

## ORIGINAL ARTICLE

### Studying the Role of the Church Missionary Society (CMS) in Health, Treatment, and Establishment of Morsalin Hospital in Kerman (1897-1953)

#### Abstract

The medical evolution that occurred through the transition from traditional medicine to modern medicine, together with the arrival of foreign doctors in the Qajar era, was considered one of the most important social events in the field of medicine. This was enhanced by establishing hospitals and infirmary by missionary societies, which, in turn, contributed to improving the health level. The Missionary Association of the Church was one of the most important missionary societies that started its activity in the southeast of Iran due to the prevalence of various diseases, lack of public health, and shortage of medicine and treatment. This association pursued its activities by establishing schools, hospitals, and churches to propagate and spread Christianity. During this period, Kerman suffered from various diseases, and traditional medicine was far from providing effective treatment. Therefore, the agents of the CMS Association took an important step to treat patients. To this end, they established Morsalin Hospital.

This article attempts to address the following question: what role and position did the missionary association of the church have in providing health services in Kerman? The current research was carried out in a descriptive-analytical way, taking a library approach. The research findings show that the doctors and nurses of the missionary society of the church have played an influential role in improving the health and treatment of people in the context of preaching and spreading Christianity.

**Key words:** Morsalin Hospital, Kerman, Church Missionary Society, Health, Treatment

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## Introduction

The state of Kerman and Baluchistan, named the eighth province of the country during the Pahlavi period, was considered one of the most important states of Iran. The British, namely, the Church missionary societies in 1799 AD, showed significant interest in the southeast of Iran, mainly because of its strategic location, having access to open waters, and the land of Sindh and India. It was formed by some evangelical members of the Church of England under the title “Association for Propagation in Africa and the East”<sup>1</sup>, which was renamed to “Church Missionary Society” in 1812 (Boroumand, 2002, pp. 55-56). This association commenced its activities in four regions of Isfahan, Kerman, Shiraz, and Yazd, and over time, due to the importance of the eastern regions (because of its neighborhood with India), it expanded its activities in Zahedan and Sistan, as well. Reports suggest that CMS expanded its activities in the east when the sanitary conditions in those areas were poor. The problems include water pollution, lack of personal and social hygiene, lack of healthcare during pregnancy, loss of babies and children, and the spread of infectious diseases, such as cholera, typhoid, smallpox, and diarrhea, and as traditional medicines were unable to provide health, this led to the death of numerous people. Furthermore, the lack of qualified doctors, hospitals, medicine, and pharmacies aggravated this problem (Ghasemi, 2009, p. 2). At this time, using modern medicine and treating patients, the Church Missionary Society promoted health in Kerman. And because of this, the government and society favored the association. The close relationship of missionary doctors with different strata of people created a suitable atmosphere for the propagation of Christianity. In fact, the employment of medical services, which helped Iranians cross traditional society, contributed significantly to the acceptance of the missionaries. People from all walks of life went to the hospitals and clinics of religious centers and benefited from their services.

To the best of our knowledge, regarding the role of the church missionary society in health and treatment in Kerman, no independent research has been performed so far. This descriptive-analytical study is carried out by collecting data in a library manner, relying on the documents available in the document centers of Iran and the University of Birmingham, England. To further examine the issue, we have first addressed the presence of English doctors in Iran, and in the following parts of the article, the activities of the Church

1- Society for mission in Africa and the East



Missionary Society in the southeast of Iran, especially in the city of Kerman, have been explored.

### **The presence of English doctors in Iran**

At the end of the 18th century, when British political representation was established in Iran, an English surgeon named John Campbell and the British ambassador, Sir Harford Jones, came to Iran. John Campbell later became Abbas Mirza's special doctor. After some time, Charles Cormick and then John Macneill came to Iran as assistant surgeons at the British Embassy. Also, Sir John Malcolm's delegation sent some doctors from the British East India Company offices in Mumbai to Iran. Sir John Malcom considered the entry of foreign doctors into the government apparatus and court as a turning point for their influence in Iran: "entering the vast field of British diplomacy in the East was possible through either trading or medicine" (Campbell, 2005, p. 604). Therefore, in addition to taking advantage of Iran's commercial stance and employing doctors in different sections of Iranian society, the British policy justified their presence as follows: to preserve the lives of important national figures and to establish educational, health, and medical training centers in order to maintain the health of the general society in Iran.

Iranians were skeptical of western and modern medicine. However, this was gradually removed by English doctors who treated Iranian patients the way they treated the English patients (Wright, 1985, p. 270). Then, Iranians developed such great trust in English doctors that people traveled long distances to take their patients to these hospitals (Van Gorder, 2010, p. 134). During his visit to Tabriz, a tourist wrote that "from morning to night, the stairs of the British embassy were full of patients who sought treatment from European doctors" (Wright, 1982, p. 195, Lambtun, 1996, p. 266).

