of the metaphysicals. Nonetheless, they produced "new modes of sociality" that affected other cultural strata. They have become forces or, in Doostdar's words, "unintended consequences," of metaphysical inquiries (p. 225) that transformed Shi'i teachings. These forces also permeated into society at large, surfaced, more often than not, in the media landscape and shaped a certain public imagination. It is in this light that the author concludes that the problem "is not *whether* metaphysical experimentation is rational." Rather, what matters are "the specific ways in which it draws on, inhabits, recasts, and displaces those modes of reason that have been central to the constitution of Iranian modernity" (p. 236).

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Studies in the History of Medicine in Iran, Willem Floor, Washington, DC, Mage Publishers, 2018, ISBN 978-1-933823-94-2 (hbk), vxi + 210 pp.

This, the author's second study of medicine in Qajar Iran, complements his earlier volume, published in 2004 as *Public Health in Qajar Iran*. It does so by discussing a number of important issues left unaddressed in the earlier volume, which was already quite comprehensive in its treatment of illness and its cures in nineteenth-century Iran, addressing as it did the prevalent diseases, the state of medical knowledge and the transition from traditional, Galenic methods to modern forms of medicine. In the present study the author more specifically focuses on frequently occurring diseases such as plague and cholera, and preventive measures, including quarantine arrangements, taken at the turn of the twentieth century to combat their frequent outbreaks. Interesting and novel, too, are the chapter on medical facilities introduced in early twentieth-century Khuzestan in the context of the emerging oil industry, and the one on an important yet barely known Dutch physician active in Iran in the late nineteenth century, J. L. Schlimmer. All this material is presented on the basis of a large amount of documentation culled from the National Archives of Great Britain, a number of Dutch archival depositories and a wealth of primary and secondary printed works.

As it did in the earlier volume, early modern Iran in this book emerges as a "medical nightmare" (p. 108). Floor qualifies this statement with the caveat that the country's dismal state of health was not much different from that in most other parts of the world in the nineteenth century. Yet the evidence he offers leaves little doubt that Iran suffered from particularly poor sanitary conditions and that these lasted well into the twentieth century. Chapter 1 illustrates this point with an analysis of plague and cholera. The author seeks to disentangle the two by focusing on the meaning of the Persian (Arabic) terms *tāʿun* (plague) and *vabāʾ*, which more generally refers to an epidemic or pestilence, and concludes that the two terms were often used interchangeably, so that it is not always easy to distinguish between one and the other. The chapter enumerates the frequent outbreaks of these scourges—which often arrived from either Iraq or India, both incubators of diseases, facilitated by heavy pilgrim traffic and the transportation of Shiʿi corpses to the *ʿAtabāt*—between Safavid times and the 1960s, when a vast improvement in public hygiene caused both to disappear (even though cholera reappeared in Iran in 2013).

Malaria, traditionally widespread throughout Iran and endemic in the Caspian provinces and on the Persian Gulf coast, is the topic of chapter 2. Floor discusses the traditional treatment, bleeding, prayer and various other forms of quackery, all of which were wholly ineffective. He also describes the efforts to eradicate the disease, once it has been properly diagnosed, first by the Anglo Iranian Oil Company (AIOC) in Khuzestan, then by the U.S. army during World War II, and later by way of an American-led DDT (Dichlorodiphenyltrichloroethane) program in conjunction with the World Health Organization and the Point Four Program, until in the 1970s malaria had been largely eliminated from the country. Today only the Persian Gulf region and Baluchistan-Sistan remain susceptible to malaria.

Quarantine is next. Nothing useful was done to prevent the incidence of epidemics as long as the miasmic theory of *vabāʾ* and *tāʿun* prevailed. Only following the International Constantinople Cholera conference of 1866, which met in the wake of a severe outbreak in both the Ottoman Empire and Iran, did Naser al-Din Shah take an interest in preventive measures. Around the same time, the same monarch established a Board of Health, *Majles-e sehhat*, and, subsequently, a Sanitary Council, *Majles-e hefz-e sehhat*, composed of Iranian and European physicians in equal number. But problems ranging from lax meeting schedules, budgetary problems, hostility to Western medicine and the poor training of many provincial physicians prevented these bodies from accomplishing much. And it was only in 1875 that the British in Bushehr proposed creating a quarantine program, an initiative that eventually led to the establishment of two stations, at Bushehr and Qasr-e Shirin. Yet only at the turn of the century did a proper quarantine system become operational, more than half a century after the Ottomans had initiated theirs, and even then progress was impeded by different approaches to sanitation by rival British and French and Russian officers, and more particularly by disagreement between the Russians and the British about the negative effect on trade caused by a Russian-controlled quarantine post on the border with Afghanistan. Equally unhelpful was the friction that existed between British officials and Iranian authorities over jurisdiction, with Iran insisting on super-

vision by its doctors while the British argued that, even though good Iranian physicians were available, it was doubtful that they would be willing to serve in hardship posts such as Bushehr. Floor provides ample information about these matters, yet fails to put them in a larger context of power/knowledge dynamics involving Iran's semi-colonial status at the time. Nor does he discuss the effect of improvements in technology and infrastructure at the time, the telegraph and the steamship in particular, which accelerated communication and allowed for the movement of many more people over long distances at lower cost yet also helped spread disease with unprecedented speed.

