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

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The book is a good read and should appeal to undergraduates and the interested public. Scholars who specialize in women, fertility, family, birthing, baby care, and mothering will find little that is unfamiliar in their areas of specialization, but will benefit from the juxtaposition of a wide range of ideas and practices. Given the abundance of detail and interpretation, the author's decision to avoid "maternal mortality, infant loss, or forced relinquishment" (p. 17) is curious, and the book says nothing of the too frequent violence against women and infants. I would also have liked some appreciation of the relatively privileged position of those white women in America who can muster supportive spouses, adequate medical insurance, communal social services, and flexible work arrangements. It will be interesting to see if this unconventional approach to women's place in history becomes the conventional historical history of the twenty-first century.

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Amir A. Afkhami. *A Modern Contagion: Imperialism and Public Health in Iran's Age of Cholera*. Baltimore: Johns Hopkins University Press, 2019. xiv + 276 pp. Ill. \$54.95 (978-1-4214-2721-8).

From 1817, a cholera epidemic that began in Bengal diffused across much of the Indian Subcontinent and along the proliferating pathways of global trade that had opened up in the wake of European—above all, British—imperial expansion. By 1820, cholera had reached China and a year later it was reported in the Middle East.

Amir A. Afkhami's *A Modern Contagion: Imperialism and Public Health in Iran's Age of Cholera* examines the impact of cholera on the development of modern Iran. The book develops three interconnected arguments. First, in the spirit of Charles Rosenberg's classic study *The Cholera Years*, Afkhami suggests that Iran's epidemics provide a "sampling technique" to throw into relief entangled social, political, and economic processes.¹ In his own words, cholera furnishes a "prism" for "showing the multiple, and often contradictory, social and political determinants of medicine and public health" (p. 3). Second, he contends that Iran's transition to modernity under the Qajar dynasty (1796–1925) created new conditions that in turn produced novel susceptibilities to disease. In particular, centralized government and the country's integration into burgeoning transnational trade networks facilitated cholera's spread and endemicity. Third, Afkhami tracks cholera's impact on the country's institutional developments across domains: from medicine, sanitation and hygiene, to social and political milieus. In other words, he claims that

1. Charles E. Rosenberg, *The Cholera Years. The United States in 1832, 1849, and 1866* (Chicago: University of Chicago Press, [1962] 1987), 4.

cholera acted as a catalyst for institutional changes that looped back to influence how the disease was itself understood and experienced.

There is an apparent tension, here, between the different roles assigned to cholera. If cholera is a “prism,” can it simultaneously be a catalyst for transformation and an ontological object of study in its own right? The answer, as Rosenberg maintains, is yes, and Afkhami carefully braids these multiple cholera narratives into his singular but multi-layered history. While the comma-shaped cholera bacterium (*Vibrio cholerae*) that, when ingested, can cause fatal infection, is the subject of his book, cholera is also a methodological tool for making visible intermeshing social, political, and economic processes linked to modernity. Cholera, in other words, enables the historian to have her cake and eat it.

The book, which draws impressively on a wide range of original sources, is organized chronologically, albeit with cross-cutting themes. Afkhami begins by mapping the institutional developments that marked the early period of Qajar rule as Iran opened up to international currents and modernized. He shows how these transformations were connected to a growing public health consciousness among the governing elites. Hygienic modernity was both reflective and constitutive of new social, political, and economic configurations. The cholera outbreaks of 1889 and 1892 serve as case studies for demonstrating how existing disease susceptibilities were amplified by Iran’s progressive incorporation into a steam-driven international marketplace. Iranian responses to cholera, Afkhami concludes, were shaped by a wider geopolitics as imperial powers, notably Great Britain and Russia, jostled for spheres of influence across Asia. This power politics was played out, particularly at the turn of the-century during the Third Plague Pandemic, in the realms of sanitary imperialism.

A recurrence of cholera in 1904 is used to illustrate the impact of new microbiological models of disease causation and transmission on Iranian society. Afkhami considers the espousal by local administrations and civic groups of Western-inspired sanitarian measures, highlighting the staunch opposition to them by a religious leadership. The failure of the Qajar administration to contain cholera led to increasingly strident calls by revolutionaries for government reform. At the same time, attempts to modernize Iran’s health system by a constitutional government were overshadowed by imperial rivalries. The country’s embroilment in a “Great Game” politics ultimately reduced its status, Afkhami argues, to that of a “proto-colony.”

A Modern Contagion provides a fresh perspective on cholera’s entwined local and global histories, opening up new avenues for comparative scholarship. A distinguishing strength of the book is the adroitness with which it interweaves local, national, and international contexts. Through a multi-scalar history of cholera, Afkhami makes a compelling case for the distinctiveness of Iran’s sociocultural world, even as he shows how this particularity is itself the product of modern, globalizing forces.

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