The small number of doctors and the presence of traditional doctors led to the acceptance of English doctors and their acceptance in Iranian society. Although English doctors were also active in Iran and Kerman before the entry of the missionary Association, the association opened a new perspective to the doctors, which will be discussed below.

### **The history of the arrival of the Missionary Association to Kerman**

The first European doctors entered Iran through religious delegations during the Shah Abbas I Safavid period. During the Qajar era, doctors returned to Iran as religious missionaries. The deplorable state of health in Iran, together with the traditional methods of treatment and the spread of infectious diseases, provided favorable conditions for the activity of missionary medical staff in Iran. They gained people's satisfaction by providing medical services; Therefore, "medical missionary was considered the golden key to open the heart of the most fanatical Muslim" (Wright, 1982, p. 186).

The evangelists endeavored to enhance the hospital's condition and provide better medical services. This helped them to gain people's satisfaction. Despite the obstacles the traditional doctors and sages provided, what helped them to accomplish their end was the law of religious freedom enforced since the epoch of Shah Abbas I. Curzon writes: "The Iranian government does not prevent the establishment of religious committees, schools, churches and hospitals in its territory. For this reason, the Qajar kings follow the Safavid kings, but the government's procedure is not the same as the personal behavior of the rulers. For example, Zell Al-Soltan does not have a positive opinion of



Dr. Bruce's<sup>2</sup> system". (Corzun, 1983, p. 644)

Considering the existing situation and under certain social activities, such as health measures and hospital establishment, the association provided imperceptible and progressive propaganda to encourage people to incline toward Christianity. They hold that the doctor should be a living body of the Bible, and since the missionary doctor is in contact with different strata of society, he can set the scene for preaching and evangelism when the patient needs him. He must not forget that he is first a missionary rather than a doctor, so he can preach God's word as best as possible (Francis-Dehqani, 1999, p. 96).

To disseminate its mission in Iran, the association took the first steps to care for the sick and famine victims. In areas like Kerman, the medical board was considered the first English missionary center (Rahdar, 2006, pp. 47-48). They visited patients from six in the morning until eight in the evening, and in some cases, the missionary doctor and his assistants treated about forty to sixty patients daily (Wright, 1985, p. 237).

The medical centers of the association had the opportunity both to attract public opinion and to create a suitable platform for the activities of the missionaries. First, in response to the kings' and local rulers' lack of attention, he established a hospital and a clinic. Second, during this period, the association's hospitals were equipped with new medical facilities, including dissection rooms, beds, and isolation rooms. Third, the general public's interest in modern medicine and European doctors increased day by day. Fourth, the Missionary Hospital provided free medicine and treatment services (Manuscript No. 99/293/5828, 1943). Fifth, in the field of medicine, there was no opposition from the religious guardians toward the missionaries. With these privileges, the association pursued its medical activities in three areas: clinical, medical, and hospital visits. According to Malcolm Napier, clinics could be a great opportunity for propaganda, but a large number of patients and the lack of missionaries prevented them from reaching their desired goal (Malcolm, 1908, pp. 232-233). The doctor's presence at the patient's house was not very effective because he was faced with limitations, such as the lay people's belief considering the impurity of the infidels (here, non-Moslems) and the lack of continuity of communication between the doctor and the patient. Therefore, the most effective religious missionary activities were done in the hospital. Curzun holds that their propaganda method, in general, was not very effective: "I have not met even one person who converted from Islam to Christianity" (Corzun, 1983, p. 71).

In fact, what increased the need for missionary societies in

2- Robert Bruce was the first doctor of the missionary committee who introduced the activities of the Church Missionary Society to Iranian society. People were very satisfied with his and his wife's actions, who treated the sick and dressed the wounds (Bird, 1908, p. 19).



Iran was the shortage of medical specialists, unfamiliarity with the advances in new medical science, and the lack of access to modern equipment, which led to the maintenance of traditional methods of treatment by doctors, sages, and *dallaaks*<sup>3</sup>. They generally failed to treat Chronic diseases, such as cholera, plague, Spanish flu, typhoid, whooping cough, malaria, tuberculosis, syphilis and smallpox (Merritt-Hawkes, 1992, p. 70; Serna, 1983, p. 341). The reflection of this issue in the travelogues of this period acknowledged the cultural backwardness of Iranians, and the travelogues believed that in Iran, it is difficult to distinguish between superstitions and medicine, to the point that even the most skilled Iranian doctors did not know about modern medicine and disease diagnosis.

