

## ORIGINAL ARTICLE

### The Health Condition of Shiraz City in 1933 based on Existing Documents

#### Abstract

One of the most important urban issues is the health situation. Before the introduction of the modern medicine and health education in the cities, it should be mentioned that there were many infectious diseases due to the high rates of contamination especially for drinking water. During the reign of the first Pahlavi, efforts were made to improve the health of cities and modern medicine. However, many problems such as a lack of awareness and resistance of the people, failure of officials and carers to deal with medical affairs, paying too much attention to the center (Tehran) and neglecting the cities slowed the process of health change. In this article, six documents are analyzed that they are related to the Health Status Report in Shiraz in 1311 by the head of health of Fars that were written to the head of the state of Fars to be sent to the head of Iranian public health. The review of these documents provides useful and interesting information on the health status of Shiraz during that period.

**Key words:** Medical Records, Shiraz, Health Office, Hospitals, Pharmacies

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Mostafa Nadim<sup>1</sup>

1- Associate Professor, Department of History, Faculty of Literature and Humanity, Shiraz University, Shiraz, Iran

#### Correspondence:

Mostafa Nadim  
Associate Professor, Department of History, Faculty of Literature and Humanity, Shiraz University, Shiraz, Iran  
mos.nadim@gmail.com



## Introduction

The first efforts to improve the health of Iran and go against contagious diseases were made by Amir Kabir<sup>1</sup>. The School of Medicine in Dar al-Fonoun continued this process, however, these efforts were not serious until the Pahlavi era. During the reign of Reza Shah the modernization of the country was pursued also with a focus on modern medicine where the Department of General Health in Tehran became responsible to investigate Health Care in many cities. The Office of General Health was actually established at the end of the Qajar period but was more active in the Pahlavi era. At this time due to the importance of the city of Tehran as the capital, much of expenditure on Iran's public health was allocated to this city. This was, however, a great weakness that lasted until the end of the Pahlavi period, other cities could not be compared to Tehran in this respect. Cities like Shiraz did not have the same facilities.

The documents analyzed in this paper relate to late 1933. This is about eight years into the Pahlavi era when the health situation in Shiraz did not undergo major and profound changes after the Qajar period.

## The Documents

The documents begin with a letter from the head of the state Health in Fars. The head of the country's health department asks for the state of health of the city, and the head of the state Health in Fars, in six pages, gives his answer to the Fars Governor to be sent to Tehran. This letter was sent with the registered number 4231 on 1/31/1933, including 6 sheets of appendixes. The letter was then registered on 2/1/1933 with the number 10299 at the Fars State Archives Office. The six pages attached to the original letter do not have page numbers and dates. The document number for this letter is 14659/293/98 at the National Documentation Center.

## Document Writing Features

The hand writing of these documents are still influenced by the system of writing in Qajar period. The health report of the city has been written by another person, but there are a few lines written by the governor as well. Although, both writings are beautiful and almost legible, that of the governor is broken and nicer, hence, more beautiful, and seems to have been taught by a professor in calligraphy. It should be said that by the middle of the Pahlavi era and before the prevalent use of the typewriters, the letters were in handwrit-

1- Azizi, 2007:119.



ing, and having a good handwriting was considered a merit for the managers. As a result, many people had a great deal of enthusiasm to be trained in good hand writing. Besides, calligraphy was a main subject at schools. A majority of the manuscripts have been made with very nice handwriting in this period (Figure 1).

