earliest modern training schools for nurses began operation in Iran under the auspices of Presbyterian missionaries.⁵⁶ The mission acknowledged that "the profession is new to this part of the country and our training school is distinctly in the experimental stage."⁵⁷ To initiate formal nursing education, the Presbyterian missionaries provided basic guidelines for the first class of nurses in northwestern Iran, to include no more than "six candidates at a time." Nursing applicants were required to "give evidence of good moral character, average good health, intelligence and earnestness of purpose."⁵⁸ The first six months of training were regarded as "probationary," after which time approved candidates would be admitted to full-time training. The courses of study included physiology, anatomy, practical nursing, and obstetrics.⁵⁹ The first class of nurses graduated between 1919 and 1920, and graduation ceremonies, attended by "leading Persian physicians of the city," were held in the men's ward of the Tabriz hospital, which was "emptied and decorated with American and Persian flags for the occasion."⁶⁰ By 1919, the American Mission hospital in Tehran had classes for training native nurses,⁶¹ and in 1922, the American Mission hospital in Tabriz reported that "we now have eight native girl nurses in training, four having recently come in after graduating from our Girl's school."⁶²

The same medical report found that in an eleven-month period, out of fifty obstetrical cases, only five were Muslim women. According to this source, the "Persian Moslem women only come occasionally and then in extremity. These five were such cases. . . . Four of these women had already been under the care of native mid-wives for hours or days. All four died [sic] within a few days after delivery at the hospital. The other case came in time, and received the benefit of a Cesarean."⁶³ These statistics, however unreliable, suggest that birthing conditions for Muslim Iranian women remained risky even within the setting of a Western-style hospital, and that maternal death was not an unusual occurrence. Why, then, were Muslim women in areas that offered Western-type medical services reluctant to take advantage of them? Perhaps one explanation may be that "time of sickness is always one of special opportunity for the Christian message so nurse and doctors have a great privilege in administering to the eternal souls as well as relieving bodies torn by sickness and pain." In other words, some Muslim Iranian women may not have wanted to subject themselves to proselytizing.⁶⁴ Another explanation may have been that "there is quite prevalent among the people a prejudice to hospitals, since they seem to regard them much as a case of 'Abandon all hope, ye who enter here.'" In others words, some may have refused hospital services in order not to appear desperate and out of fear for their lives.⁶⁵ Finally, the social stigma for Muslim Iranian women of approaching a male physician discouraged many Iranian ladies from seeking medical assistance. It was observed that "women from the lower classes and some from upper

classes as well, will come to a male physician for such ailments as eye, ear and stomach trouble. . . . Our obstetrical work is limited almost entirely to the Armenian and foreign community.”⁶⁶ By 1925, the missionary medical staff acknowledged that “it will be a long [*sic*] before Persian women will come freely to the hospital for confinement but now and again we have a patient who realizes the advantages we have to offer.”⁶⁷ In particular, one Persian woman who had apparently received excellent obstetrical care shared her experiences with an aristocratic woman, who “came to the hospital for her own confinement.” Still, delivery in a hospital room remained a rarity for Persian women at the twilight of Qajar rule.⁶⁸

As a measure of political stability reigned in Iran during the early Pahlavi years, infant and maternal mortality prompted economic investment in midwifery and nursing. In 1926, a school of midwifery, apparently connected with the Pasteur Institute (est. 1921), opened in Tehran. Applicants were required to provide evidence of being at least eighteen years of age, a certificate of good standing from their previous school, as well as records of exams and other related documents from the last years of high school. At the same time, advertisements for the services of foreign-trained midwives were published in the leading Persian newspaper, *Ittila‘at*, indicating not only a rise in private practice but also the commercialization of midwifery as a potentially lucrative medical service.⁶⁹ Yet, women intellectuals faulted Iranian policymakers for not adequately confronting the “very important question” of instituting sufficient training centers for midwives, a question that was “immeasurably urgent for the next generation.”⁷⁰ Because of the persistence of unsanitary childbirth conditions, one female journalist argued that it was “the duty of educated women . . . to inform their sisters about hygiene by publishing magazines . . . and organizing conferences.”⁷¹

The Red Lion and Sun Society, Iran’s equivalent of the Ottoman-initiated Red Crescent Society, acknowledged in 1926 that untrained midwives posed a significant threat to mothers and infants. Dr. Amir ‘Alam, who had headed the sanitary council since 1914 until it was subsumed under the newly established Ministry of Health in 1921, served as vice president of the Red Lion and Sun Society and contributed regularly to the society’s journal. He envisioned the establishment of birth centers (*dar al-waladah*) run by professionally trained midwives to assist with labor and delivery, an advancement that might eventually reduce women’s mortality. Such centers could freely provide disadvantaged women with easy access to the latest techniques in obstetrics. Newborns would then be turned over to parents once it had been determined that they stood in good health. Amir ‘Alam’s maternalist concerns, however, had a distinctly patriotic purpose, for state-run birth centers could directly oversee the process of childbirth. As he explained, “One of the main sources of the wealth, power, and greatness of nations is population size,” and birthing centers, he argued, by reducing dangers to the health of mothers and newborns indirectly contributed to that cause. Moreover, state-operated birthing centers could decide whether parents were ready to assume responsibility for their children, intruding into what was once considered exclusively the parents’ domain.⁷²

In 1930, a graduate of the Midwifery School in Tabriz delivered a scathing attack on the members of her profession. As she rhetorically asked, “Is population not the real asset of the state? Is it not the duty of every government to protect the life of its citizenry?”⁷³ Why, then, had the state not disqualified uncertified midwives from delivering babies?

Unlike other “civilized” nations, which had taken necessary steps to protect the welfare of mothers, Iran entrusted its future to those who had “no scientific knowledge.” This “certified” midwife contended that the Iranian state should “universally ban” the practice of midwifery among uncertified caregivers. Yet, the reality of finding a qualified midwife proved problematic especially for the poor because they did not have many choices in this matter and thus were often ministered to by any available childbirth practitioner. Some female maternalists, while endorsing social welfare programs, nonetheless echoed the official line by laying blame for women’s mortality almost exclusively on the midwives themselves.⁷⁴

Without competent nurses and midwives, however, public officials feared that the population rate would undoubtedly fall. In 1927, one of the causes for population decline in Iran was once again attributed to the “ignorance” and poor education of nurses and midwives. As one observer asked, “Why, with the existence of a number of married couples, and the fact that boys and girls get married at a young age, is the population of Iran less than that of foreign countries? Is it not because of the ignorance of mothers, nurses, and even midwives? Why should Iranian midwives not be educated or be knowledgeable . . . ?”⁷⁵ Despite the founding of a School of Midwifery in 1926 and another one in 1931, inadequate birthing facilities and a dearth of certified caregivers remained a cause of infant mortality and maternal deaths during childbirth. Other recommendations intended to alleviate the anxieties over population decline included the imprisonment of women for one to three years for having an abortion. Those assisting women in this “murder” were similarly subject to prosecution.⁷⁶ Although these measures did not necessarily translate into law during the period under review, they expressed the opinions of a select cadre of Iranian physicians and health professionals. Their recommendations circumscribed the decision-making power of Iranian women in reproduction.

In 1931, the Ministry of Education approved the formation of a School of Midwifery in Tehran. The charter called for a three-year program of study, which included instruction in hygiene, anatomy, general nursing, nutrition, obstetrics, women’s illnesses, and child care.⁷⁷ Nursing education received another boost in 1935, when the women’s hospital opened in Tehran and included a College of Midwifery. The drive to create a cadre of licensed midwives, again touted as a promising step toward health and prosperity for women, children, and the Iranian family, was headed by Dr. Bakhtiyar. The first class consisted of seventy female students, all of whom had completed their high school education, and the instructors were recruited from among high-ranking physicians. The three-year course of study not only prepared the students for midwifery, but also qualified them for managing a similar college of midwifery elsewhere in the country.⁷⁸ In 1936, Dr. Jahanshah Salih assumed primary instructional responsibility at a newly founded nursing school, jointly supervised by an American medical professional. Later that year, a specialized pediatric nursing school emerged to improve children’s health care.⁷⁹ Nursing schools appeared in other major Iranian cities, including Mashhad, Tabriz, Isfahan, and Shiraz.⁸⁰ Although women did not matriculate in the School of Medicine when the University of Tehran opened its doors in 1934, women’s enrollment comprised 3 percent of the total student participation in the Faculty of Medicine by 1941.⁸¹

Nursing schools, though crucial institutions of modern health care, did not sufficiently eliminate the dangers and incidents of maternal and infant death. Precise records regarding infant-mortality rates for this period are difficult to obtain. The following observation

by British officials in Iran sheds some light on the reasons why procuring these statistics prove tricky:

The only figures available are those issued by the Municipality of Tehran. Death certificates are employed in the capital, but their use is not compulsory. They are collected by the washers of the dead, who are not supposed to perform their duties unless a certificate is produced. . . . It will be seen from the list given below that in the case of more than one-eighth of the total deaths in Tehran in twelve months, the cause has been returned as unknown, and that in sixty-five a return of "sudden death" has been made.⁸²

Despite these difficulties, British sources offered the following mortality figures in 1925, as reported by the Municipality of Tehran. There were 809 reported deaths caused by smallpox and the age distribution of these deaths indicated that the majority of deaths occurred among children four years of age or younger.⁸³ In the same period, twenty-two deaths occurred during childbirth, while the number of stillbirths was estimated as 173.⁸⁴ The report also pointed out that "the number of deaths from puerperal fever is certainly underestimated" at eight dead.