Chapter 4, on the influenza epidemic of 1918, which is said to have killed upwards of one million Iranians, or some 10 percent of the population at the time, deliberately supplements rather than duplicates Amir Afkhami's excellent article on this topic.[1] Floor first questions the notion that influenza, *nākhoshi*, was unknown in Iran until its virulent outbreak at the end of World War I, to conclude that its first documented incidence dates from 1854 and that it occurred regularly thereafter. Oddly, he does not refer to the context, World War I, which, though Iran was officially neutral, dramatically affected the country by way of spillover military action, involving streams of refugees as well as massacres of Christians in the northwestern provinces. Floor concludes that the figure of 900,000 to 2.4 million casualties given by Afkhami is too high. And he appropriately relegates Mohammad Gholi Majd's overblown, conspiracy-filled book on the epidemic and the number of 8-10 million (or almost the country's entire population) given by him, to a footnote.[2]

Chapter 5 deals with the medical infrastructure set up as part of the establishment of the oil industry at Masjed-e Soleymān in Khuzestan in the first decades of the twentieth century. It follows developments, from the assembly of a modern field hospital to the creation of dispensaries in various southern towns. We are told that the Anglo Persian Oil Company, faced with the need to provide medical care to its employees in order to keep them healthy, had to build everything from scratch, and how the dispensaries also served an ambient, mostly tribal population that was otherwise totally bereft of modern medical care. This is important, since the official Iranian view, shared by many ordinary Iranians, is that all the British ever did or at least, intended to do, in their country was weaken it and rob it of its resources. Floor does not deny that there was a propagandistic element to British efforts at improving sanitary conditions in the industry and region under their jurisdiction, yet he points out that the directors of the AIOC introduced healthcare facilities and provided free care for a population that typically had no recourse to any modern healthcare. British dispensaries in Bushehr, established in 1873, in Bandar Lengeh (1912) and in Bandar Abbas (1906), clearly performed an essential service in this regard. Similarly, British-led efforts helped plague cease to wreak regular havoc on places like Bushehr even before control and management was handed over to the Iranians in the Reza Shah period.

The next two chapters, 6 and 7, are devoted to two little known topics. One is geophagy, the habit among poor Iranians of ingesting clay for dietary and medical reasons. Geophagy may appear shocking and bizarre to the modern mind, but it was quite common in preindustrial, traditional rural societies, where it was practiced either to suppress hunger or for pleasure. As elsewhere, geophagy in Iran persisted far into

the twentieth century. In modern times, Floor tells us, the practice is linked to pregnant women and the eating disorder called pica.

The other one concerns the origins of veterinary medicine, which began with a Mr. Carré, a Frenchman who in the late nineteenth century was hired to look after the animals in the royal stables. The chapter's focus is rinderpest, an outbreak of which in the aftermath of World War I occasioned the first serious, British-led attempt to combat it. The chapter closes with a facsimile copy of a lengthy English-language report on the topic from 1919.

The final two chapters, 8 and 9, concern two western physicians who were instrumental in introducing modern medicine in Qajar Iran. The first is the Frenchman Joseph-Désiré-Tholozan, who for years served as Naser al-Din's private physician. Not relying on French archival material, Floor adds relatively little to what was already known about him. He makes the important point that the dominance of France and the French language in Qajar medical history has contributed to the exaggeration of Tholozan's achievements. The English doctors who toiled in Bushehr and Bandar 'Abbas, he contends, were far more instrumental in introducing modern medical ways and methods. Tholozan, trained in the old school, even hampered the establishment of a quarantine system since he was not convinced by the contagion theory, and thus became increasingly irrelevant toward the end his career.

The other pioneer remains an unsung hero. The Dutchman Johannes Lodewijk Schlimmer, a man of modest background who spent thirty years of his life serving the Iranian people and in this period wrote Iran's first modern medical compendia, inventing a medical vocabulary in the process. Floor has unearthed a great deal of primary evidence to offer a full biography of this individual, who died impoverished, treating indigent patients for free. Schlimmer, Floor submits, was popular in Iran in part because of this generosity but also because he respected Iranian doctors.

This is a valuable contribution to the history of medicine of Iran, full of important facts, albeit rather short on contextual analysis. It is also an engaging read, despite many grammatical infelicities, including the occasional run-on sentence.

Notes

1. Amir Afkhami, "Comprised Constitution: The Iranian Experience with the 1918 Influenza Pandemic," *Bulletin of the History of Medicine* 77, no. 2 (2003): 367-92.
2. Mohammad Gholi Majd, *The Great Famine and Genocide in Iran 1917-1919*, 2nd ed. (Lanham, MD, 2013).

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