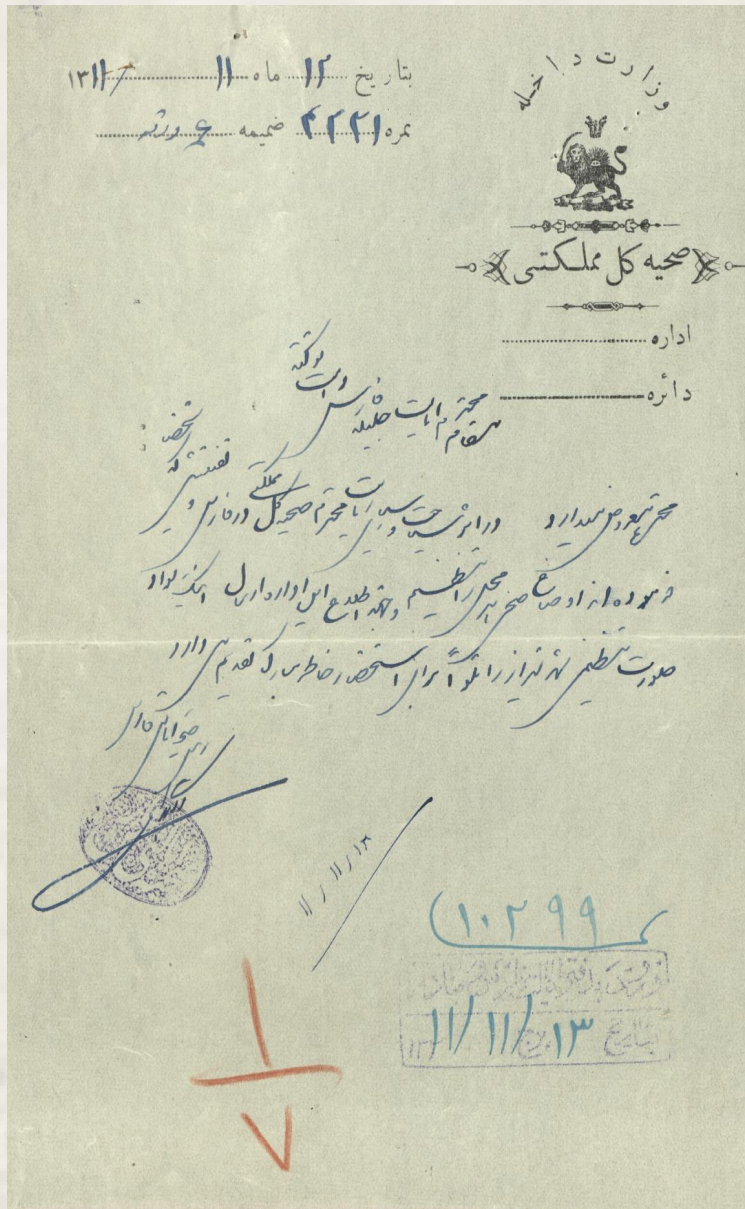


Figure 1. Official Letter: Health condition of Shiraz 1933.

#### Analysis of the Documents

Before the analysis of the documents, it is necessary to state that in 1932 in some eastern and southern regions, and most



of all in Kerman, cholera was spread and left many human casualties<sup>2</sup>. As the result of that after this painful incident, the southern provinces' health authorities were asked to report the health status of the big cities. As the result of this request, an account of the health status of Shiraz was prepared.

In the first document, the statistics of the population of Shiraz were presented. According to this document, Shiraz population was 60,000 totally in 1392 that the birth rate was 1392 for boys and 1246 for girls with a total of 2638. The number of deaths is 336 men and 247 women, totaling 538 people. The two total figures mean that 43.9 and 9.7 percent belonged to births and deaths, respectively which are demographically good indexes (Figure 2).