Iranian doctors divided all diseases into two temperaments (cold and hot), treating patients based on these temperaments. For example, for a patient with a fever, they prescribed cold fruits, such as watermelon, pear, plum, and finally, a piece of ice (Andreeva, 2009), p. 127, James Wils, 1984, p. 156). Of course, for a long time, opium was also considered as an effective medicine. It was mixed with some plants and used in the treatment of some diseases (Mahmood, 1974, p. 339). One of the Iranian habits was that when the relatives visited the patient, they usually encouraged them to use various local medicines and charms to cure the disease (Wishard, 1984, p. 208). The lack of serious attention to the condition of drinking water also endangered the health of the individual and community in general, leading to the rapid spread of infectious diseases (Olivier, 1992, p. 53; Feuvrier, 2006, p. 141; Rice, 2004, p. 86).

There were many health problems related to working children, especially girls working in the carpet-weaving houses of Kerman. Due to long working hours and improper nutrition, they usually suffered from mal-shaped and soft bones, and in the future, their pregnancy was associated with severe risks (Rice, 1916, p. 43; Stuart, 1978, p. 8). In 1932, cholera spread in most parts of Kerman and left many casualties (Nadim, 2019, p. 44).

#### **Medical activities of the missionary society and the construction of Morsalin hospital in Kerman**

The Missionary Society of the Church of England (CMS) constructed the first hospital in Iran, in Jolfa, a neighborhood of Isfahan, in 1879 (Elgood, 1977, pp. 588-589). This association started its main activity with the arrival of Mr. Carless<sup>4</sup> to Iran in 1888. He requested several times from the association authorities to send a doctor to Kerman. Finally, Dr. Carr<sup>5</sup> left Isfahan to Kerman for six months. After the end of Dr. Carr's

3- One who works in traditional hamam or Turkish bath and in addition to helping wash and massage the client, he does the cupping and the like treatment.

4- Dr. Carless

5- Dr. Donald William Carr (CMS Proceedings, 1900-1921, p. xxxv)



mission, Mr. Blackett<sup>6</sup> was sent to Kerman to help Dr. Carless. As soon as he went there, he noticed that Dr. Carless was suffering from typhoid disease, and that was the reason for the return of Dr. Carr to Kerman. After his death, Blackett, in a letter to the Bishop of Liverpool, demanded the necessity of the presence of a permanent doctor in Kerman (Honarmand Ebrahimi, 2013, p. 41). In 1897, English Christian missionaries, for the first time, sent a cohesive military group under the supervision of Dr. Dodson<sup>7</sup>, a military doctor of the British Army to Kerman. This group consisted of Christian nurses, paramedics, and doctors who had a successful experience in India before entering Kerman. Their treatment center was devoted to treating wounded “SPR” soldiers. However, owing to people’s negative attitude toward them, they did not refer to this treatment center (Nikpoor, and Ghaffari Nezhad, 1998, p. 86). Yet, since 1898, the necessity for the Medical activity of the missionary association was felt and in 1901, it officially started its activity with the arrival of Dr. Griffith<sup>8</sup> to Kerman. In the beginning, the missionary association hospital did not have a special place for its activities; hence, the house where Dr. Carless used to live was rented for this purpose. In 1903, they finally got permission from Muzaffaruddin Shah to establish a hospital in Kerman named Morsalin. In early 1904, Dr. Dodson and Mrs. Westlake<sup>9</sup> went to Kerman (Honarmand Ebrahimi, 2013, p. 42). However, there is no evidence of the construction of the hospital until 1910. This year, with the financial support of the religious community, approximately 666 pounds, the construction of the hospital was launched (Honarmand Ebrahimi, 2013, p. 45). In 1913, Dr. Dodson bought a piece of land outside Nasiriyah Gate, north of Kerman (Dodson, 1940, p. 54) to build the hospital there. He drew the blueprint for the hospital. To ascertain the strength of the hospital building, he built a brick kiln next to the construction. The Board of Trustees of British Missionaries provided the missionary association with the financial support required for the construction of the hospital in Kerman (Nikpoor, and Ghaffari Nezhad, 1998, p. 30). In the following years, the British Donation Committee and the British Consulate in Kerman continued their financial support to help the hospital (Manuscript No. 99/293/6004, 1943). He holds that the location of the hospital is of prime importance. Hence, Dr. Dodson chose the location of the land carefully. He noticed that since the wind blows from the north, this area (north of the city) enjoys better and cleaner air, which is good for treating patients. (Figure 1)

- 6- Arthur Russell Blackett
- 7- Dr. George Edward Dodson
- 8- Dr. Alfred Hume Griffith
- 9- Miss Winifred Agenta Westlake