Local clinics in Tehran regularly reported cases of venereal disease. The Municipal Council, founded during the constitutional years, listed seven clinics in Tehran that administered health care gratis to the poor. They offered treatment for a range of illnesses, including syphilis and gonorrhoea. Services provided by the Municipal Council allowed ordinary citizens to seek medical assistance even for sexually transmitted diseases without being subjected to moral discipline. In the months of October and November 1927, approximately 596 individuals were treated at the municipal hospital for venereal disease. Of this number, 250 were treated for gonorrhoea and 220 were treated for syphilis, although we do not know the gender of the patients.⁸⁵

Although new clinics appeared in Tehran, other cities and provinces lacked sufficient institutions of public hygiene. An internal governmental report on the sanitary condition of Kerman and its environs found that qualified physicians there remained scarce and that malaria was rampant, leading to high infant mortality. According to this report, although most married couples sired approximately six to seven children, only one or two survived. This report further pointed out that venereal disease was less visible here than in other parts of Iran, but that sexually transmitted diseases nonetheless were on the rise. The office of the Kerman inspection authority, which had prepared the report, recommended that the government invest in building a hospital there and when possible provide necessary drugs and medications free of charge to the inhabitants in order to reduce mortality rates.⁸⁶

MATERNALISM AND THE IMPACT OF VENEREAL DISEASE

The proliferation of venereal disease prompted the translation of Western works dealing with syphilis and marital hygiene beginning in the 19th century. Syphilis as a social problem was tackled in Qajar hygiene manuals. In 1894, a Persian physician named Abu al-Hasan Khan Tafrishi translated excerpts of a French hygiene manual into Persian at the behest of the Iranian minister of science, Mukhbir al-Dawlah. Unfortunately, Tafrishi does not mention either the title or author of the original French text, making it difficult to provide comparisons or any assessment of editorial liberties that he may have taken. Tafrishi had at the time of publication of this work served for eight years as head of

the main hospital in Tehran.⁸⁷ Aside from explaining basic human biological processes, Tafrishi touched on the characteristics of syphilis, a disease he viewed as consigned to prostitutes, whom he held directly responsible for its transmission. As he explained, “[T]he prostitute carries the poison of this dangerous disease [syphilis], and death is considered the best end to it.” Why? Because through death, the prostitute would no longer be able to infect another person and thus cause unnecessary ailments, including deafness and blindness, in others.⁸⁸ In conclusion, he argued that “the prostitute is a public menace” because of her perceived role in propagating syphilis in society. Prostitutes, Tafrishi continued, do not bemoan their reputation, nor do they care about people, for each day they infect more people with this disease, who then go on and spread it to others. It was an ailment that “destroyed homes” (*khanahman suz*) and “spoiled generations,” for men could unintentionally infect their wives and children.⁸⁹ In Iran, where outbreaks of famine and cholera already claimed many lives, syphilis endangered the survivors less through death than through the possibility of disability.

In 1896, a brief mention of syphilis and its treatment had even been made in the semiofficial Qajar newspaper, *Nasiri*, listed among the journals “which enjoyed the largest circulation at that time,” approximately “something over a thousand.”⁹⁰ One journal even advertised medications sold by a local pharmacy, ironically the “Islamic Pharmacy,” with the potential to cure syphilis and gonorrhea.⁹¹ Sources outside the urban centers of Tehran and Tabriz began to address the dangers of syphilis. In 1903, the newspaper *Muzaffari* published in the southwestern coastal city of Bushehr, instituted a column on hygiene. Aside from offering rudimentary explanations of germ theory, it edified readers about the transmission of syphilis. In addition to sexual intercourse, it was believed that syphilis could be spread orally by sharing drinks or opium pipes with infected individuals as well as through public baths.⁹² Although Qajar hygienists, or “medical popularizers,”⁹³ and physicians did not have the benefit of hindsight, it is important to separate fact from fiction where syphilis is concerned. The syphilis bacterium, *Treponema pallidum*, was recognized in 1905 by Berlin scientist Fritz Schaudinn and his associates. It is currently believed that the disease can go through four stages, and infection usually occurs during the two initial stages. The National Institutes of Health states that “the infection is almost always transmitted by sexual contact with an infected person,” although the bacterium “can pass through broken skin on other parts of the body.”⁹⁴

In Iran, as elsewhere, syphilis assumed a deadlier role, owing in part to the views of Alfred Fournier, first chair of syphilology at the Hôpital Saint Louis, and his son. As Sheldon Watts explains, “Fournier claimed that the third stage of syphilis caused total collapse of the nervous system and with it, insanity.”⁹⁵ Although hygienists of the Qajar era did not openly refer to Fournier, they echoed views similar to those prevalent in Europe at the time. Considering Islamic notions of adultery, it was more socially acceptable to regard syphilis as a contagious disease whose prevalence owed less to sexual indiscretion than to low levels of personal hygiene. On its prevalence, ‘Ali Aqa, the editor of *Muzaffari*, estimated that out of every twenty people in Iran, at least two had contracted syphilis.⁹⁶ This figure seems somewhat exaggerated, because European travelers to Iran, including physicians, often wrote about epidemics in the country, and although smallpox, plague, and cholera attracted international attention, syphilis did not. Still, it was safe to assume that venereal disease had become more widespread at the turn of the century.

Decades later, in 1914, a journal for women spoke out against the apparent lack of public hygiene in Tehran, a point manifested best by the statement that “syphilis has overtaken the city.”⁹⁷ At the core, though, remained the issue of sexuality and public morality, and even within the confines of an Islamic state, women’s journals cautiously broached the topics of sexuality and promiscuity. Even periodicals with a less gender-specific focus strove to educate the Iranian public about the dangers of syphilis. In 1921, a journal devoted to scientific and literary issues voiced concern that in Iran syphilis often went undiagnosed by local physicians and advocated further training for doctors working in this area.⁹⁸ That same year, the Pasteur institute, jointly operated by French physicians and Iranian health authorities, opened its doors in Iran, and its main branch offered medications and serums intended to cure or alleviate symptoms of plague, gonorrhea, and syphilis. For the destitute, the institute provided these services free of charge.⁹⁹ A missionary medical report confirmed the existence of the disease even in the small community of Turbat, a city south of Mashhad estimated as having a population of 15,000 inhabitants in 1922. The missionary medical staff stated that “the prevalence of syphilis appalled us. . . . The patients’ own statement of having had the disease seemed to be of considerable value, for it is so common that they have learned to recognize many of its ordinary symptoms.”¹⁰⁰ By 1925, medical professionals affiliated with the Presbyterian mission in Mashhad estimated that, of the patients receiving services there, “the definitely syphilitic [constituted] over 10%.”¹⁰¹

By then, the most celebrated Persian women’s journal, *‘Alam-i Nisvan* (literally, women’s world) brazenly took up this debate in an essay titled, “The Outbreak of the Illness of Syphilis in our Country.” In its first paragraph, the article claimed that nature had extended a hand in presenting this disease to those who had “stepped outside of the circle of humanity and entered the wadi of perversion,” in other words, for adulterers. However, the article also recognized that those who had not committed any sexual sins were equally at risk for the disease. Syphilis might be just punishment for the “truly guilty” (*gunahkaran-i haqiqi*), but the writer regretted the pain it had caused its innocent victims, that is, young women and children. To inform people about the ways of contracting syphilis, the essay talked about transmission through sexual intercourse with an infected person as well as through the use of public baths.¹⁰² Presumably as a deterrent, the article also discussed the effects of syphilis on pregnancy and the physical ailments of children born to mothers who had contracted it.

Aside from causing physical discomfort, syphilis was an embarrassing social disease. Women and girls unfortunate enough to contract it became susceptible to gossip and disparagement. For instance, Qa’im Maqami claimed to have witnessed a four-year-old girl contract syphilis from a public bath. “Thank God the girl was four-years-old,” he wrote, “or else on top of this pain, her parents would also have to tolerate the disparaging remarks of people about their daughter,” comments intended to insinuate sexual misconduct.¹⁰³ Although syphilis remained a recognizable public health concern, it was not an acceptable social malady, for it confirmed publicly the existence of sexual promiscuity.