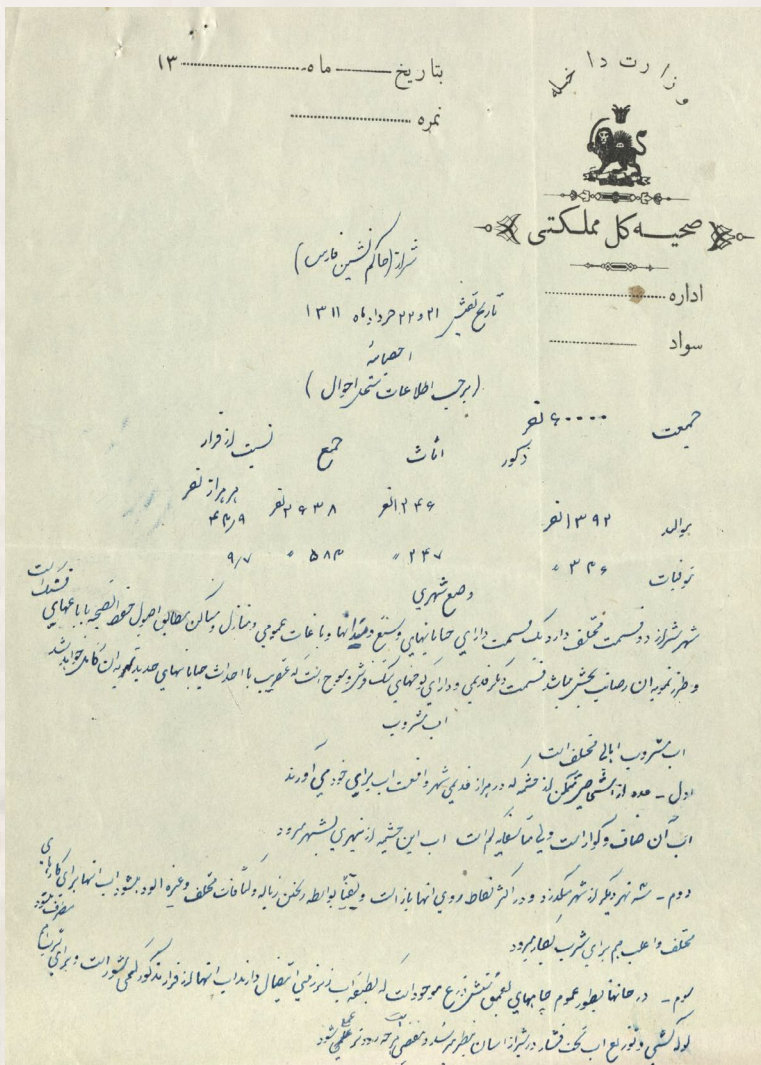


Figure 2. The Statistics of the Population of Shiraz and Drinking Water.



One should note that, in the history of Iran, reference is made to count up the population of a city. However, the main purpose of this counting was to obtain taxes, it cannot be counted as census statistics. For the first time in the Qajar period and in 1883, on the orders of Naser al-Din Shah, the population of Tehran was counted. Eight years later this work was repeated. In the years 1922 and 1932, the same census was conducted in Tehran with a more scientific framework. In 1935, in order to co-ordinate the ministries, the Supreme Council for statistics was formed, and in June of 1939, the first law of the census was approved by the National Assembly. In implementing this law, the population census began in Tehran on March 10 of the same year. During the years 1940 and 1941, this census took place in 32 cities, but was postponed due to the events of 1941 and the occupation of parts of Iran by the Allies. On March 6, 1956, the Law on Statistics and Census was approved by the National Assembly and it was decided that in 1956 the General Statistics Office should be established and the general population should also be counted in the same year. As a result, a population census, which had been prepared in advance, was conducted from 1 to 15 November of the year 1956<sup>3</sup>.

With this explanation, since there was no official organization to record the population of Shiraz at that time, the expression of the population of Shiraz in this document is valuable. We cannot be sure that the reported number for the population is precise, however. The reason is that the statistics were based on personal data or birth records, and we know that some of the villagers living in Shiraz and even some of the cities' residents did not have a birth certificate, but this is not much far from the reality.

In the document for Fars province, the term Fars State is still used. This term also belongs to geographical divisions in the Qajar period. It should be noted that for the first time, the law for geographical divisions of the country for the contemporary period of the Qajar period was passed on 11/19/1868. According to this law, the country was divided into 4 states and 12 provinces, and that Fars and Khorasan were the fourth provinces<sup>4</sup>. The first laws regarding divisions in the Pahlavi era were approved in 1929. The bills approved in this law were most of all related to the renaming of some towns and villages. In 1938, after the establishment of the Academy of the Language, the names of the province, province governor, county, district, district governor and village and village governor were replaced with state, province and block. As the

3- Salehi, 2006: 4.

4- Moharami, 2008: 11.



result, Iran was divided into six provinces and 50 cities<sup>5</sup>. Owing to the disadvantages of this division, only three months later, the number of provinces was changed to 10 provinces and 49 counties. The province of Fars during the Qajar period was the seventh province that consists of Behbahan, Bushehr, Shiraz, Fasa, Abadeh and Lar<sup>6</sup>.

5- Moharami, 2008: 27.

6- Moharami, 2008: 27-32.

### **Urban situation**

The document further examines the urban situation in Shiraz. In this regard, the reporter points out that Shiraz has two parts, a section with vast streets, squares and public gardens, and the old part with paved alleys. In further explanation, it should be noted that from about the 1929s, like some other big cities, the formation of the new texture of Shiraz began. There are some references to public gardens among the interesting stuff. This is the first time in such correspondence or the like that a public garden has been taken to mean a city park. Gardens were usually personal properties and there was no public space for recreation of people and the resort. The resorts in Shiraz were natural spaces in the plain and around the city, however. These public gardens were constructed following western countries' public parks.

### **Drinking Water**

In the case of drinking water in Shiraz, according to this document, drinking water from Shiraz residents had been provided in three ways. One by the three main creeks that entered the city. The second was the wells that were drilled in the houses, where the water was slightly salty, and finally water was brought from the springs.

It should be said that for several centuries, the drinking water of Shiraz was provided in the same way. The main stream of water, the main water supply line in Shiraz (Nahre Aazam), entered the city and water was delivered to the neighborhoods by men called mirab (in charge of water). Of course, in Shiraz, as well as in many cities of Iran, especially in the southern cities, water storage facilities were also used, and until the late Qajar period, these water storage facilities were in use. Typically, urban water caches were made of two main types: one of the public water cisterns with large reservoirs and the water storage in the houses varying in size depending on the area of the house and the financial condition of the homeowner.

