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The Sick Men of Persia: The Importance of Illness as a Factor in the Interpretation of Modern Iranian Diplomatic History

STUDIES OF IRANIAN POLITICAL HISTORY OFTEN ASSUME THAT THE REPERCUSSIONS OF physical or mental illness on leadership are inconsequential in determining the course of history. Globally, very few scholars have attempted to systematically examine the effects of illness on leaders and Iranian historians seem to evade this topic entirely.¹ One reason may be a reluctance to grapple with medical issues that they might feel exceed their expertise. Another explanation, one frequently offered by medical historians, is the lack of reported clinical information on patients due to rules of medical confidentiality to which their physicians were bound. While aversion to grappling with medical terminology is understandable, the unwillingness of historians of Iran to explore the illnesses of their subjects might also stem from cultural sensibilities with respect to medical privacy and traditional notions of a leader's stoicism in the face of disease.² As a result, Iranian scholars, until recently, have even steered clear of some of

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1. One of the most prominent works in this field is Jerrold M. Post, *When Illness Strikes The Leader* (New Haven, 1993). While the book is a fine introduction to the impact of clinical conditions on political leaders, its treatment of the subject lacks in both medico-biological depth and historical treatment that can only emerge from an in-depth study of sources, particularly medical documents. A more recent work, Travis L. Crosby, *The Two Mr. Gladstones: A Study in Psychology and History* (New Haven, 1997), is representative of the "psychohistory" genre; a genre that has frequently been accused of reductionism and failing to take note of complexities in human behavior. The book attempts to place Gladstone's dual character within a sophisticated psychological framework. Crosby, however, avoided a substantive investigation of some of Gladstone's potential organic pathologies that might have explained his labile behavior.

2. The Iranian tradition of hiding terminal diagnosis from patients is an example of the view that the patient must try to live life in dignity, unimpeded by illness, rather than be debilitated by the thoughts of his own mortality. (See Byron J. Good "The heart of what's the matter: the semantics of illness in Iran," *Culture, Medicine and Psychiatry* 1 [1977]: 25–58; idem, "Medical Change and the Doctor-Patient Relationship in an Iranian Town" in Khodadad Farmanfarmaian ed., *The Social Sciences and Problems of Development* [Princeton, 1976], 244–60; Mary-Jo Delvecchio Good and Byron J. Good. "Ritual, the State, and the Transformation of Emotional Discourse in Iranian Society," *Culture, Medicine, and Psychiatry* 12 (1988): 43–63.)

easily interpretable psychological motivations that have shaped political developments.³ Surprisingly, historical evidence on the medical condition of leaders, particularly in periods of political crisis, are abundant and may be discovered in a source, government archives, familiar to social and political historians, and one that is usually ignored by medical historians: foreign diplomatic dispatches. This resource is particularly useful for historians of modern Iran, where European physicians played an important role as caregivers to leaders and notables from the Qajar period onwards.⁴ Even as late as the twilight years of the Pahlavi era in Iran, a coterie of international physicians, including French hematologists and American surgeons, were consulted to diagnose and treat the shah's cancer. With the strategic importance of Iran to Western powers during its most recent history, many European physicians regularly informed their governments of the health of Iran's leadership. No case better illustrates this than the hidden cancer of Muhammad Reza Shah Pahlavi prior to the Iranian Revolution of 1978-1979.⁵ Though the shah's cancer provides a striking example of the influence of illness on Iranian politics, the health of Iranian rulers has often been extremely influential in shaping both public opinion and political power for centuries.

The bedridden Muhammad Musaddiq (1882–1964) is another example of the importance of the health of Iranian leaders in shaping its modern history. The controversial premier and charismatic leader of the National Front became an iconoclastic *malade imaginaire* in the eyes of his detractors. His habit of receiving dignitaries in his pajamas at his bedside and fainting during passionate speeches shaped his public persona. Musaddiq was afflicted with a “progressive nervous disorder,” most likely psychiatric in nature. It is surprising that very little work has been done on his medical profile considering the importance of his health in his own memoirs. Musaddiq's own words give us some insight into his illness, particularly his first “breakdown.”

My health was so poor and I became so weak that I often had to lie down on one of the benches which were in the lecture theater and try to listen to the lecture. . . . My poor physical health, lack of sleep, and

3. Abbas Amanat's substantive study of Nasir al-Din Shah examines some of the Freudian complexities that led Nasir al-Din to form paternal attachments to his Premier Mirza Taqi Khan Amir Kabir. (See Abbas Amanat, *Pivot of the Universe* [Berkeley, 1997].)