If public health considerations alone would not impel the Iranian state to deal with venereal disease, then patriotic priorities would. According to one writer, “[T]his fatal disease threatens the Iranian nationality by encouraging moral decay (*inhibitat-i akhlaq*), laziness, weakness, and cowardice.”¹⁰⁴ Recommended methods of prevention included

the prohibition of infected persons from getting married and the creation of hygiene centers in the provinces. It was further suggested that public baths be placed under the supervision of the sanitary council. Public health centers sought to invest money in purchasing films to be shown gratis to the general public, advising them about the dangers of syphilis and gonorrhea and the most effective prophylactic measures to take.¹⁰⁵ In an empowering move, young women were encouraged to take responsibility for their health by insuring that their fiancés had received a clean bill of health from their physicians prior to marriage.¹⁰⁶

Apart from creating unwelcome health risks, infection with a venereal disease forced women to seek out male doctors, a prospect that apparently made many Iranian women (and men) uncomfortable. As one journalist pointed out, “The majority of women are shy about going to male physicians.” Thus, many turned to less qualified “foreign midwives who gradually give themselves the label of ‘doctor’ to appear more competent and experienced than they really are.”¹⁰⁷ Yet women who consulted foreign health professionals sometimes perished due to malpractice, making this another unintended consequence of syphilis. Women, though, were not the only ones whose lives and fertility were adversely affected. Venereal disease undermined male virility through its sexual emasculation of men. As a disincentive, men were reminded of their role as “head of the family” and advised not to put their wives and children at risk for personal satisfaction.¹⁰⁸

Despite these deterrents, syphilis remained a persistent social disease in Iran. According to Jasamin Rostam-Kolayi, “Syphilis and gonorrhea were mentioned in the Civil Code, along with tuberculosis, as major contagious diseases from which the state needed to protect prospective brides.”¹⁰⁹ That syphilis, and for that matter gonorrhea, consumed the public became manifested in the number of advertisements for spurious syphilitic cures and “anti-gonorrheal injections” (*ampul-i zid-i suzak*). Another ad, which appeared with some regularity, claimed to make available “the best and latest remedy for syphilis,” a treatment that was to take effect quickly after consumption of the first dose of medicine.¹¹⁰ Thus, syphilis and gonorrhea created commercial opportunities for those who hoped to make money off the infected by enticing them with easy, but possibly ineffective, cures. For men, these remedies proved all the more attractive as male virility was being celebrated through the expression of a machismo culture that glorified the king, the army, and the athlete as embodiments of male vigor. Indeed, the same newspaper that printed public announcements for antigonorrheal injections also publicized an ad for a men’s aphrodisiac. The product, a pill called “Hadaco,” targeted men with possible fertility problems. The pill also promised to relieve psychological weakness and pallor, two conditions from which modern male citizens needed to keep immune.¹¹¹

Yet, such quick fixes did not amount to much, as syphilis and gonorrhea spread throughout the population. These concerns became encapsulated in the almanacs published during the early Pahlavi period. In 1928, the Pars yearbook noted that a clinic existed for treating patients suffering from syphilis and gonorrhea, a treatment center apparently geared primarily to women in Shahr-i Naw, a locale in Tehran known to be frequented by prostitutes.¹¹² The physical side effects of gonorrhea were explored in a discussion concerning eye ailments. Pregnant women infected with gonorrhea were recommended to have their condition treated to avoid passing it on to their newborns and possibly damaging the children’s eyesight. Midwives were instructed to wash the eyes of

newborns with boiled water immediately after birth to forestall infection, indicating that Iranian health practitioners were at least aware of the role of gonorrhea in loss of sight and possibly even sterility.¹¹³ To prevent blindness related to gonorrhea, Iranian health officials had introduced the practice of using silver nitrate on newborns, a procedure adopted by French physicians in 1884.¹¹⁴

In 1933, *Sihhat-Nimayi Iran*, a hygiene journal dedicated to propagating health and to forging a “fit and vigorous” Iranian populace, began publication. The journal asserted that Iranian society was not sufficiently informed about this “frightening disease [i.e., syphilis] that has troubled and alarmed all of humanity.”¹¹⁵ Dr. Tutiya, a physician and the editor of this hygiene periodical, reported that syphilis had increased at a disturbing rate and seriously threatened future generations of Iranians. Syphilis was deemed an especially troubling disease because of its ability to “transform the future generation” and “transmutate the race,” and for this reason, it could not be compared with other debilitating diseases.¹¹⁶ Iranian understanding of syphilis often came from French sources, although the medical discourse of syphilis extended back to the medieval period. Indeed, one of the earliest Islamic works on the subject is a Persian manuscript completed in 1569 by ‘Imad al-Din Mas‘ud Shirazi.¹¹⁷ Modernist understanding of the disease, particularly discussions surrounding hereditary syphilis, however, echoed Alfred Fournier’s views on the subject. According to Jill Harsin, “Fournier himself was partly responsible for the growing list of health problems attributable to syphilis.”¹¹⁸ Similarly in Iran, disabilities in newborns were often, rightly or wrongly, attributed to syphilis. To emphasize this point, this journal, heavily influenced by French medical views on the subject, even published pictures of several infants with deformities purportedly caused by syphilis.¹¹⁹ The visual image was presumably meant to shock the readership and by extension discourage sexual indiscretion and experimentation among the public. Yet, these pictures, and the debates surrounding special needs children, showed the limitations of the Iranian state and the public in dealing with the social reality of disability. Charitable organizations sought to minister health to the physically and mentally needy. However, a center for the disabled in Tehran served only 200 people between 1927 and 1928.¹²⁰ Orphanages, formed to meet the needs of abandoned children, were encouraged to treat children well, as healthy orphans could grow up to become productive citizens.¹²¹ Still, the emphasis remained on healthy orphans, suggesting that the state considered disability a social burden that ought to be eliminated.

Gonorrhea, singled out as another debilitating venereal disease, endangered married couples by potentially causing sterility—an outcome that could affect fertility and reduce Iran’s healthy population of patriotic citizens. One physician, Dr. Alavi, who endorsed awarding certificates of health to individuals, declared sterility to be the most serious consequence of gonorrhea, as it undermined the “social value of men and women,” whose public responsibility it was to procreate. Infected persons, Alavi believed, should be barred from “entering society” until their health had been restored and they no longer posed a reproductive threat to sexual partners.¹²² In 1939, Dr. Ali Mustashfi, a contributor to the hygiene journal *Sihhat-Nimayi Iran* and an advocate of health certificates for engaged couples, delivered a speech on the dangers of gonorrhea. At a meeting organized by the Society for the Cultivation of Thought (*sazman-i parvaresh-i afkar*), Mustashfi stated that, if left untreated, gonorrhea often caused swelling in male reproductive organs and possibly tubal defects sterility in women. In a sociopolitical

atmosphere saturated with anxieties over national demography, Mustashfi's disquisition on gonorrhea, like medical discussions of syphilis, exacerbated fears of physical disability while anticipating potential problems associated with infertility. To curb incidents of gonorrhea, Mustashfi recommended avoidance of intercourse with persons infected with the disease. In a particularly forward-thinking move, he even suggested the use of "protective covering" (*ghulaf-i hafizah*), or in other words, condoms, although "one cannot completely trust" this method of prevention.¹²³

Accurate statistics on the prevalence of syphilis, gonorrhea, and other contagious diseases in Iran are not readily available, and monthly governmental records gathered from 1935 do not offer enough data for comparative purposes. However, it is worth noting that syphilis and gonorrhea had spread well beyond Tehran to other cities such as Isfahan and Tabriz and rural communities. In the Bakhtiyari region around August 1936, there were four reported cases of syphilis in men and six in women and two reported cases of gonorrhea in men and one in a woman. In the previous month, three men and eight women had contracted syphilis, suggesting that at least in this small monthly sample, women outnumbered men as victims of these sexually transmitted maladies, even keeping in mind the likelihood of underreporting.¹²⁴ An internal government memorandum from April 1938 reported the prevalence of syphilis in the province of Azerbaijan and that, on average, 70 percent of the population of that province, coming from varying backgrounds, was infected with the disease. The consequences of the spread of syphilis, the report found, also accounted for the rise of insane individuals, whose condition "is a result of this disease."¹²⁵ This figure seems usually high, especially compared with figures available on the prevalence of syphilis in other regions of Iran. Moreover, the report does not discuss the methodology employed to calculate the percentage. Still, venereal disease, although undoubtedly commonplace, may not have proliferated as widely as nationalists had led the public to believe. Even if the frenzy over syphilis and gonorrhea seemed exaggerated, the physical ailments they posed required medical attention and ultimately led to the expansion of clinics. The debate over venereal disease had enormous implications for women's rights in Iran, for it recognized that women were often put at physical risk through their marriages. Women had little choice *but* to take action to protect themselves and the health of their offspring.¹²⁶

Despite these advances, high infant mortality rates distressed families and public health officials alike. In 1938, Dr. Sami Rad wrote a series of articles on children's health, reiterating that the principal hazards to children's well-being remained "ignorant, old women, illiterate midwives, opium . . . and inadequate nutrition."¹²⁷ Although more than two decades had elapsed since the establishment of the first nursing schools in Iran, the medical attitude toward female health providers had apparently changed little. Nonetheless, women health practitioners gained enough visibility to promote women's welfare, capitalizing on the opportunity to instruct a new generation of midwives and nurses on the principles of maternal and children's hygiene. In 1938, for instance, Malihah Malikzadah, a graduate of the college of midwifery, published a column in the daily newspaper *Ittila'at*, discussing women's physiological changes during pregnancy and advising them on matters of hygiene.¹²⁸ Speaking before the Society for Women in 1939, Dr. Bakhtiyar, who headed the College of Midwifery, offered a historical assessment of midwifery's evolution in Iran. According to him, prior to the 1920s Iran had lacked sufficient hospitals specializing in obstetrics. One maternal clinic

(*zayishgah*) contained only two beds, used principally for urgent cases, whereas the Women's Hospital only had six beds, which were frequently left unused and empty. By contrast, in 1939 the Women's Hospital accommodated sixty beds and enrolled eighty students in midwifery classes. The maternal clinic, which also offered courses in nursing, increased its capacity to forty beds that "are always full." The municipality of Tehran further planned to build a maternal clinic to include one hundred beds.¹²⁹ If somewhat exaggerated, Dr. Bakhtiyar's figures nonetheless broadcasted recent advances in women's health care while bringing women's medical concerns to the fore of hygiene and national politics.