Another point was about the drinking water, urban water points, and water deliverers who used to provide water in



small volumes for people to drink. In the old Shiraz, from the Saljuqid period, we witnessed the creation of numerous drinking water points by kings, emirs and elders and aristocrats for endowment use<sup>7</sup>. A drinking water point is a public place to store drinking water that is smaller than the water storage, but its water is healthier. Above all, water deliverers in the neighborhoods used to carry water manually, or in more quantities with the help of donkeys, to the neighborhoods, and sold it to the people for their drinking purposes (Figure 3).

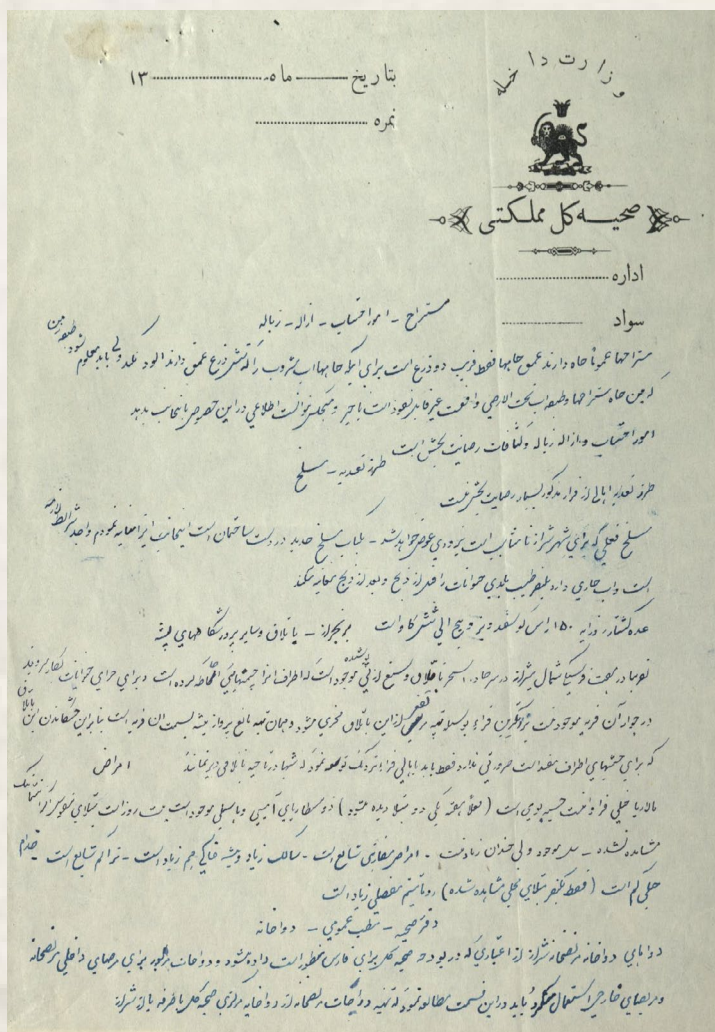


Figure 3. Water for toilets, Nutrition and diseases.

**Water for toilets**

In the case of a toilet, the most important issue is their wells, which should not be near the drinking water wells. In the document, the reporter is concerned about the quality of



the soil at the bottom of such wells, which, if not stiff, causes contamination of drinking water. The usual practice of locating and digging two wells in houses in Shiraz was due to the depth and largeness of the drinking water well was more important than that of the toilet well and the distance between them had to be large. The toilet well was installed in the entrance to the building and the drinking water well was in the courtyard. However, there was risk of contamination in some small houses.

The shortage of water and the difficulty in keeping it safe and well kept in the cities of Iran, including Shiraz, were one of the important issues of the city, which the governors and elders of the neighborhoods had to supervise in order to regulate it. Among the people, mirabs were responsible for the city and this job was inherited in families in many cities, including Shiraz. In addition, there is still a family name of mirabs there.

#### **Nutrition, slaughterhouses**

According to the document, the nutrition status of the inhabitants was not satisfactory, and it also appears that a new slaughterhouse was being built up. Slaughtering animals was carried out near the city and around the tannery. Shazdeh Beygum Castle and Sheikh Ali Chupan were among the animal slaughter centers in the distant past and before the establishment of a new slaughterhouse. Owing to the veterinarian's lack of supervision over these killings, there was a possibility that the disease could be transmitted from animals to humans.

An interesting point in this document is the number of killings, of which 150 heads of sheep and goats and five to six cows were slaughtered every day. Considering that each sheep and goat had about 20 kilograms of meat, and every 100 kilos of cows, 3500 kilos of meat per day were consumed by about 60,000 people in Shiraz. In this calculation, we considered this approximate figure and, as it was said, the number of population was likely to be higher, excluding the number of babies and children. If we consider each meal about 250 grams of meat for four people, it will seem that the nutritional status of the people was appropriate. Apart from the fact that, as we said, the animal was slaughtered around the city, which was not mentioned in the statistics, why does the reporter speak of bad nutrition? It only appears that the nutritionist's report is generally public, for example, the state of consumption of vegetables and the fruit has also been con-





sidered.