4. For some idea of the role of foreign physicians in the Qajar court, see: Amir Arsalan Afkhami, “Epidemics and the Emergence of an International Sanitary Policy in Iran,” *Comparative Studies of South Asia, Africa and the Middle East*, 19, 122–136; idem, “Compromised Constitutions: The Iranian Experience with the 1918 Influenza Pandemic,” *Bulletin of the History of Medicine* 77 (2003): 367–92; and idem, “Joseph Desirée Tholozan,” *Encyclopedia Iranica* (forthcoming).

5. The shah's cancer was diagnosed in 1973 and hidden from the public in subsequent years. The battery of chemotherapeutic agents used to treat Muhammad Reza Shah included steroids (used to treat his bouts of hepatitis) that could produce unwanted manic and depressive side effects. See William Shawcross, *The Shah's Last Ride: The Fate of an Ally* (New York, 1988), 244. For more on the shah's medical condition see Dennis L. Breo, *Extraordinary Care: (Chicago, 1986), 72–92. The shah's physicians, Dr. Benjamin H. Kean, Dr. Morton L. Coleman, and Dr. George Flandrin have written extensively on the shah's illness.*

nervous exhaustion gave me much trouble . . . it was rare for a patient's stomach secretions to be as irregular as mine.⁶

Musaddiq's health became an important factor in the crucial negotiations to resolve the nationalization crisis that were conducted with American officials in New York Hospital where the ailing premier was admitted for examination.⁷ Aside from any effects on the actual negotiations, Musaddiq's frail constitution and his erratic emotions earned him such unwelcome labels as the "crying" prime minister or the "madman."⁸ Though not physically debilitated, he could be viewed as a prisoner of his illnesses since his health shaped the foreign opinions that eventually contributed to his downfall.⁹

The castration and recurrent *Grand Mal* seizures of the founder of the Qajar dynasty, Agha Muhammad Khan, are often anecdotally associated with his boundless cruelty. However, a systematic examination of Agha Muhammad Khan's medical profile is still wanting and would be a fascinating account of the role of an acute neuropsychological pathology in shaping the destiny of Iran's modern history. While traumatic castration and neurological pathologies were the major medical complaints of this monarch, his descendants had to grapple with a whole slew of other diseases including a persistent hereditary condition.

If history will forever associate the last Romanovs with hemophilia¹⁰ the Qajars should be remembered for their hereditary gout. Known as "the scourge of the ages,"

6. Psychiatric diagnosis is an imperfect science, even when the patient is evaluated in a clinical setting. Diagnosing historical figures presents its own obvious set of challenges. However, Muhammad Musaddiq's condition appears consistent with an anxiety disorder, particularly his habit of refusing to travel without a nurse and his perpetual concern with his health (and constant fear of political persecution- a fear that eventually came true). It is not unusual for anxiety disorders to be concomitantly accompanied by depression. The close connections between anxiety and depression is believed to be mediated by an "adrenal axis overload" which sensitizes individuals to "collapse" when the anxiety phase has resolved itself. Moreover, it is common for anxious and depressed individuals to have irregular stomach secretions. In addition there is a strong genetic component to both anxiety disorders and manic-depression. It should not be surprising, therefore, that Muhammad Musaddiq's youngest child, Khadija, had been a patient in various Swiss psychiatric hospitals since the age of twenty (1942). Homa Katouzian ed., *Mosaddiq's Memoirs* (London, 1988), 3, 144.

7. George McGhee, *Envoy to the Middle World* (New York, 1983), 393 and Manucher Farmanfarmaian and Roxane Farmanfarmaian, *Blood and Oil* (New York, 1997), 269.

8. McGhee, *Envoy*, 388; Kermit Roosevelt, *Countercoup* (New York, 1979), 8. Roosevelt quotes John Foster Dulles as referring to Musaddiq as a madman.

9. Musaddiq, a nephew of Muzaffar al-Din Shah, carried the quintessential Qajar hypochondria and fear of disease. While some of his illnesses did have very real sources, his over dramatizations possibly stemmed from the childhood experience of losing a father to the 1892 cholera epidemic.