BODILY HEALTH AND MODERN MARRIAGES

If mention of venereal disease stirred controversy by suggesting sexual impropriety in an Islamic society, so did the move to provide rudimentary sexual education and awareness within marriage. To curb sexual promiscuity, several books addressed the salutary virtues of marriage, viewed as both a social and a personal imperative. In the 1890s, a Persian work—actually, a Persian translation of an Ottoman and Hindi rendition of a French manual on marital hygiene—was published, endorsing marriage while discussing the physiological processes of human reproduction. Like French hygienists of the 19th century, the author of the manual, Sayyid Muhammad Shirazi, "paid more attention to pregnancy and birth than to menstruation or sexual intercourse."¹³⁰ The purpose of marriage, Shirazi wrote, was to increase population, for marriage, like hygiene, served not just the individual but humanism (*adamiyat*) and civilization (*tamadun*). He believed that human beings found it "impossible to live in seclusion and alone." Alluding to various religious and cultural traditions, Shirazi maintained that moral and practical exigencies necessitated marriage. The ancient Greek philosophers, he wrote, viewed marriage as a "great service to the homeland" that insured "the duration of the nation." Islam, too, opposed a monastic lifestyle (*rahbaniyat*). According to hadith, or Islamic traditions, "He who is able to marry should marry, for it keeps the eye cast down and keeps a man chaste; and he who cannot, should take to fasting, for it will have a castrating effect upon him."¹³¹ Even the Prophet Muhammad, Shirazi claimed, had stated that the "best women are those who bear many children," thus illustrating the extent to which women had been encouraged to produce offspring. In short, there was no purpose to marriage other than human reproduction and continuation of the human race.¹³²

Single men and women, Shirazi went on, may suppose that they are free from the burdens of family life and child rearing and that they enjoy longer life spans than married couples. However, he assured them that a review of available death records would surely prove the contrary. Because bachelors lived unregulated lives—their mealtimes, for instance, were unspecified—not to mention that their solitary lifestyles invited fornication and adultery (*zina*'), they faced health risks that threatened to reduce their longevity. Married men, by contrast, lived orderly lives and enjoyed a happy existence because of their families' kindness and attention. The same held true for married women. Although they confronted "veritable" fears due to pregnancy and childbirth, they experienced the joys and pleasures of spending time with their husbands and children—experiences that extended their life span. Marriage, he concluded, was a virtuous and "natural act."¹³³ Such truisms left little room for doubt or dissent—the intent, no doubt, of the author and

the government censors who supported such translating endeavors—for the texts were regarded as social correctives, not as open cultural forums.

The debate over hygiene extended to the discourse on marriage in modern Iranian society, since a marriage based on fitness and vigor was considered the starting point of healthful reproduction. As an institution, Iranian marriages had fallen under public scrutiny and reassessment since the 19th century. In her memoirs, the Qajar Princess Taj al-Saltanah, betrothed at eight years of age, lamented her marriage to Hasan Khan Shoja' al-Saltanah and the Persian tradition that had placed her in this predicament. As she rued, "Of mankind's great misfortunes one is this, that one must take a wife or husband according to the wishes of one's parents."¹³⁴ Even on her wedding day, Taj al-Saltanah could not muster the courage to conquer the misgivings she had about her forced fate. As she recalled, "Never will I forget that moment, when freedom and dignity were snatched away from me. . . . In all fairness, however, I should not be the only one cursing that day; that poor youth ought to have felt the same as I did."¹³⁵ Other observers found some merit to Persian unions, even as they condemned the custom of polygamy. In 1891, the Ottoman writer Ahmed Bey noted that polygamy in Iran is "hardly practiced" except among "the royal family and some rich old mullahs," although he may have understated its popularity among ordinary folk. Those engaged in polygamy, Ahmed Bey asserted, were "generally despised."¹³⁶ In addition to polygamy, some Western travelers spoke out against the travesty of marrying off child brides. In 1911, the English missionary Napier Malcolm remarked that "the usual age for a Muhammadan girl to marry is thirteen or fourteen, but in many places they marry as early as eight or nine."¹³⁷ Girls generally had little say in this matter, perhaps due to their youth, as Malcolm speculated.

Because marriage was considered a predictable event in the lives of many Iranian women, early Persian women's journals often discussed marital relations between couples, even suggesting ways for creating happy unions without openly addressing sexuality. *Shikufah*, for instance, published several pieces on marriage.¹³⁸ In 1915, one passage echoed the words of Sayyid Muhammad Shirazi's 19th-century manual on marital hygiene in its view that human reproduction and population growth (*takathur-i afrad*) depended on marriage and that human beings, by nature, shunned solitude to fulfill this natural union.¹³⁹ Unlike Shirazi, however, the writers of *Shikufah* acknowledged that marriage in Iran remained risky, somewhat akin to fishing for oysters in deep-sea waters. If fortunate, the shell would contain pearls; if not, it would brim with something far less desirable. For this reason, marriages built on blind luck and ignorance were discouraged because of their disastrous potential for unhappiness, a radical departure from popular tradition.¹⁴⁰

Maternalists addressed marriage and marital hygiene in the popular press during Reza Shah's reign both to circumscribe the spread of venereal disease and to endorse population growth and preservation.¹⁴¹ Even the discourse on women's education abounded with advice to young brides regarding marital relations or, more appropriately "holding on to husbands" (*shawhar-dari*).¹⁴² Related articles warned Iranian women not to view marriage as a material, or "commercial," union but rather defined it as "an old duty based on the need to continue the generation and to procreate."¹⁴³ The fear that polygamy might increase the spread of syphilis among women of childbearing age became a powerful reason to deliberate the salutary virtues of monogamy. One man, for instance, was singled out for having infected three of his wives with syphilis, all of

whom had died while giving birth, presumably from complications related to infection from venereal disease.¹⁴⁴ At least this was the implication, whether or not this scenario was medically feasible. To protect partners, one Iranian physician, Dr. Ali Mustashfi, advocated that people infected with syphilis engage in marriage after being treated for eighteen months and only if symptoms had not reappeared after eighteen months based on clinical examinations.¹⁴⁵ Prostitutes, whether healthy or infected, were advised to report to a commission on sexually transmitted diseases for check-ups and to receive a health certificate.¹⁴⁶

The Marriage Law of 1931, debated simultaneously in the press along with discussions of venereal disease and marital hygiene, made only vague references to the health of couples eager to engage in matrimony. Article 3 of the 1931 Marriage Law initially required a health permit from a licensed physician approving the marriage of a couple under the required minimum age of eighteen for men and sixteen for women. The medical permit needed to certify that the couple was physically ready for the union and that marriage would not be physically harmful to them. In its final version these provisions were apparently omitted.¹⁴⁷ In addition, Article 12 required men to report any other marriages to legal officers performing the ceremony.¹⁴⁸ Other sections of the 1931 Marriage Law dealt with women's dowries and Article 1040 enabled fiancés to request certificates of health from each other, although they were not legally bound to do so.¹⁴⁹ Despite concerns about the proliferation of venereal disease, the Marriage Law of 1931 ironically permitted men to "take an unlimited number of temporary wives, each for a period of one hour to ninety-nine years."¹⁵⁰ It is unclear whether revisions to the Marriage Law in 1937 tackled health matters concerning fiancés or married couples with any rigor, either.