*Figure 1. The inscription on the top of the Morsalin Hospital: If God does not build the house / its builders will labor in vain. (Photo by Reza Vasegh Abbasi)*

Morsalin Hospital was the first hospital in Kerman in the modern period, having separate wards for women and men. In fact, Dr. Naser Al-Mamalek, an Iranian physician of the hospital, offered the proposal for establishing a women's department. Dr. Carpenter and Dr. Blackwood were appointed as the head of the women's department (Bastani Parizi, 2009, p. 388). A corridor separated these wards. They had all the necessary facilities of a hospital, including the nurses' restroom, doctors' accommodation, and even the prayer room and church (Floor, 2014, p. 69) Although a blueprint was prepared for the construction of the hospital in 1904, the main building of the Morsalin hospital, along with its different parts, was built in 1914.

Morsalin Hospital first had only a number of separate wards built in a relatively small area. But after some time, with the cooperation of a few local benefactors and the perseverance of the English management, the hospital area was expanded. Its facilities were also developed. In 1914, Kerman Hospital and Pharmacy received numerous clients. In 1915, however, owing to the local coup organized by the democrats (Groot, 1977, p. 478), the hospital lost its patients. This led to its temporary closure, and the hospital staff left Kerman.

#### **CMS efforts in providing medical services and promoting Christianity in Kerman**

In 1916, the hospital stopped functioning, but with the political changes in 1917, the CMS staff returned to Kerman. They had to resume all over because the democrats looted their medical equipment. In 1918, as the number of clients increased, they requested to buy an ambulance so that they could quickly move the medical equipment and doctors of the hospital, acknowledging that Morsalin Hospital is the only useful health institution in Kerman (Manuscript No. 240/019876, 1946; Manuscript No. 99/293/7259, 1951, pp.



3-15). Because of having cars, the hospital's medical board was able to facilitate visits to the villages. The hospital authorities also requested the clearance of several iron beds for the welfare of the patients and two chests of clothes from Bandar Abbas Customs (Manuscript No. 310/052429, 1937; Manuscript No. 240/002550, 1933). They also demanded the clearance of hospital medicines from Zahedan Customs (Manuscript No. 240/019876, 1946) and the lifting of the seizure of sixteen boxes of medicine from Khorramshahr Customs (Manuscript No. 310/000517, 1946). In fact, all the equipment needed by the association which was to be imported into the country was stopped at customs until the taxes were determined. In many cases, the amount of the value-added tax was higher than the value of the imported goods. For example, the price of the two dress boxes that arrived at the custom of Bandar Abbas was listed as 80 Tomans, but the tax levied by the customs authorities amounted to 1000 Tomans. (Manuscript No. 310/052429, 1937) (Figure 2)