Another point is that in old Shiraz, only Jews consumed cows, and the killing of five or six cows on the same day represents about 80 thousand Jews in Shiraz, which is surely the number of Jewish population not in Shiraz, nor around the city and the country at the time. The mistake of the reporter seems to be in the separation of calves and cows because calf's meat was consumed by Muslims in Shiraz but most beef was consumed by Jews. Another point is that the lower classes of the community used beef that was cheaper. It is clear, though, that the reporter has not made a distinction between calves and cows.

#### **Rice farms, swamps and other mosquito habitats**

The reporter speaks of a large swamp 42 kilometers away from Shiraz, and emphasizes that it was not necessary to dry it up as the surrounding villages were not very much close. Instead, he advises that the residents stay away from the swamp in the evenings and overnight. This marsh has probably been on the path of Kor River, and in fact much of rice farms are in the same areas. Malaria and Oriental sore mosquitoes were also found in those areas in the past. The latter mosquitoes can still be found in the area.

#### **Diseases**

According to the author of the document, Malaria was quite abundant. The amebic and bacillus species infested the area which could cause diarrhea. This was common in Iranian cities in the past, but typhus was not observed for twenty days, the author stresses. The typhoid disease is one of the most prevalent diseases at the time and prior to the improvement of the health status. It was very difficult to eradicate the disease due to the presence of lice in homes and public centers. According to the reporter, there were fewer cases of tuberculosis, hence, it is clear that tuberculosis was a disease that was controlled much sooner than other contagious diseases.

Sexually transmitted diseases were common. Unfortunately, during this period, such a disease was widespread in various cities of Iran, and most of the two cases of gonorrhea and syphilis were prevalent. To the public, syphilis was considered to be a serious disease, as it was referred to as (kooft) meaning an incurable/killing disease. They always used this term in swearing and defaming, and still it has been in use. The public does not know what it mean, however.

According to the reporter, the area was infested with Ori-



ental sore and its carrier sand flies. At that time, this disease was epidemic, and many people, especially girls and women, were most concerned over their faces in case the fly could bit theirs. This is because the sore could make their faces ugly. Trachoma was widespread, due to high dust and air contamination.

Instances of Leprosy was very low. Leprosy was controlled at that time to a large extent. Cases of Rheumatoid arthritis were high. Humidity in houses was one of the main causes of the spread of the disease.

Health Office, Clinics, and Pharmacies:

The reporter discusses the provision of medicine for the hospital in the city, and finally points out that the average number of patients admitted to the public hospital in the city of Shiraz is 120 people a day (Figure 4).

