

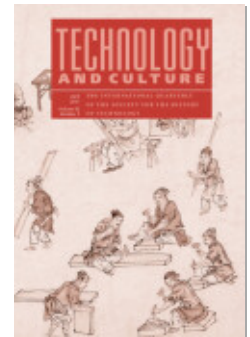


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*A Modern Contagion: Imperialism and Public Health in Iran's
Age of Cholera* by Amir A. Afkhami (review)

Kim Clark

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mobilized statistical activity. Statisticians “replaced people’s participation with randomness” (p. 334). Random sampling allowed Bureau statisticians to objectify a mass society so that a more active government could intervene in it.

DAN BOUK

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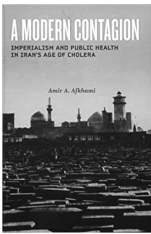
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A Modern Contagion: Imperialism and Public Health in Iran’s Age of Cholera

By Amir A. Afkhami. Baltimore: Johns Hopkins University Press, 2019. Pp. 276.



How have international, national, and local forces shaped Iran’s susceptibility to epidemics since the early nineteenth century? How did Iran’s cholera outbreaks drive the adoption of new paradigms in medicine? And what role did changing infrastructures—not just water and waste systems, but trade routes, transportation, and telegraph technology—play in these processes? Afkhami addresses these questions and more in his wide-ranging history of public health, medicine, and politics in Iran from the 1820s to the 1920s.

A Modern Contagion is the result of two decades of assembling and mining archival materials and thinking deeply about them, drawing on the author’s training as a physician and historian of medicine. It is a compelling narrative that sets the modernization of Iran’s public health programs in the context of the global history of health.

The title captures well the multiple dimensions of the book’s argument. The phrase “modern contagion” highlights how cholera spread due to conditions associated with Iran’s position as a hub of intensifying population movements and trade in the nineteenth century. Internationally, endemic cholera in the Indian subcontinent was unlocked by global economic integration, allowing it to spill over to new regions. The book also traces a strong thread of argument about modern state formation and integration of regions in Iran. Increasing circulation of information about public health interventions, medical advances, and urban developments via telegraph and the printing press were also crucial in the emerging Iranian public sphere. Yet the underlying tension between the evolving secular medical and scientific knowledge and other ways of knowing the world took different forms in different moments and locations in Iran, so biomedical modernity did not have a unilineal trajectory in the country.

Imperialism framed Iran’s experiences with epidemic disease and pub-

lic health in crucial ways. Located between British India, the Russian Empire, and the Ottoman Empire, with land and maritime borders with multiple neighbors, Iranian political and medical leaders had to navigate imperial rivalries over control of trade routes—with concrete consequences for their leeway in addressing disease outbreaks and operationalizing quarantines. These tensions also played out in Iran’s participation alongside European colonial powers in the International Sanitary Conferences. The shifting contours of imperial pressures on Iran also manifested in changing constellations of foreign physicians and experts who led medical training in Iran, offered opportunities for Iranians to study abroad, and might have had the ear of Iranian rulers as their personal physicians.

Iran’s century-long “age of cholera” was especially marked by periodic cholera outbreaks, but also by important epidemics of bubonic plague and Spanish influenza. Iran’s broader history of medicine and public health involved multiple disease challenges that intersected with the changing political context through a period of state consolidation and secularization. Interestingly, among preventive health interventions, reform of water and waste systems during Iran’s age of cholera came later than advances in large-scale vaccination programs.

Reading Afkhami’s book as a historical anthropologist and Latin Americanist, this reviewer found it clear, readable, and stimulating for a non-specialist in the region. Yet some questions remain. The book sometimes seems to suggest that what constituted “progress” in medicine and public health was unambiguous, with phrases such as the “fate of progress suffered another setback” (p. 19). This underestimates the contested nature of science. As Iran was struggling to address cycles of infecto-contagious diseases, the causes, prevention, and treatment of those diseases were being debated and refined within medicine itself and were not just targets of external challenges (for instance, from religion). The strong emphasis on evolving public health dynamics at the national level may leave readers curious to know more about the local networks that actually carried out the health interventions decided on at a higher level. Were there instances where local knowledge was successfully incorporated into public health campaigns to improve their implementation, as occurred in Latin America and the Caribbean (Steven Palmer’s *Launching Global Health: The Caribbean Odyssey of the Rockefeller Foundation*, 2010)? *A Modern Contagion* establishes an impressive foundation for further investigation.

KIM CLARK

Kim Clark is professor of anthropology at the University of Western Ontario in Canada. She is currently completing a book, *Conjuring the State: Public Health Encounters in Highland Ecuador, c. 1908–1940*, and is the author of *Gender, State, and Medicine in Highland Ecuador: Modernizing Women, Modernizing the State, 1890–1950* (University of Pittsburgh Press, 2012).

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