10. Hemophilia, a disorder characterized by the inability to properly form blood clots, is a sex-linked recessive disease, which is passed from the mother (generally an asymptomatic carrier) to the son. The Romanovs and much of Europe's royalty owe the durability of their hemophilia gene to intermarriage. It became known as the "royal disease" because it spread to the royal families of Europe through Victoria's descendants.. In this case, the marriage of Nicholas II to Princess Alix

gout has earned the dubious distinction of being one of the most frequently cited medical illnesses in history.¹¹ Muhammad Shah (1834–1848) was the first Qajar monarch to display the dramatic symptoms of this disease. He eventually lost the use of one of his legs to an arthritic complication of gout, which resulted in the xenophobic monarch's reluctant agreement to be treated by a European physician, Dr. Labat.¹² Politically, Muhammad Shah's inability to walk kept the monarch's military ambitions in Afghanistan in check. In addition, his perpetual battle with gout contributed to his hypochondriacal fear of disease, another hallmark of the Qajars; and by extension to his superstitious nature, and religiosity.¹³ Muhammad Shah eventually died of complications resulting from an attack of gout in 1848.¹⁴

Nasir al-Din Shah (1848–1896), who succeeded Muhammad Shah on the Peacock Throne, was a relatively healthy monarch who lost his life to an assassin's bullet on his sixty-fifth birthday. His son, Muzaffar al-Din Shah (1896–1907), however, was more like his grandfather,¹⁵ often described as a fearful and sickly monarch afflicted with a variety of illnesses, including his own perpetual battle with gout.¹⁶ Like his grandfather before him, he was also a hypochondriac, extremely superstitious, and influenced by religious figures.¹⁷ His illness made him a “victim of manipulation for favors from

of Hesse (Czarina Alexandra Feodorovna), a granddaughter of Queen Victoria, brought hemophilia into the family. Their son, Czarevich Alexis (1904–18), was afflicted with the disease.

11. One of the most eminent books on the history of gout is Roy Porter and George Rousseau, *Gout: The Patrician Malady* (New Haven, 1998). Sadly, it is also one of Roy Porter's last books before this historian of medicine's untimely passing this past year.

12. Cyril Elgood, *A Medical History Of Persia and the Eastern Caliphate From the Earliest Times Until the Year A.D. 1932* (Cambridge, 1951), 495

13. A survey of the correspondence between Muhammad Shah, a nineteenth-century Qajar monarch, and his premier, Mirza Aghasi, splendidly illustrates this attribute, to the point that even the political dialogue between these men reveals an almost obsessive concern with sickness (*nākhūshī*) and the menace of new diseases. (See the Qasim Ghani Collection of Qajar Documents, Manuscripts and Archives, Sterling Memorial Library, Yale University.)

14. Elgood, *A Medical History*, 498.

15. In his memoirs of Nasir al-Din Shah, Qahraman Mirza °Ayn al-Saltana recounts “In his sixty-seven years the shah has only been ill for four whole days. The main illness of the shah has only been the occasional cold, rhinitis, and hemorrhoidal bleeding.” (See Qahraman Mirza Salur °Ayn al-Saltana, *Ruznāmah-i Khāṭirāt-i °Ayn al-Saltana* (Tehran, 1374), 1: 945.

16. Edward G. Browne, *The Persian Revolution 1905–1909* (Cambridge, 1910), 98.

17. Both Muhammad Shah and Muzaffar al-Din delayed their entry into Tehran and ascension to the throne to coincide with an astrologically auspicious moment. The religious influence on Muzaffar al-Din Shah was another parallel between the Qajars and the Romanovs. Rasputin, the mystical Orthodox preist, held Czarina Alexandra “under a spell” through his ability to stop Czarevich Alexis' hemophilia-related bleeding. See: Abdollah Mostofi, *The Administrative and Social History of the Qajar Period*, trans. Nayer Mostofi Glenn (Costa Mesa: Mazda Publishers, 1997), 2: 349.