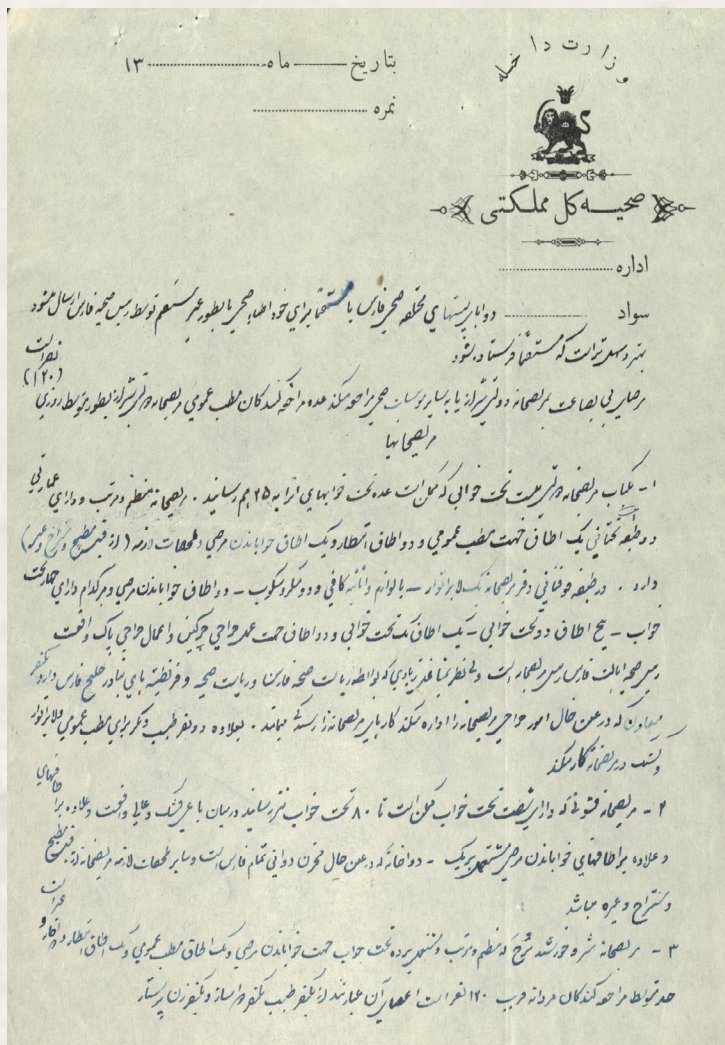


Figure 4. Hospitals



### Hospitals

There were quite a few hospitals and clinics such as the following:

1. Heidari Hospital was a city house with twenty beds. This hospital was a two-story house with some medical equipment. This hospital used to be a house that belonged to a Mr. Heydar Ali Khan, known as Heidari Hospital, which was endowed to the government to be in service of the public.

2. The Army hospital with sixty beds and its pharmacy was the reservoir of Fars province medicine. The military hospitals and their drug store had more equipment and medicine than government hospitals that they are the most reminiscent of Reza Shah's system of administration. In this period, the military had a lot of power. Since Reza Shah had a military origin, he had ordered to have army chief as well as the governor in provinces. The army chief had more power than a governor, as a result a military hospital had better conditions than a state hospital.

3. Shiro Khorshid hospital

4. Private clinics, one of which was ophthalmology.

5. British hospital: Although the activities of the British Missionaries in Shiraz began in the late Qajar period, the former Prince Abdul Hussein Farmanfarma, the former governor of Fars, bought a piece of land outside the quarter gate of the Shah's Garden from Gholam Hossein Etemad-ol-tojjar in 1925. The purpose was to build a public hospital. This was devoted to the people of Shiraz, furthermore, a British missionary medicine officer called Kar was put in charge of the hospital. Such British doctors were under the auspices of the Church's Propaganda Association, known as C.M.S<sup>8</sup>.

The hospital officially began the activity in 1931. The hospital was known in Shiraz with different names such as the English Hospital, Morsalin English Hospital, Morsalin Hospital and UK House Patient. In this document, the hospital is referred to as the hospital of the British, but in Shiraz and among the people from the 1960s onwards, it was known as Morsalin but after the 1979 revolution the name was changed to Moslemin (Figure 5).

### Prison

The document refers to the old Shiraz prison, which had six rooms, was very small and tight, did not have a special bathroom, and that the health status of the prisoners was not good. It is most likely that this prison is today's citadel of Karimkhan, the first ruler of the Zand dynasty. This is be-



cause this citadel was used as a prison from the late Qajar until the Islamic Revolution. During the 1970s, Adel Abad's new prison was built, but Police headquarter was located in close proximity to the citadel, thus it has been used as a prison. Later on during the 1980s the headquarter was moved to Somayyeh Street and the city's prison moved to Adelabad. As a result, the Karimkhan citadel was restored and used by the cultural heritage organization.