In 1938, a bill was presented to parliament compelling fiancés to receive state-approved health permits prior to marriage. Aside from protecting prospective brides from venereal disease, one article claimed that such legislation would restore the race of vigorous, fit, and healthy Iranians who had once populated the country.¹⁵¹ Avid maternalists, including Persian physicians, supported such sanitary measures for medical and anthropological reasons. Ahmad Sayyid Imami, a professor at the college of medicine, had advocated marital health certificates back in 1931 when the Marriage Law was being revised. Imami was concerned not only about venereal disease but also about other ailments such as kidney and heart disease that often caused hardships for pregnant women during labor and delivery. Should women with such physical limitations be denied marriage or childbirth, outcomes that could exacerbate the problem of depopulation in Iran? Imami himself believed that after undergoing simple medical procedures women with certain health problems could marry.¹⁵²

Marital health permits, while offering some protection to partners against venereal disease, could needlessly impede others from engaging in matrimony. To some extent, this proposition lent legal authority and legitimacy to the belief that the purpose of Iranian marriages was primarily procreation, not self-satisfaction. Yet, these debates made few inroads among the religious classes who upheld the practice of temporary marriage, or *mutʿa*, in Iran. Shiʿi jurists have argued that temporary marriage could theoretically prevent the spread of prostitution since men could achieve sexual fulfillment. As Shahla Haeri explains, "Temporary marriage, the ʿulama believe, not only keeps men sexually satisfied, it prevents them from visiting prostitutes; hence, public health is guaranteed,

and morality is upheld. The ulama reject any association between temporary marriage and a possibility of health hazards like venereal disease.¹⁵³ As the preceding debate illustrates, however, both venereal disease and prostitution existed in Iran despite, and perhaps because of, the practice of *mut'a*. In fact, a French medical journal had reported in 1922 that in Iran “syphilis was widespread in an appalling manner, either through contamination or heredity.” The author posited that “the religion, which permits polygamy without limit, facilitates the propagation of this disease.”¹⁵⁴ The debate on marital hygiene, however, did not tackle the religious politics of *mut'a*, focusing instead on the secular rationalizations of the state about population control.

Despite concerns about promiscuity and sexual morality, the image of the Iranian women appeared more lustful and physically revealing in the popular press. These depictions contradicted the moral message implicit in discussions of venereal disease and marriage, which skirted around the socially explosive issues of adultery and polygamy. The use of cosmetic products by Iranian women manifested the desire to enhance physical beauty. Customs records from 1935 indicated that 100,000 rials' worth of cosmetics products—including facial powders, soaps, perfumes, creams, and nail polish—had been imported to Iran, indicating widespread consumer investment in these goods.¹⁵⁵ In fact, by 1938 women were cautioned not to use cosmetics products wastefully and obsessively, but rather to apply make-up sparingly both to protect their skin and to safeguard their virtue (*matanat*).¹⁵⁶ Still, beauty continued to be marketed in urban centers and the popular press,¹⁵⁷ and one article even took this trend to new heights by endorsing rhinoplasty for women whose unseemly proboscises had apparently diminished their outward attractiveness.¹⁵⁸ Women and men were exhorted to become beauty conscious, because outer beauty not only reflected well on the modern citizen and state but also reinforced individual self-esteem and confidence. New ideals of feminine beauty developed through the use of these products. One ad, claiming that “the most natural hair” for Iranians was “black hair,” promoted a black hair dye that would last for a month.¹⁵⁹

The dolling up of Iranian women and men produced a boom in the Iranian fashion industry, as increasingly Western modes of dress, whether locally tailored or designed by foreigners, became the vogue for Iranian citizens. Fashion houses (*khayyatkhanah*) and their related technologies such as the sewing machine glutted the Iranian market.¹⁶⁰ Traditional women's crafts such as weaving and knitting retained their appeal as skills fit for Iranian ladies. For such industriousness not only displayed the talents and self-sufficiency of the modern Iranian woman, but they also brought about economic profits through the increased sale of yarn.¹⁶¹ The growth of the fashion industry is further noted in 1933, when the country imported 1.3 million rials' worth of sewing products.¹⁶² Women, however, were not the only targets of this beauty culture.¹⁶³ Men, too, became a focus of this consumerism within the expanding cosmetics and fashion industries. In 1928, when Iranian men were decreed to wear Pahlavi hats, one advertisement urged its fashion-conscious male readers to take full advantage of this opportunity and enhance their wardrobe by purchasing “flannel” outfits and raincoats to complete the new look.¹⁶⁴

Like the cosmetics industry, pharmaceutical companies received an economic windfall from the hygienic movement in Iran. Local drugstores not only increased in number, but they advertised their services with regularity in print media.¹⁶⁵ New drugs, or “elixirs” of life, promised to cure numerous ailments, from backaches to hemorrhoids, while others pledged to strengthen weak nerves. Hygiene thus became an antidote to infirmity by

delaying physical decay and death through its focus on health and beauty, marriage and reproduction. Human betterment might be achieved if women and men could conquer their bodies and endorse health through an understanding of hygiene and human physiology.

CONCLUSION

A visitor to Iran in 1940, Dr. Rosalie Morton expressed optimism about several health care advances, including that “people are vaccinated against smallpox [and that] for children it is now compulsory,” but cautioned that venereal disease “constitutes a threat to all the progress on other social fronts,”¹⁶⁶ because people were slow to recognize its symptoms and to receive treatment. The proliferation of venereal disease reflected on the social mores of Iran, forcing public deliberation of sexuality and the marital relationship.

The maternalist discourse, and I would argue the hygiene movement in general, liberated the modern Iranian women by opening up discussion of previously taboo subjects such as sexuality and encouraging a public reassessment of family life and women’s rights in the domestic partnership. As Michel Foucault has written, “The central issue, then . . . is not to determine whether one says yes or no to sex . . . but to account for the fact that it is spoken about [and] to discover who does the speaking.”¹⁶⁷ Women’s and children’s health received a boost from this vigorous campaign. Although hygienic conditions for these two populations remained far from ideal—according to Byron Good, a study undertaken by Overseas Consultants in 1949 found infant mortality in Iran to be over 50 percent¹⁶⁸—some measure of vital progress had been achieved. Hospitals built separate women’s wards to treat obstetrical cases; women gained the opportunity to train in the latest techniques of nursing and midwifery and thus prepared the ground for graduating the first class of female physicians. Finally, women assumed some control over the selection of husbands. At the very least, they were advised to receive a certificate of good health from a future spouse.

Maternalists considered the hazards of depopulation as they advocated policy shifts in childbirth practices. Women’s sanitation seemed salient as hygienists, physicians, and public officials, already alarmed by the high rate of infant mortality, strove to nurture a growing generation of healthy, able-bodied patriots. The spread of prostitution proliferated diseases such as syphilis and gonorrhea that not only weakened the national workforce but undermined the constitution of the patriot. What, then, was the solution? A public campaign that controlled sexuality and childbirth as it popularized the rudiments of maternal and children’s hygiene through schools, newspapers, and even film. The study of hygiene, as opposed to medicine, opened vistas for women’s involvement and cultural enlightenment precisely because it was perceived as a less elite, and more plebeian, discipline—thus, one that was better suited for the subaltern, including women. A physician needed to labor for years to gain his expertise, whereas, according to one observer, “one can spread the science of hygiene without any effort . . . to the minds of the general public . . . so that based on its rules they can live with ease and comfort.”¹⁶⁹ Hygienic education would not only attempt to prevent the escalation of dangerous epidemics through simple measures, it would eventually increase the rate of population growth in the country—an outcome in which women’s reproductive role would play a

crucial part. In the process, mothers and midwives served as the primary conduits of hygienic education and practice, particularly where newborns were concerned.

Along with their endorsement of marriage, Iranian maternalists scrutinized the culture of childbirth and child rearing in Iran. Originating amid somewhat justifiable fears about population decline, the hygiene movement that in its inception provided liberating and humanistic ideals of extending human life and achieving human betterment became appropriated by statist and nationalist obsessions about population growth, fitness, and social control. Caught in the crossfire, women informed this hygienic culture that sought not only to reduce death and disease, but also to control sexuality, mothering, and family life. In the process, women achieved a measure of success. As Dr. Morton concluded, “The health influence of women is a new movement. . . . Along with railways and factories will come wholesome baby foods, proper nursing bottles, plumbing, and bathing facilities, disinfectants, healthful clothing, and all the rest of the modern hygienic materials by which Iran may turn from the road of doom and keep going upward to new health and happiness.”¹⁷⁰ Medical advances such as the discovery and use of antibiotics did indeed improve the health of women and children in the second half of the 20th century. Maternalist ideology placed new controls on women’s sexuality and reproductive rights but also fostered welfare programs that improved the health of women and infants. As Iran grappled with its social welfare policies in the second half of the 20th century, maternalist ideology would alternately broaden or restrict women’s choices in matters of marriage, maternity, and personal hygiene.

NOTES

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¹Lady Mary Sheil, *Glimpses of Life and Manners in Persia* (London: John Murray, 1856), 149.

²George Nathaniel Curzon, *Persia and the Persian Question* (London: Longman and Company 1892), vol. 2, 492.

³The discrepancy in Sheil’s and Curzon’s observations about breastfeeding may reflect class differences. It is likely that some women from affluent families who could afford to employ wet nurses seemed less inclined to breastfeed, whereas the majority of 19th-century Iranian women had little choice but to breastfeed their infants. As Sheil writes, “Ladies, of even moderate wealth and station, never nurse their children”: Sheil, *Life and Manners in Persia*, 149.

⁴For more on this idea, see Firoozeh Kashani-Sabet, “Patriotic Womanhood: The Culture of Feminism in Modern Iran, 1900–1941,” *British Journal of Middle Eastern Studies* 32 (May 2005): 29–46.

⁵Idem, “Hallmarks of Humanism: Hygiene and Love of Homeland in Qajar Iran,” *American Historical Review* 105 (October 2000): 1184, 1200.