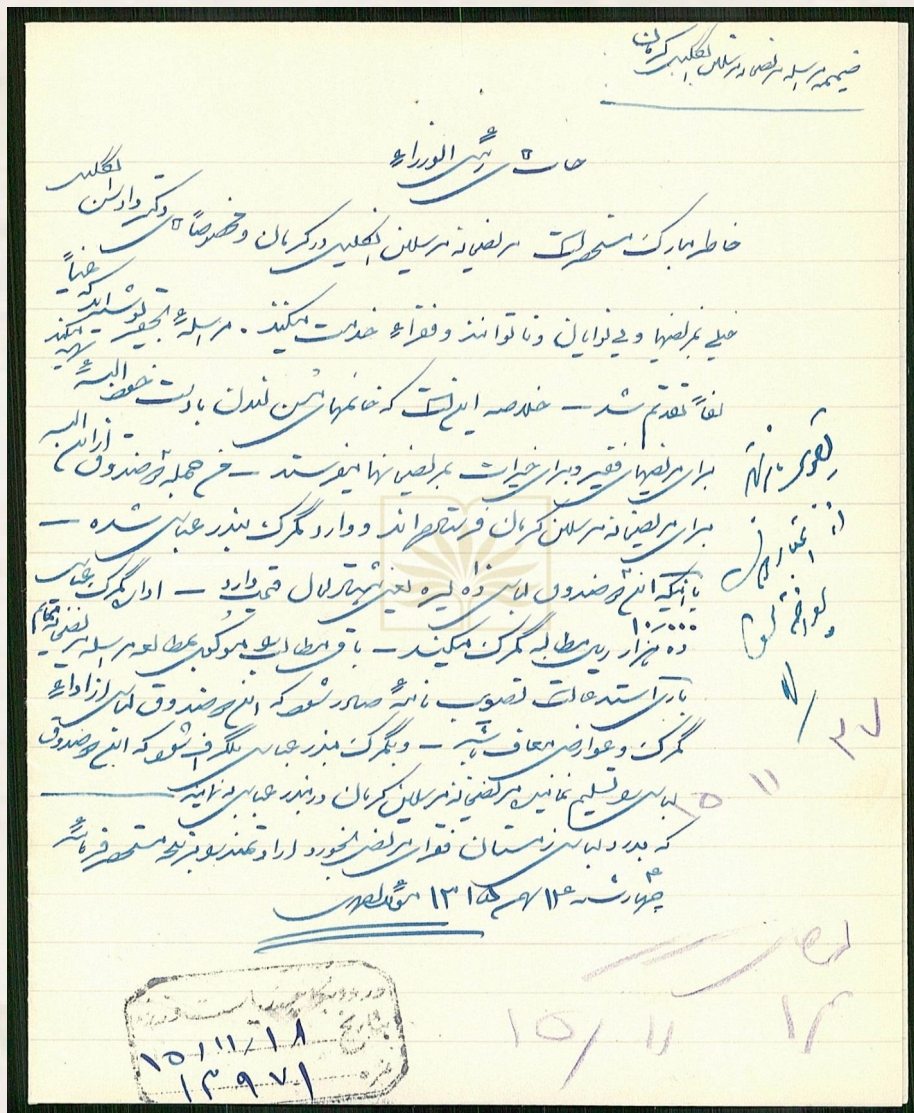


Figure 2. The document related to the services of Dr. Dodson and the request for customs exemption for Morsalin Kerman Hospital (Manuscript No. 310/052429, 1937)





The hospital's reopening began with designing new structures because the old and small buildings did not suffice to accommodate the number of patients anymore. In 1919, the hospital was constructed in a new location, encompassing separate wards for male and female outpatients, a new ward with 29 beds for men, a new kitchen, a warehouse, and a part of a new house for doctors (Floor, 2014, p. 70). In addition, the hospital was equipped with specialized medical departments, a lecture hall, a chapel, and 80 beds (60 beds for men and 20 beds for women) (Dodson, 1940, pp. 54-58). In the 1920s, thanks to the funds and land donated by the people of the city, this hospital was expanded. Furthermore, the hospital became more modern and equipped with a X-Ray machine (imaging device) which was brought to Kerman from London at the request of the people and financed by Khurshid Spinning Company and with no customs duty tax. (Manuscript No. 99/293/4561, 1952). The hospital used to correspond with the Kerman Provincial Government to provide some of its requirements (such as cloth and fabric) (Manuscript No. 99/293/6963, 1946, p.3).

The hospital primarily treated gynecological diseases, pregnancy, and children's diseases. Measures were also taken to prevent the complications of malaria, cholera, trachoma, and sexually transmitted diseases and combat opium addiction (Manuscript No. 99/293/4561, 1952). In 1905 (1322 AH/1283 SH), cholera spread in Kerman, but because Morsalin Hospital was newly established, its doctors did not take immediate action to fight against it. As in the past, Kerman's Health Care maintenance took control of the disease but the lack of information and the wrong methods of that department to deal with cholera caused the disease to spread and continue for more than a year (Malekmohammadi, 2013, p. 1362). Six years later, in a report of Tarbiat newspaper, dated 1911(1328 AH / 1289 SH) about the re-emergence of cholera in Kerman and the elimination of this disease as a result of the measures taken by the governor, the English doctor and his assistants in a short period of time. "The report stated that the influential people decided to escape after learning that several people were infected. The shops were closed. However, based on the English doctor's instruction, they were advised to take health protection measures. For instance, taking great care of Shahab al-Mulk (governor), they succeeded in restoring his health completely. The British hospital [Christian missionaries] also served the patients well. The hospital doctor rode the horse to visit patients round the clock". (Rustayi, 2003, p. 352)

Among the doctors and staff of Morsalin Hospital we can name Dr. Wild, Dr. Bafarach, Dr. Carr, Dr. Blackwood, Dr. Hoguet, Dr. Carpenter, Dr. Tilloz, Dr. Dodson, Dr. Westlake, and Dr. Eva Stratton. Also, there were nurses like Miss Dodson, Miss Parry, and Miss Carrick. Of course, sometimes doctors like Dr. Carr and Merill Schaffter came from Isfahan to help Morsalin Hospital in Kerman. The staff of this hospital included two doctors, seven Iranian male assistants, and four female assistants (Floor, 2014, p. 71). Of course, Majid Sheikh Bahai, the son of Fateme Sultan Mohkam, who was one of the nurses at Morsalin Hospital in Kerman, stated that the number of Iranian nurses and employees in this hospital was more. He pointed out that in addition to his mother, his two aunts, one of whom was a nurse and the other a servant, worked in the hospital. He narrated from his mother that Rokhsareh Sabze Blouk, Bibi khanam (a famous midwife), Mrs. Rasekh (midwife), Abulqasem Rasekh (translator and manager of the pharmacy), Mr. Naderi, Hashim Sheikh Bahayi, Ibrahim Zarangipour and Mohammad Agha (janitor) used to work in Morsalin Hospital. (Sheikh Bahayi, 2021, March 3)