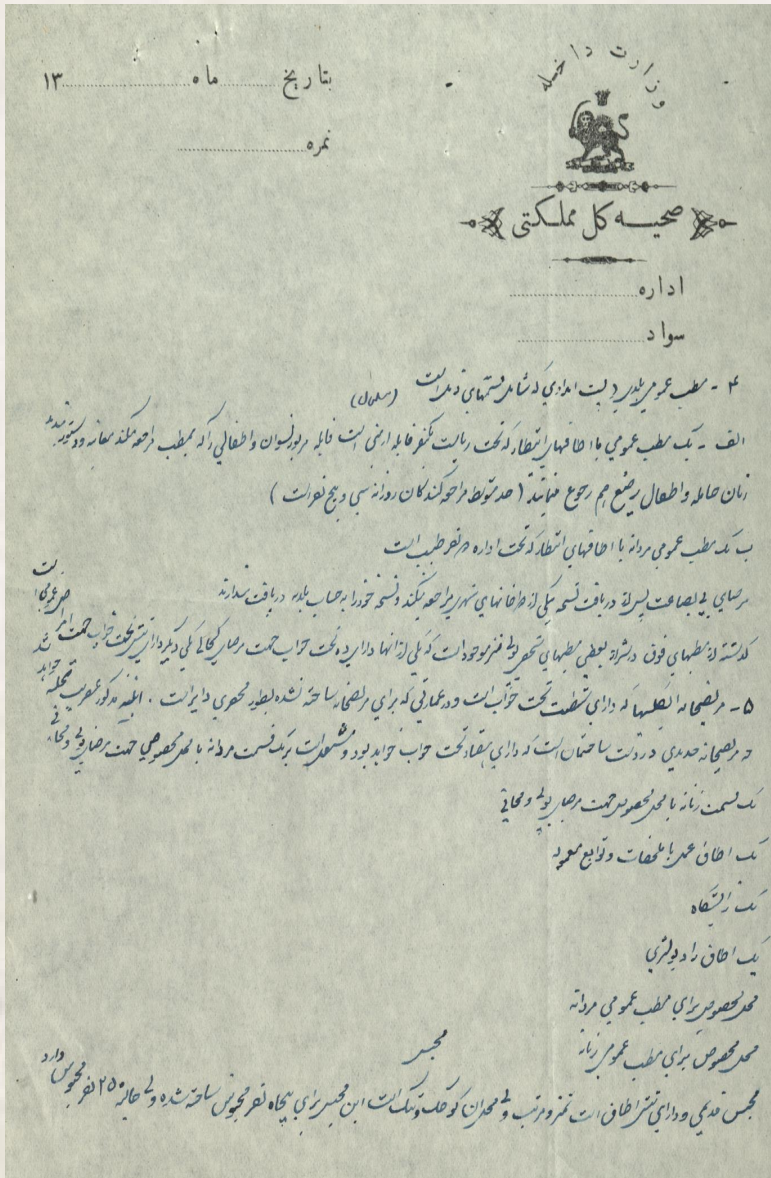


Figure 5. Hospitals and Prison

**Physicians, pharmacists, midwives, and laboratories**  
 According to documents, at that time, 55 physicians were



operating in Shiraz, 45 of whom were free physicians, of whom two were British, one Indian and one Greek, while the rest were employed in various departments, including the city police and the army. The number of pharmacists was 11, only one of them was an army pharmacist and the rest were free. The number of midwives was 3, of whom one was English.

It is clear from the content of the document that among the practitioners of modern medicine, midwives had a lower rank. The document shows that the old midwives were summoned to be trained in the modern medicine in the delivery of the baby and cutting off the umbilical cord, they did not welcome the move (Figure 6).

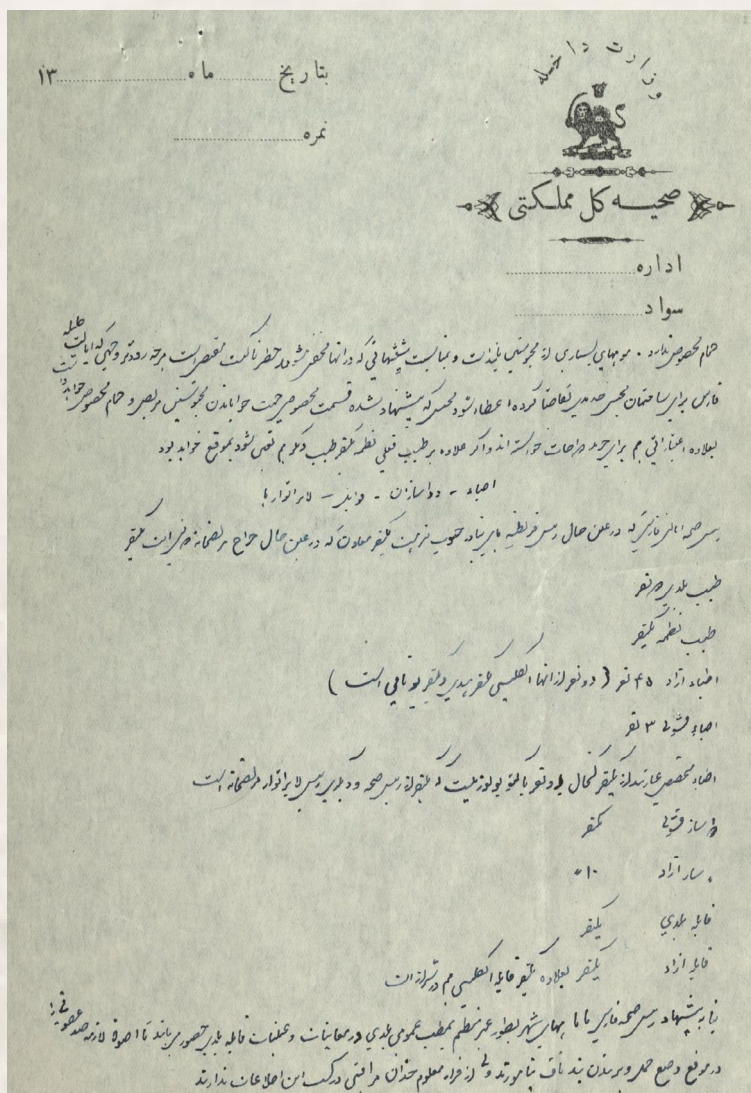


Figure 6. Physicians, Pharmacists, midwives and Laboratories.