Hakim al-Mulk, his physician,”¹⁸ just as Muhammad Shah had been influenced by his “mystical” premier Haji Mirza Aghasi:

Muzaffar al-Din Shah had been a victim of kidney stones for years and because he never had an effective physician the disease had become malignant. His physician was that same Hakim al-Molk [Ebrahim Hakimi] that had not taken the least yield from the science of medicine and through the intercession of his father or uncle who was the chief physician [Hakim Bashi] had become the Shah’s physician and not one of the English or European physicians acknowledged him as a physician . . . his health would deteriorate daily, and his poor temperament and disposition would leave the Shah with increasingly no recourse but to be a prisoner in the hands of this physician.¹⁹

Muzaffar al-Din’s poor health, particularly his renal problems, took him on several trips to Contrexville in France to obtain “water-cures” based on theories of hydropathic medicine, which were prevalent in Europe at this time. The treatment included mineral water consumption from the famous Contrexville source and a healthy diet.²⁰ These trips to Europe proved to be a major fiscal drain on the Iranian economy and contributed to the tide of discontent that culminated in the Constitutional Revolution.

More than any other event during his reign, Muzaffar al-Din is given credit for having signed the constitution that gave Iran its first elected legislature and a check on monarchical power. Many chroniclers attribute this development to Muzaffar al-Din’s “kindly nature,” and aversion to bloodshed, and refusal to engage in “those methods of oppression” that had been practiced by his father.²¹

His Majesty Muzaffar al-Din Shah was kind. He was really a Muslim. That Shah was like sun under the cloud. If there were a thick cloud, no one could

18. Mirza ʿAli Khan Amin al-Dawla, *Safarnāmah*, ed., Hafez Farmayan (Tehran, 1341/1962), 250 and Mostofi, *Administrative and Social History*, 2: 373.

19. Amin al-Dawla, *Safarnāmah*, 250. While European physicians were partial to Hakim al-Mulk’s skills, he had studied for more than nine years in France and it is doubtful that with the constellation of physicians around Muzaffar al-Din, Amin al-Dawla’s libel would have been taken seriously. In fact, Amin al-Dawla’s *ad-hominem* attack against Ibrahim Khan Hakim al-Mulk should be viewed in the context of the infighting at Muzaffar al-Din Shah’s court, which pitted the “Turkic” faction (those who had arrived from the Turkic-speaking city of Tabriz with Muzaffar al-Din, and included Hakim al-Mulk and Sultan ʿAli Khan Vazir Afkham) against the “Fars” faction, established politicians like Amin al-Dawla) who felt a sense of lost entitlement with the rising star of these newcomers. For more on the infighting amongst Muzaffar al-Din’s courtiers see: Mostofi, *Administrative and Social History*, 2: 373.

20. “Le Shah de Perse á Contrexville,” *Le Petit Journal*, July 1, 1900.

21. Browne, *The Persian Revolution*, 98.

have the sunlight. 'Ain al-Dawla was like that thick cloud. Mushir al-Dawla [Nasrollah Khan] let people have the Shah's light. He was wise and polite.²²

While it is true that Muzaffar al-Din could have been stubborn and ruthlessly suppressed the constitutional movement in Iran, the present academic record and historical commentators give too much credit to the monarch's "passive" personality and not enough to his health, state of mind, and by extension his influential advisors. Indeed, a more thorough examination of Muzaffar al-Din Shah's health would add a new perspective to the origins of the constitutional revolution.²³

The shah's medical exam, which took place less than a month after Muzaffar al-Din's inaugural speech before the national assembly, indicates that he had suffered severe neurological deficits, the worst of which (a severe stroke) could have emerged during the struggles with the ulama over founding a national assembly. In addition, the Shah's renal problems and his anemia would have further added to his lassitude and inability to fight against a growing opposition. These physical limitations would have had several expected outgrowths. On the one hand, the debilitated shah would have been increasingly dependant on his courtiers, especially those partial to reform, such as Mirza Nasr Allah Khan Mushir al-Dawla, who offered the sick monarch a relatively painless path out of the political quagmire. This contention appears to be corroborated by Kirmani's interpretation of the events leading to the signing of the constitution:

Therefore, the Prime Minister [Mushir al-Dawla] met his majesty by himself. He told the Shah what was necessary. The Shah signed and sealed the constitution. Then the Prime Minister brought the constitution back and gave it to the Ulama's representative.²⁴

Furthermore, with his history of superstition and religiosity, especially when he was ill, Muzaffar al-Din would have been extremely vulnerable to the influence and threats of the clergy leading the constitutional movement. This explains the degree of tolerance Muzaffar al-Din was willing to show the rebellious clergy and his readiness to "personally negotiate" and "cooperate" with the ulama who were seeking to curtail his power.²⁵

22. Seyed Taghi Barakchian, "An Annotated Translation of Nazim Al-Islam Kirmani's *Tarikh-i Bidari-i Irani*" [History of Iranian Awakening], Ph.D. thesis, State University of New York at Binghamton, 1984, 3: 183.