Mrs. Stratton, the hospital's well-known midwife, based on her experiences, wrote a book about midwifery in English, which was translated into Persian by Ali Bouseghaki (Figure 3) (Manuscript No. 264/020227, 1937). A person named Mr. Hadi<sup>10</sup>, together with his wife, worked in the hospital. In addition to his profession as a pharmacist, Hadi was in charge of technical issues, including installing and maintaining electrical equipment in the complex. (Sheikh Bahayi, 2021, March 3) Among these people, there was one of the missionary women of the Church Missionary Society, named Mary Baird (known as Maryam Khanum), who, at first, established a clinic at the end of the bazaar of Isfahan and treated women free of charge. After Dr. Griffith left Kerman, Mary Baird immigrated to Kerman and continued treating patients There. Although she had no medical education, many women referred to her. Finally,

10- Mr. Hadi was a British citizen.

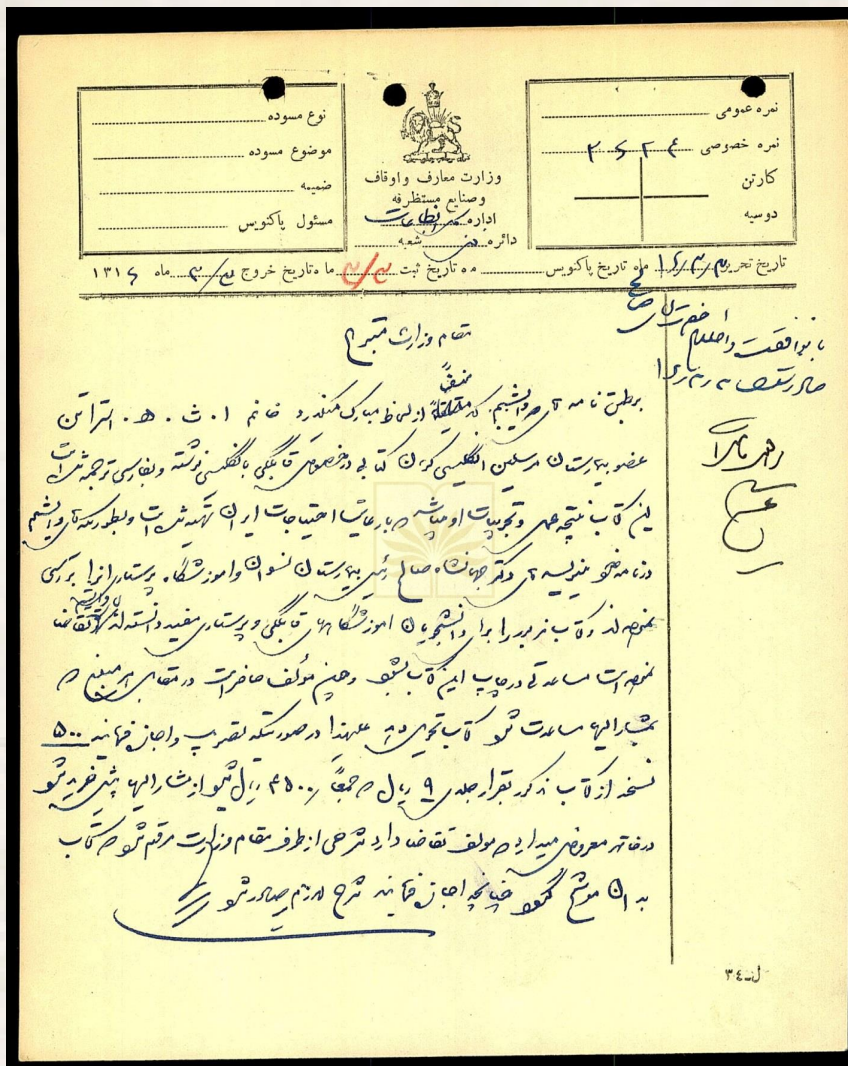


Figure 3. The document related to the authoring of the midwifery book by Ms. Stratton, a member of the Morsalin Kerman Hospital (Manuscript No. 264/020227, 1937)

she died in Kerman in 1914. (Wright, 1982, pp. 185-186)

There were also Iranian doctors working in this hospital. Among them, we can mention Dr. Nasser Nemat Kermani and Dr. Mahmoud Moaser. The latter both worked as Dr. Dodson's translator and helped him in some surgeries. Sometimes, he read some verses from the Quran in English, making Dr. Dodson familiar with Islam (Nameh Varedeh, 1998, p. 148).