**Miscellaneous**

It is stated in the document that various issues related to the construction of a bacteriological institution and the provision of vaccine against rabies and mildew, as well as issues related to staffing and supplies in the entire medical field were under study. In addition, the Fars health office had the intention of separating itself from quarantine resorts in the south. It was impossible for them to manage both offices in Shiraz at the same time.

On the sixth page of these papers where the writer has verified the content of the document, the handprint say, "The content of this writing conforms to the original and is sealed by Fars Province Health Cabinet." (Figure 7)

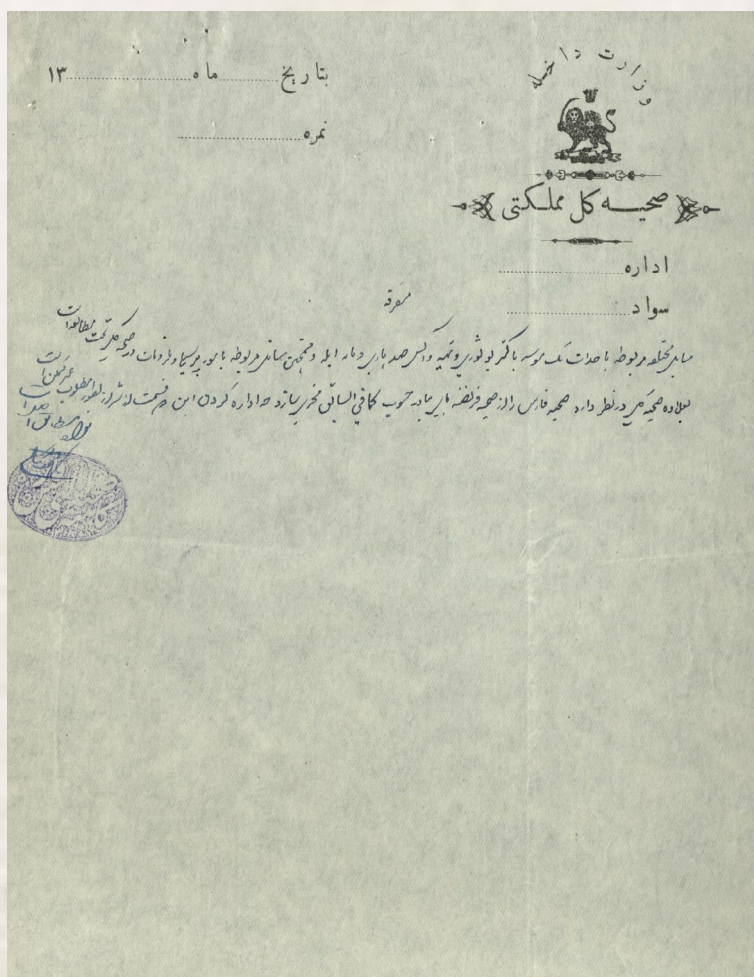


Figure 7. Miscellaneous

**Conclusion**

The existing medical history records provide valuable information about the health and public health situation. The



documents reviewed in this article are related to 1933, and as stated in the introduction, the review of these documents tells us that the general health condition of Shiraz did not have a major development as one of the five largest cities of Iran and the most important city in the south of the country. In addition, especially the water situation in this city was wretched. The same water and water supply problems continued for another decade, and it became a major catastrophe in 1944. In other documents related to the tragedy of typhoid disease in Shiraz, the health authorities sent a report of the situation and warned the authorities in Tehran of a major danger. In the report, they asked the authorities to take immediate measures to deal with Shiraz water supply. They also provided them with the fact a costless solution. Failure to consider these warning, however, results in disaster and nearly two-fifths of the population of Shiraz died from typhoid fever.

The subject of document was dated back to 10 years before the wretched event. A review of these documents shows 10 years before the incident, the problems in the health situation and the shortcomings and solutions had been reported to the center, but during all these years, a serious effort to improve the health of the city had not been made. The city has two parts; the old texture and the new texture. The old texture is practically abandoned in terms of repair and reconstruction. During this time the administrative centers were forced to be located in the new texture. Some of the local people in this area had to move to the new fabric as a result. Thus the old texture became practically very vulnerable. The next unfortunate events maybe root in the same neglect of the old texture of the city, while a large number of the people of Shiraz has still lived in this area. To this writer, the new texture lacks the urban spirit and vitality of the old texture.

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