⁶Seth Koven and Sonya Michel, “Womanly Duties: Maternalist Policies and the Origins of Welfare States in France, Germany, Great Britain, and the United States, 1880–1920,” *American Historical Review* 95 (October 1990): 1079.

⁷Camron Amin, *The Making of the Modern Iranian Woman: Gender, State Policy, and Popular Culture, 1865–1946* (Gainesville: University Press of Florida, 2002).

⁸*Majallah-i Baladiyyah*, December 1934, “Ihsa’iyah-i attiba’-i shahr-i Tehran dar amordad mah-i sal-i 1313.”

⁹Yoshikuni Igarashi, *Bodies of War: Narratives of War in Postwar Japanese Culture, 1945–1970* (Princeton, N.J.: Princeton University Press, 2000); Gail Kligman, *The Politics of Duplicity: Controlling Reproduction in Ceausescu's Romania* (Berkeley: University of California Press, 1998).

¹⁰For an exception to this trend, see Khaled Fahmy, "Women, Medicine, and Power in Nineteenth-Century Egypt," in *Remaking Women*, ed. Lila Abu-Lughod (Princeton, N.J.: Princeton University Press, 1998). For studies of reproduction in contemporary Iran, see Homa Hoodfar, "Devices and Desires: Population Policy and Gender Roles in the Islamic Republic," *Middle East Research Report* (MERIP) 24 (September–October 1994); Akbar Aghajanian, "A New Direction in Population Policy and Family Planning in the Islamic Republic of Iran," *Asia-Pacific Population Journal* 10, 1 (1995): 3–20; Akbar Aghajanian and Amir H. Mehryar, "Fertility Transition in the Islamic Republic of Iran: 1976–1996," *Asia-Pacific Population Journal* 14, 1 (1999): 21–42.

¹¹Kashani-Sabet, "Hallmarks of Humanism"; idem, "'City of the Dead': The Frontier Polemics of Quarantines in the Ottoman Empire and Iran," *Comparative Studies of South Asia, Africa, and the Middle East* 18, 2 (December 1998): 51–58; idem, "Giving Birth: Women, Nursing and Sexual Hygiene in Iran," paper presented at the Fourth Biennial Conference of Iranian Studies, May 2000, at Bethesda, Md.; Cyrus Schayegh, "Science, Medicine, and Class in the Formation of Semi-Colonial Iran, 1900s–1940s" (Ph.D. diss., Columbia University, New York, 2004); Amir Arsalan Afkhami, "Iran in the Age of Epidemics: Nationalism and the Struggle for Public Health, 1889–1926" (Ph.D. diss., Yale University, New Haven, Conn., 2003); Hormoz Ebrahimnejad, "Un traité d'épidémiologie de la médecine traditionnelle persane: *Mofarraḡ ol-Heyze va' l-Vaba* de Mirza Mohammad-Taqi Shirazi (ca. 1800–1873)," *Studia Iranica* 27 (1998): 83–107; idem, "La médecine d'observation en Iran du XIXe siècle" *Gesnerus: Swiss Journal of the History of Medicine and Sciences* 55, 1–2 (1998): 33–57; Willem Floor, *Public Health in Qajar Iran* (Washington, D.C.: Mage Publishers, 2004).

¹²Cf. Laurel T. Ulrich, *A Midwife's Tale: The Life of Martha Ballard Based on Her Diary, 1785–1812* (New York: Knopf, 1990).

¹³See the following studies: Amin, *Making of the Modern Iranian Woman*; Afsaneh Najmabadi, "Crafting an Educated Housewife in Iran," in *Remaking Gender: Feminism and Modernity in the Middle East*, ed. Lila Abu-Lughod (Princeton, N.J.: Princeton University Press, 1998), 91–125; Parvin Paidar, *Women and the Political Process in Twentieth-Century Iran* (Cambridge: Cambridge University Press, 1995); Nikki Keddie and Beth Baron, *Women in Middle Eastern History* (New Haven, Conn.: Yale University Press, 1991); Lois Beck and Nikki Keddie, *Women in the Muslim World* (Cambridge, Mass.: Harvard University Press, 1980); Jasamin Rostam-Kolayi, "The Women's Press, Modern Education, and the State in Early Twentieth-Century Iran, 1900–1930s" (Ph.D. diss., University of California, Los Angeles, 2000); Michael Zirinsky, "Harbingers of Change: Presbyterian Women in Iran, 1883–1949," *American Presbyterians* 70, 3 (1992): 173–86; idem, "A Panacea for the Ills of the Country: American Presbyterian Education in Inter-War Iran," *Iranian Studies* 26, 1–2 (1993): 119–37.

¹⁴Nancy Schrom Dye and Daniel Blake Smith, "Mother Love and Infant Death, 1750–1920," *The Journal of American History* 73 (September 1986): 329.

¹⁵"Memo of the Meeting of the Board of Health," 11 February 1877, FO 248/326/51262, 2–3.

¹⁶"Memo of the Board of Health," 18 February 1877, FO 248/326/51262, 2.

¹⁷Yahya Dawlatabadi, *Hayat-i Yahya* (Tehran: Sazman-i Intisharat-i Javidan, 1362/1983), 1:12.

¹⁸Abdollah Mostofi, *The Administrative and Social History of the Qajar Period: From Agha Mohammad Khan to Naser ed-Din Shah (1794–1896)*, trans. Nayer Mostofi Glenn (Costa Mesa, Calif.: Mazda Publishers, 1997), 1:116.

¹⁹Floor, *Public Health in Qajar Persia*, 120, 123.

²⁰"Nizamnamah-i madrasah-i tibb va-davasazi va-qabiligi," 27 Shahrivar 1307/18 September 1928, in *Dawlat-i Illiyah- Iran, Vizarat-i Ma'arif va-Awqaf va-Sanayi' mustazrafah, Salnamah-i ihṣā'iyah, 1307–1308* (n.p.: Rawshana'i Press, 1929), 100–4.

²¹Kashani-Sabet, "Hallmarks of Humanism," 1179–80.

²²"Memo of the Board of Health," 2.

²³*Adab*, nos. 9–10, 30 January 1899, 36–38.

²⁴Ibn Khaldun, *The Muqaddimah: An Introduction to History* (Princeton, N.J.: Princeton University Press, 1967), 319.

²⁵*Ibid.*, 323.

²⁶Jamal Khvansari, *Kulthum Nanah*, ed. Bizhan Asadipur (Tehran: Intisharat-i Murvarid, 1976). For an interesting study, see Kathym Babayan, "'The 'Aqa'id al-Nisa': A Glimpse at Safavid Women in Local

Isfahani Culture," in *Women in the Medieval Islamic World*, ed. Gavin R. G. Hambly (New York: St. Martin's Press, 1999), 349–81.

²⁷Khvansari, *Kulthum Nanah*, 59–67; Jamal Khvansari, *Customs and Manners of the Women of Persia, and Their Domestic Superstitions* (London: J. L. Cox and Sons, 1932), 47–53.

²⁸C. J. Wills, "Medicine in Persia," *British Medical Journal* (26 April 1879): 624. For related discussions, see Floor, *Public Health in Persia*, 141.

²⁹Schneider's reference to "many cases of puerperal fever" is important, since Elgood writes that in Safavid times, "puerperal fever was almost non-existent" in Iran: Cyril Elgood, *Safavid Medical Practice* (London: Luzac and Company, 1970), 272.

³⁰Jean-Etienne Schneider, "Les Médecins français en Perse," *Revue médicale de l'Est* 43 (1911): 546–51.

³¹*Tarbiyat*, 3rd year, no. 22, 27 June 1904, 176.

³²"Risalah dar qabilagi," ms., Malik Library, Tehran, no. 805, completed 5 Jumada al-Thani 1294 (17 June 1877), 1–3.

³³"Risalah dar qabilagi," 7.

³⁴*Tarbiyat*, 2nd year, no. 75, 11 April 1898, 300.

³⁵*Ibid.*, no. 122, 22 August 1898, 487.

³⁶*Adab*, nos. 9–10, 30 January 1899, 36–38. E. G. Browne notes that the "scientific articles" in *Adab* were likely composed by Mirza Najaf Quli Khan, not Adib al-Mamalik, the journal's editor: see E. G. Browne, *The Press and Poetry of Modern Persia* (Cambridge: Cambridge University Press, 1914), 38.

³⁷*Tarbiyat*, 2nd year, no. 121, 22 August 1898, 485. The total population amounted to approximately 8,848,000. Cf. J. Bharier's listing of the population of Iran at 9.86 million for 1900. Julian Bharier, *Economic Development in Iran, 1900–1970* (New York: Oxford University Press, 1971), 26.

³⁸Bharier, *Economic Development in Iran, 1900–1970*, 26–27.

³⁹*Ruh al-Quds*, no. 1, 25 Jumada al-Thani 1325/5 August 1907, 4.

⁴⁰*Tarbiyat*, no. 370, 20 July 1905, 1880.

⁴¹The statement about *Tamaddun* comes from Browne, *Press and Poetry of Modern Persia*, 63.