Among the hospital doctors, Dr. Dodson, an English priest, was considered the most prolific and immanent figure. He started his medical career in 1914. Then, acting as the hospital's manager and attracting some benefactors from Kermani, Dr. Dodson took practical steps in developing the building, providing equipment and medical education, and taking care of needy patients. Dr. Dodson had an office in the city, opposite the Russian consulate, in which he treated patients, especially the poor (Nameh Varedeh, 1998, p. 147). When Seghat-Al-Islam, the great cleric of Kerman, became ill, he was taken to Kerman's Morsalin Hospital for treatment (Bastani Parizi, 2012, p. 191). Dr. Dodson continued his activity until the end of his life for 34 years (until 1937).

The Missionary Association of the Church pursued the following objectives by establishing a hospital in Kerman:

Providing medical and pharmaceutical treatment and assistance to people, especially the poor and those who were hospitalized.

2- Diagnosing diseases and their treatment.

3- Training volunteer girls to train assistant doctors (Manuscript No. 99/293/4561, 1952)

Treatment measures and medical services gave the hospital a good reputation in Kerman and its neighborhood for many years. The main objective of establishing CMS Hospital was to promote Christianity. (Manuscript No. 99/293/4561, 1952) The hospital staff stated, "In all our actions, we want to show that we are honest and our words and intentions are genuine and truthful. Our expression is under the truth, and during our sermons and advertisements, we want to reveal the truths of the religion of Christ; at the same time, we respect people who adhere to their religious principles. Of course, in this hospital, it is completely free for everyone to have their own religion" (Figure 4) (Manuscript No. 99/293/4561, 1952). It is said that Dr. Carr used to give his patients a copy of the Bible after treating them. (Mohammadi, and Mohammadi, 2009, p. 15). It was believed that access to the Bible would be a prerequisite for conversion to Christianity (Berg, 2001, p. 41). Their method of preaching was not merely implemented in the hospital. Mary Baird<sup>11</sup>, for instance, used to talk about Christian-

11- Miss Mary Rebecca Stewart Baird



ity more among the poor while performing first aid. (Van Gorder, 2010, p. 132); in this way, she could more easily attract people to Christianity. In order to affect children and alleviate their sufferings, they donated toys, especially dolls, to girls (Manuscript No. 240/0540230, 1935).

۲

مرضیه نه رسیدن C.M.S. کمان باستان میترانه همه حقوق اب داشته باشد و این همه را نسبت به برتر  
 کارکنان و پرستاران بخرم کرده و از زنده اند. همچنین نواز پرستاران این مرضیه را بر صورت زایدی در این مرضیه بخرم و کار  
 کرده اند از آن گذشته مرضیه نه این کس بر داری دادند و نیز نواز اولی خیز خزانه که در این برداشتم و بر این مرضیه نه  
 ای حال مرضیه نه بقره زید بر این است

۱- مصالحت و کمک طبی و دوا را بخرم بهر اندازه و مقدار بخرم مخصوصاً بقره از هر حیث کمک کرده اند میداده  
 و بعضی عسکری در مرضیه نه بر این حال بخرم بهر اندازه و کمک کرده اند میداده

۲- تسخیر اراضی و عمر نمودن آن وزارت بهداشت بر این مرضیه نه اعانه داده بود و عقربان داد طلب را بر این بخرم  
 پذیرفته و پس از در هر دو مورد با هم بر این بخرم بهر اندازه داده شد و

۱- مرضیه نه شهرت خوبی بر این بخرم بهر اندازه در کمان و اطراف آن داشت

۲- مرضیه نه C.M.S. سه کردم در کار و عملی تسخیر و دین هیچ م مقصد اصلی تا مسیر مرضیه نه بخرم بهر اندازه

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۱- در تمام کارهای میترانه نشان دهم بهر بخرم مقصدان با نیت و جان با حقیقت از مطالب بسیار در در غول  
 مراعی و تبیینات همه میترانه حقان دین هیچ را انگار میترانه در عین حال با شما میترانه بهر این همه بخرم بهر اندازه  
 بخرم احترام میترانه و این در این مرضیه نه در کمان از ادب و بر سر میترانه در هر چه را داشته باشد

۲- دکتر و دستیار میترانه C.M.S. لندن با نیت حقوق بهر بر این مرضیه نه مورد نهایت ضرورت است