23. Vanessa Martin, *Islam and Modernism: The Iranian Revolution of 1906* (Syracuse, 1989), 42–51 is a good example of the predominantly Marxist or economic-determinist approach which attributes this movement principally to Iran's poor fiscal condition and the special merchant-clerical alliances. While this interpretation is probably correct, the importance of high-powered individuals and their health and state of mind should also be recognized as playing a pivotal role, especially in autocratic societies such as Iran.

24. Barakchian, "An Annotated Translation," 3: 187.

25. *Ibid.*, 3: 165.

It was not unusual for Muzaffar al-Din Shah to call for all the physicians in the land to examine him and evaluate his health.²⁶ However, this particular consultation on October 1st 1906 was ordered by the prime minister at a time when Muzaffar al-Din was extremely sick and bedridden, with death near at hand. The premier had probably hoped to obtain a prognosis on the shah's chances of survival in order to facilitate planning for the ascension of the crown prince, Muhammad °Ali. While the shah generally had a single *hakim bāshī* or chief physician, Muzaffar al-Din Shah's particularly poor health led him to cycle through a number of foreign physicians. The fact that the physicians of all the principal Western legations were consulted should not come as a surprise.

Moreover, while it was never explicitly stated, there probably was a desire on the part of the prime minister to keep the foreign legations apprised of the shah's health, thereby ameliorating any of the great powers' concerns regarding the issue of succession. In this particular case, an underlying element of rivalry between Dr. Schneider, the shah's French physician, and Dr. Lindley, the shah's English physician, also motivated the protagonists to seek a general diagnostic evaluation to buttress their claims to diagnostic superiority. However, rather than resolving the doubts on the shah's health, the variety of opinions further increased tensions and hardened attitudes.

This consultation took place on the 2nd of October, ten physicians of various nationalities, confronted, in the presence of the Shah, the English [physician] and his Persian acolyte [Dr. Alam ed-Dowleh], the ten consultants unanimously signed the consultation [report] and condemned the diagnosis and treatment prescribed by the ordinary physicians [Lindly and Alam ed-Dowleh]. The triumph of Dr. Schneider and French science had as a consequence the immediate call for an arbitrator, to break-up the adversarial parties, and a German physician, the Dr. Damach of Goettingen, is actually on his way at a large expense to make his pronouncement on the royal case.²⁷

The rivalry between the shah's French and English physicians had been going on for a long time, dating back to Dr. Joseph Désirée Tholozan's death a decade earlier.

26. The role and influence of physicians, both European and Iranian, at the Qajar court was extensive. The most prominent European physician was Joseph Desirée Tholozan, Nasir al-Din Shah's French *hakim-bāshī*. However, Muzaffar al-Din's particularly debilitated condition contributed to the rising political star of Iranian physicians like Hakim al-Mulk. (See Amir Arsalan Afkhami, "Disease & Environment in Iran: The Case of Cholera in the 19th Century" in Jeff Albert, Magnus Bernhardsson, Roger Kenna, eds., *Transformations of Middle Eastern Natural Environments: Legacies and Lessons* (New Haven, 1998) [<http://www.yale.edu/forestry/bulletin/103pdfs/103Afkhami.pdf>] and Amir Arsalan Afkhami, "Compromised Constitutions: The Iranian Experience with the 1918–1919 Influenza Pandemic," *Bulletin of the History of Medicine* [2003].)

27. Archives des Ministres des Affaires Étrangères (AMAE), Correspondance Politique et Commerciale (Nouvelle Serie) 1897–1918 (CP), Perse, Français au Service de Perse: médecins dossier personnelles 1896–1905 Volume 57, Dossier 6A. Dépeche (direction politique n. 72) Le Ministre de France á Tehran á Son Excellence Le Ministre Des Affaires Étrangères á Paris. Téhéran, 30th October, 1906.