⁴²*Tamaddun*, no. 75, 2 Rabi' al-Thani 1326/3 May 1908, 4; *ibid.*, no. 76, 4 Rabi' al-Thani, 1326/5 May 1908, 3–4.

⁴³Deborah Kuhn McGregor, *From Midwives to Medicine: The Birth of American Gynecology* (New Brunswick, N.J.: Rutgers University Press, 1998), 122.

⁴⁴*Hifz-i Sihhat*, no. 1, 1 Rabi' al-Thani 1324, 18.

⁴⁵*Qur'an*, sura 2:233.

⁴⁶*Hifz-i Sihhat*, no. 4, Jumada al-Avval 1324/1906, 18–23.

⁴⁷*Ibid.*, 21.

⁴⁸*Ibid.*, 22.

⁴⁹Giladi Avner, *Infants, Parents and Wet Nurses: Medieval Islamic Views on Breastfeeding and Their Social Implications* (Leiden: E. J. Brill, 1999), 48.

⁵⁰*Ibid.*, chap. 2.

⁵¹*Shikufah*, 2nd year, no. 12, 1 Rajab 1332/26 May 1914, 4.

⁵²*Ibid.*, no. 10, 20 Jumada al-Avval 1332/16 April 1914, 3. For a continuation of these themes in another journal, see *Farhang*, Summer 1928, 149–60.

⁵³*Shikufah*, 2nd year, no. 10, 20 Jumada al-Avval 1332/16 April 1914, 2.

⁵⁴Camron Michael Amin, "The Attentions of the Great Father: Reza Shah, 'The Woman Question,' and the Iranian Press, 1890–1946" (Ph.D. diss., University of Chicago, 1996), 214–19.

⁵⁵*Shikufah*, 4th year, no. 7, 6 Jumada al-Avval 1334/11 March 1916, 2–3.

⁵⁶*Cento Conference on Nursing Education, Held in Tehran, Iran, April 14–25, 1964* (Ankara: Office of U.S. Economic Coordinator for CENTO Affairs, 1964), 62.

⁵⁷"Medical Report," Urumiyah 1916, Presbyterian Historical Society (PHS), Record Group (RG) 91, box 4, folder 11, received 23 November 1916, 2.

⁵⁸*Ibid.*

⁵⁹*Ibid.*

⁶⁰"Report of American Hospital, Tabriz, 1919–1920," PHS, RG 91, box 4, folder 14, 3.

⁶¹"Report of Women's Work in Tabriz, Persia, August 1918 to August 1919," PHS.

⁶²"Report of the American Mission Hospital at Tabriz, to the Annual Meeting held at Tabriz, Persia, August 1922," PHS.

- ⁶³“Report of American Hospital, Tabriz, 1919–1920,” 2.
- ⁶⁴“Tabriz Women’s Work, 1923,” PHS, RG 91, 1.
- ⁶⁵“Report of Medical Work, Hamadan, 1910/1911,” PHS, RG 91, box 1, folder 18, 4.
- ⁶⁶“Report of Medical Work in Meshed, July 1, 1920–June 30, 1921,” PHS, RG 91, box 1, 5.
- ⁶⁷“Resht Medical Report 1924–5,” PHS, RG 91, box 1, folder 20, 6.
- ⁶⁸Ibid.
- ⁶⁹*Ittila’at*, 12 Mehr 1305/1926, 2. The services of Madame Chichlo, a midwife certified by a school in Petrograd, were publicized.
- ⁷⁰*Payk-i Sa’adat-i Nisvan*, no. 2, January 1928, 44.
- ⁷¹Ibid.
- ⁷²*Majallah-i shir va-khurshid-i surkh-i Iran*, 1st year, nos. 2–3.
- ⁷³*Alam-i Nisvan*, 10th year, no. 6, November 1930, 281.
- ⁷⁴Ibid., 282–83.
- ⁷⁵*Ittila’at*, no. 385, 24 Aban 1306/1927, 2.
- ⁷⁶*Sihhat-Nimayah-i Iran*, no. 6, Shahrivar 1312/August–September 1933, 140.
- ⁷⁷Dawlat-i Shahanshahi-yi Iran, Vizarat-i Farhang, *Salnamah va-amar: 1315–1316, 1316–1317*, 608–9. See also *Salnamah-i Pars*, 1309/1930, 154–55.
- ⁷⁸*Ittila’at*, 20 Azar 1314/1935, 1.
- ⁷⁹Ibid., 19 Mehr 1936, 1.
- ⁸⁰*Salnamah va-amar: 1315–1316, 1316–1317*, 747–48.
- ⁸¹*Encyclopaedia Iranica*, s.v. “Faculties of the University of Tehran, Faculty of Medicine.” Available at www.iranica.com, under Faculty of Medicine.
- ⁸²R. M. Burrell, ed., *Iran Political Diaries, 1881–1965*, 14 vols. Vol. 7: 1924–1926 (London: Archive Editions, 1997), 7:441.
- ⁸³Ibid.
- ⁸⁴Ibid., 7:442–43.
- ⁸⁵*Majallah-i Baladiyyah*, 15 Day 1306/6 January 1928, 16.
- ⁸⁶“The Situation of Kerman,” Iran, Prime Ministry Files, Sazman-i Parvaresh-i Afkar Records, 5, 13.
- ⁸⁷Tafrihi, *Masa’il-i Umdah-i Hifz-i Sihhat* (1894), 2–3.
- ⁸⁸Ibid., 202.
- ⁸⁹Ibid., 203.
- ⁹⁰*Nasiri*, no. 4, 1 Dhul-Qa’da 1313/15 April 1896, 38–39; Browne, *The Press and Poetry of Modern Persia*, 25.
- ⁹¹*Adab*, 4th year, no. 180, 22 February 1906, 4.
- ⁹²*Muzaffari*, 11 July 1903, 589; *ibid.*, 26 July 1903, 604–5.
- ⁹³I borrow the term “medical popularizer” to mean hygienist from Mary Lynn Stewart, “‘Science Is Always Chaste’: Sex Education and Sexual Initiation in France 1880s–1930s,” *Journal of Contemporary History* 32 (July 1997): 382.
- ⁹⁴See syphilis fact sheet, U.S. Department of Health and Human Services, National Institute of Allergy and Infections Diseases, available at www.niaid.nih.gov/factsheets/stdsyph.htm.
- ⁹⁵Sheldon Watts, *Epidemics and History: Disease, Power and Imperialism* (New Haven, Conn.: Yale University Press, 1997), 150.
- ⁹⁶*Muzaffari*, 26 July 1903, 604.
- ⁹⁷*Shikufah*, 2nd year, no. 20, 1 Dhul-hijja 1332/21 October 1914, 3. See also *Hifz-i Sihhat*, 59.
- ⁹⁸*Dabistan*, no. 2, December 1922, 26–27.
- ⁹⁹“I’lan: Idarah-i Institut Pasteur-i Dawlat-i Iran,” Prime Ministry Archives, Iran, file 293.
- ¹⁰⁰“Report of Medical Work Outside of Meshed, Year Ending June 30, 1922,” PHS, RG 91, box 1, folder 18, 2.
- ¹⁰¹“Report of the Medical Work in Meshed, July 1, 1924–June 30, 1925,” PHS, RG 91, box 1, folder 20, 2.
- ¹⁰²*Alam-i Nisvan*, 5th year, no. 2, March 1925, 36–39.
- ¹⁰³Ibid., 38.
- ¹⁰⁴Ibid., 39.
- ¹⁰⁵“Mu’assasat-i Sihhiyah dar 1307,” *Salnamah-i Pars*, 1302/1928, 78.
- ¹⁰⁶*Alam-i Nisvan*, 5th year, no. 2, March 1925, 39.