۳- تمام موطر مرضیه نه ام از ساقان و اراضی و کلیه تجهیزات مشغول و غیر مشغول به C.M.S. تعلق دارد

۴- جریان دادار کمان مرضیه نه از بهریت سال تبیینات و غیره بخرم بهر این همه بخرم بهر اندازه و مطالب و در در غول  
 بخرم صرف وقت میترانه و این لازم با نیت بیشتر است با ستفان دکتر دستیار میترانه که مستقیماً از C.M.S. لندن حقوق  
 بخرم دستیار پرستاران و کارکنان حقوق از بخرم حق السلاج تعیین میترانه

۵- بخرم بهر اندازه الی همه حقوق اب که نفع در مرضیه نه داریم با حقوق پرستاران و کارکنان که نفع میترانه - ۵۰۰۰۰ تومان ای

۶- ۵۵۰۰۰ تومان در راه با نیت میترانه و اگر بهر ۴۰۰۰۰ حقوق اب تبیین میترانه بخرم بهر اندازه بخرم بهر اندازه - ۲۲۰۰۰ تومان

Figure 4. The document related to the propagation of Christianity and other activities of Morsalin Hospital in Kerman (Manuscript No. 99/293/4561, 1952)

### **The end of Kerman Morsalin Hospital**

Kerman Morsalin Hospital, working under the supervision of a Christian bishop living in Isfahan, initially faced opposition from religious scholars and traditional doctors of Kerman. However, the hospital's function in devoting itself to treating patients and disseminating health, gradually faded all oppositions (Malekmohammadi, 2013, pp. 1046-1046). Nevertheless, the London authorities decided to close it down shortly after due to internal clashes in the hospital. A group of religious scholars, 700 traders, and a mass of people signed a petition to oppose its closure (Floor, 2007, pp. 249-263; Elgood, 1977, pp. 588-589). The hospital was open until 1952, but after the "order to close schools and other foreign centers in Iran", this complex was also put up for sale by order of the bishop of Isfahan. Although the government and the governorate tried to preserve it, it was finally sold (Manuscript No. 99/293/9729, 1952, pp. 11-12; Manuscript No. 99/293/4561, 1952). In selling the hospital, many conflicts arose between the government and the church. This was mainly because people and the government believed that most hospital equipment was bought with the money of benefactors and the people of Kerman. Hence, they belong to the people and the government of Iran, and the church does not have the right to sell them (Manuscript No. 99/293/9610, 1952, pp. 10-13). The confidential reports written by secret agents to Shahr bani (the police court), and the letters of informed people, such as Abulqasem Rasekh and Mohammad Nasser Safa to the governorate and health department, indicate the importance of this issue for the people of Kerman and the government (Manuscript No. 99/293/9729, 1952, pp. 3-6). These people believed that the land and furniture of the hospital belonged to the people of the city for several reasons: 1- The hospital land was bought mainly by the people, especially by three rich people of Kerman (Rice, 1916, p. 184) and some part was bought by donors with the help of the then governor. And the expenses of the hospital have been covered by donations from the public. 2- The Raven X machine was also purchased by Khurshid Spinning Factory, and the people also donated money. 3- Since the electricity was weak, a benefactor bought a large number of battery-powered generators and donated them to the hospital. 4- Donors paid for the construction of the hospital's bath. 5- From the proceeds of the Raven X device, a pump device was purchased, which was installed next to the church (Manuscript No. 99/293/9729, 1952, p. 8). They tried to take over the land of the Christian cemetery and the church, as well (Manuscript No. 99/293/10154, 1955, pp. 3-8).

### **Conclusion**

During the Qajar period, with the expansion of international interactions, foreign missionaries, who were doctors and nurses, entered Iran. Unfavorable health conditions, the spread of infectious diseases, and the inability of traditional medicine to treat maladies caused society to turn to mainstream doctors and modern medicine. This contributed to the presence of religious missionaries in Iran. In the meantime, England, with the church missionary society, paved the way for its influence in Iran by offering medical services. The English doctors of this association worked in various cities in the center, south, and east of Iran. They also functioned in Kerman, which was particularly important to the British government primarily because of its connection with open waters and easy access to India. This led to essential steps in establishing Morsalin Christian Hospital, contributing to improving public health conditions by treating the people of Kerman and the sur-



rounding towns. They played an important role in expanding medical services by importing new medical devices, such as Raven X, hospital beds, and medicine. It was the first health institution to provide medical services, including modern surgery and maternity services, to the public of Kerman. The staff became very popular and found a special place among the people by performing charitable activities, but they did not achieve much success in achieving their primary goal, which was to propagate Christianity and religious influence.

### Conflict of Interest

None.

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