- ¹⁰⁷Ibid., 12th year, 1932, 195.
- ¹⁰⁸*Ittila'at*, 21 November 1932, 1.
- ¹⁰⁹Rostam-Kolayi, "The Women's Press," 190.
- ¹¹⁰*Ittila'at*, 22 Khordad 1305/1926, 2. For another advertisement claiming to cure syphilis, see *ibid.*, 11 Urdibihisht 1306/1926, 2.
- ¹¹¹Ibid., 22 Khordad 1306/1927, 2. For an earlier Persian work on hygiene and marriage that discusses male impotence, see Mirza Muhammad Malik al-Kuttab, *Kitab va-vasa'il al-ibtihaj fi hifz-i sihhat al-izdivaj* (Tehran, 1325 A.H./1907), 126–36.
- ¹¹²"Vizarat-i Dakhilah," *Salnamah-i Pars*, 1307/1928, 14.
- ¹¹³Harsin notes that in 1884, the practice of using silver nitrate in newborns to prevent blindness was introduced: Harsin, "Syphilis, Wives and Physicians: Medical Ethics and the Family in Late Nineteenth-Century France," *French Historical Studies* 16 (Spring 1989), 78.
- ¹¹⁴*Salnamah-i Pars*, 1307/1928, 47.
- ¹¹⁵*Sihhat-Nimayi Iran*, no. 1, March–April 1933, 23. For more on syphilis, see *ibid.*, Nuskah-i Fawq al-'Adah, 1934, 38–44, 70–72.
- ¹¹⁶Ibid., no. 2, April–May 1933, 3.
- ¹¹⁷See "Islamic Culture and the Medical Arts," National Library of Medicine, website, available at www.nlm.nih.gov/exhibition/islamic_medical/islamic_14.html.
- ¹¹⁸Harsin, "Syphilis, Wives and Physicians," 74.
- ¹¹⁹*Sihhat-Nimayi Iran*, no. 2, April–May 1933, 3.
- ¹²⁰*Salnamah-i Pars*, 1307/1928, 14.
- ¹²¹*Bakhtar*, no. 6, April–May 1935, 421–24.
- ¹²²"Mubarizah ba amraz," *Ittila'at*, 9 Azar 1315/30 November 1936.
- ¹²³"Suzak va-vagiri-yih an," *Ittila'at*, 18 Dey 1318/9 January 1940. Other public lectures on hygiene included one given by Amir A'lam, published in *Salsalah intisharat-i mu'assasah-i va-'az va-khattabah*, lesson no. 7, 1315/1936.
- ¹²⁴Mordad Mah 1315/1936, Prime Ministry Archives, Iran, file 290000, 5/532/3.
- ¹²⁵"Guzarish-i 'umumi: Vaz'iyat-i bihdari," 24 Farvardin 1317/April 1938, Ministry of Internal Affairs, National Archives, Tehran, 4.
- ¹²⁶The Red Lion and the Sun Society, created in 1921, began operating in 1923 and gained international recognition from Geneva in 1924. The women's division of the Red Lion and the Sun Society was formed under the leadership of the Pahlavi family. *Salnamah-i Pars*, 1308/1929, 4–5, reports that the women's division was founded in 1928. However, a document from Iran's Prime Ministry Archives shows the founding date to be 1309, or 1929–30: file 290000, 5/194/2, dated 16-1-1315/1936, 3.
- ¹²⁷*Ittila'at*, 22 Mehr 1317/September 1938, 10.
- ¹²⁸Ibid., 20 Aban 1317/October 1938, 10.
- ¹²⁹"Sanjish-i mama-yi, diruz va-imruz," *ibid.*, 6 Bahman 1318/February 1939.
- ¹³⁰Stewart, "Science Is Always Chaste," 382.
- ¹³¹Maulana Muhammad Ali, *A Manual of Hadith* (Lahore: The Ahmadiyya Anjuman Ishaat Islam, 2001), 219.
- ¹³²Sayyid Muhammad Shirazi, *Kitab-i bulugh al-ibtihaj fi hifz-i sihhat al-izdivaj* (n.p., n.d.), 6–9.
- ¹³³Ibid., 9–10.
- ¹³⁴Taj al-Saltanah, *Crowning Anguish: Memoirs of a Persian Princess from the Harem to Modernity, 1884–1914*, trans. Anna Vanzan and Amin Neshati (Washington, D.C.: Mage Publishers, 1993), 150.
- ¹³⁵Ibid., 158.
- ¹³⁶Ahmed Bey, "La Femme Persane," *La Nouvelle Revue* (Paris), 69 (1891): 378.
- ¹³⁷Napier Malcolm, *Children of Persia* (Edinburgh and London: Oliphant, Anderson & Ferrier, 1911), 79.
- ¹³⁸*Shikafah*, 3rd year, no. 20, 21 Dhul-Hijja 1333/30 October 1915; *ibid.*, no. 9, 2 Jumada al-Thani 1333/17 April 1915; *ibid.*, 4th year, no. 1, 1 Safar 1334/8 December 1915.
- ¹³⁹Ibid., 3rd year, no. 9, 2 Jumada al-Thani 1333/17 April 1915, 1.
- ¹⁴⁰Ibid., no. 20, 21 Dhul-Hijja 1333/30 October 1915, 2–3.
- ¹⁴¹*Alam-i Nisvan*, 9th year, no. 3, May 1929, 108–9.
- ¹⁴²Badr al-Muluk Bamdad, *Tadbir-i Manzil va-Dastur-i Bachih-dari* (Tehran, 1931). On the term "shawhardari," see *Ittila'at*, 28 July 1938, 1.
- ¹⁴³*Ittila'at*, no. 543, 25 July 1928, 3.

- ¹⁴⁴ *Alam-i Nisvan*, 5th year, no. 2, March 1925, 38.
- ¹⁴⁵ *Sihhat-Nimayi Iran*, no. 4, Tir 1312/April–May 1933, 102.
- ¹⁴⁶ *Ibid.*, no. 6, Shahrivar 1312/August–September 1933, 132–33.
- ¹⁴⁷ Amin, *Making of the Modern Iranian Woman*, 127.
- ¹⁴⁸ *Ittila'at*, 3 Mordad 1310/26 July 1931, 1.
- ¹⁴⁹ Paidar, *Women and the Political Process in Iran*, 109.
- ¹⁵⁰ *Ibid.*, 110.
- ¹⁵¹ *Ittila'at*, no. 3627, 19 Mehr 1317/October 1938.
- ¹⁵² *Ibid.*, 22 Aban 1317/November 1938. See also Dr. Nijat's views on this bill in *ibid.*, no. 3677, 10 Azar 1317/1 December 1938. For related discussions, see Jasamin Rostam-Kolayi, "Expanding Agendas for the 'New' Iranian Woman: Family Law, Work, and Unveiling," in *The Making of Modern Iran: State and Society under Riza Shah, 1921–1941*, ed. Stephanie Cronin (London: RoutledgeCurzon, 2003), 161–62. Cyrus Schayegh also discusses medical permits, noting that a 1941 law included "the compulsory treatment of venereal diseases": Schayegh, "Science, Medicine, and Class," 276–77.
- ¹⁵³ Shahla Haeri, *Law of Desire: Temporary Marriage in Shi'i Iran* (Syracuse, N.Y.: Syracuse University Press, 1989), 215, fn. 15.
- ¹⁵⁴ Christidi, "La syphilis en Perse à travers les siècles," *La Presse Médicale*, no. 21, 15 March 1922, 425.
- ¹⁵⁵ *Ittila'at*, no. 2022, 9 Tir 1314/April 1935.
- ¹⁵⁶ *Ibid.*, no. 2576, 30 Mordad 1317/1938, 7.
- ¹⁵⁷ Camron Amin's discussions of beauty leave out the crucial connection beauty and sexual hygiene: Amin, *Making of the Modern Iranian Woman*, 208–112. For historical background, see Fatema Soudavar Farmanfarman, "Haft Qalam Arayish: Cosmetics in the Iranian World," *Iranian Studies* 33 (Summer–Fall 2000): 285–326; Niloufar Jozani, *La Beauté Menacée: Anthropologie des maladies de la peau en Iran* (Tehran: Institut Français de Recherche en Iran, 1994).
- ¹⁵⁸ "Arayesh va-zibayi: Ziba kardan-i bini bih vasilah-i jarrahi," *Ittila'at*, 21 Mehr 1317/ September–October 1938. Elaine Sciolino describes the enthusiasm of contemporary Iranian women for nose jobs in "Iran's Well-Covered Women Remodel a Part That Shows," *New York Times*, 22 September 2000, A1.
- ¹⁵⁹ "Arayish-i tabi'i," center advertising section, *Salnamah-i Pars*, 1308/1929, 24.
- ¹⁶⁰ For example, see *Ittila'at*, no. 629, 13 November 1928, 4; *ibid.*, no. 603, 11 October 1928, 1; *ibid.*, 7 December 1932; *ibid.*, no. 1824, 6 February 1933; *ibid.*, no. 1829, 12 February 1933; *Salnamah-i Pars*, 1310/1931, center advertising section.
- ¹⁶¹ "Bafandigi, bihtarin sargarmi-yih banuvan," *Ittila'at*, 14 Bahman 1317/ February 1939, 10.
- ¹⁶² *Majallah-i Awttagh-i Tijarat*, 68 (August 1933): 47, 50.
- ¹⁶³ Houchang Chehabi, "Staging the Emperor's New Clothes: Dress Codes and Nation-Building under Reza Shah," *Iranian Studies* 26 (Summer–Fall 1993): 209–33.
- ¹⁶⁴ *Ittila'at*, no. 630, 14 November 1928, 4.
- ¹⁶⁵ *Pars Yearbook*, 1927, 1928, 1929.
- ¹⁶⁶ Rosalie Morton, *A Doctor's Holiday in Iran* (New York and London: Funck and Wagnells Company, 1940), 242 and 221, respectively.
- ¹⁶⁷ Michel Foucault, *The History of Sexuality: An Introduction* (New York: Random House, 1978), vol. 1, 11.
- ¹⁶⁸ Byron J. Good, "The Transformation of Health Care in Modern Iranian History," in *Modern Iran: The Dialectics of Continuity and Change*, ed. Michael Bonine and Nikki Keddie (Albany: State University of New York Press, 1981), 72.
- ¹⁶⁹ *Adab*, no. 180, 26 Muharram 1324/22 March 1906, 8.
- ¹⁷⁰ Morton, 242–45.