Although Schneider's overbearing manners played a large role in alienating Iranians of all classes including the shah, at the urging of the French president he was appointed *hakīm-bāshī*. Over time, his improved attitude together with his substantial clinical abilities caused him to rise in the monarch's esteem. However, all of Schneider's gains came to an abrupt end when he fell ill and had to curtail his responsibilities to the shah in May. As a result, Dr. Lindley was named *hakīm-bāshī*, to the chagrin of the French.²⁸ It was particularly troubling to the French because their influence was at a low ebb during the Constitutional Revolution, a critical period in Iran's history. The multinational consultation was seen as a way for the French to regain "influence over the weak spirit of the King."²⁹ However, this would soon be no longer a matter of concern. Although the prognosis presented to the prime minister appeared upbeat and predicted "a significant survival time," the French knew that the shah "would not survive the winter," and the crown prince would arrive in Tehran with his own well-established French *hakīm-bāshī*, Dr. Coppin.³⁰

Muzaffar al-Din Shah's primary illness had been a hereditary form of gout, a condition whose symptoms he had struggled with throughout his life. Gout is a disease that is caused by an excess of uric acid in the body or hyperuricaemia. Uric acid is a byproduct of the body's normal metabolism; however, higher levels of this chemical can be part of the inherited makeup of some families such as the Qajars.³¹ The excess uric acid in the blood may deposit in the joints, eventually forming needle-like crystals that lead to the excruciating arthritic pain that characterizes acute gouty attacks. The image of Muzaffar al-Din Shah as a bedridden monarch probably emerged as a result of his inability to move during these frequent flare-ups. Uric acid may also collect under the skin (as tophi) or in the urinary tract as kidney stones, which also plagued Muzaffar al-Din. Kidney stones manifest themselves by sudden excruciating pain that starts in the small of the back, under the ribs, or in the lower abdomen, and which at times radiates to the groin. Muzaffar al-Din's attacks lasted for minutes or hours, followed by periods

28 AMAE, Correspondance Politique et Commerciale (Nouvelle Serie) 1897-1918 (CP), Perse, Francais au Service de Perse: medecins dossier personnelles 1896-1905 Volume #57, Dossier 6A. Dépeche (direction politique n. 60) Le Ministre de France á Tehran á Son Excellence Le Ministre Des Affaires Étrangères á Paris. Téhéran, 16th August 1906.

29. AMAE, Correspondance Politique et Commerciale (Nouvelle Serie) 1897-1918 (CP), Perse, Francais au Service de Perse: medecins dossier personnelles 1896-1905 Volume 57, Dossier 6A. Dépeche (direction politique n. 762) Le Médecin Ire Classe Schneider á Monsieur Le Ministre Des Affaires Étrangères á Paris. Téhéran, 15th July, 1906.

30. AMAE, Correspondance Politique et Commerciale (Nouvelle Serie) 1897-1918 (CP), Perse, Francais au Service de Perse: medecins dossier personnelles 1896-1905 Volume 57, Dossier 6A. Dépeche (direction politique n. 72) Le Ministre de France á Tehran á Son Excellence Le Ministre Des Affaires Étrangères á Paris. Téhéran, 30th October, 1906.

31. Other causes of hyperuricaemia include high intake of foods containing purine (an amino acid), which is abundant in certain meats, seafood, dried peas, and beans. Because of the foods in which purine is found, this disease has been frequently associated with a "rich" diet common to the more aristocratic strata of society. Other causes of hyperuricaemia include obesity, high alcohol intake, certain analgesic and blood-pressure medications, as well as longstanding kidney disease which can lead to an accumulation of uric acid in the system.

of relief which probably included blood in the urine as well as nausea and vomiting. Repeated trauma as a result of a lifetime of kidney stone formation, which Muzaffar al-Din Shah experienced, could lead to renal scarring and other damage which could conceivably bring about kidney failure. However, it was the overproduction of urate secondary to the monarch's gout that was most responsible for the acute progressive deterioration in his renal function.³² Indeed, in a separate evaluation, Muzaffar al-Din Shah was diagnosed with "Bright's Disease" by Dr. Schneider, his French physician.³³

Muzaffar al-Din's progressive renal failure had consequences for other bodily systems, which might explain some of his behavior. One undocumented repercussion of Muzaffar al-Din's stones and progressive renal failure was a probable anemic condition which explained his perpetual fatigue. This anemia could have been brought about by both microscopic blood loss from his kidneys (hematuria) due to the trauma of stone passage and from the progressive decrease in erythropoetin production due to renal failure and subsequent congestive heart failure. Erythropoetin is a chemical substance produced by the kidneys that serves as the primary stimulant for red blood cell production by the bone marrow. A decreased erythropoetin production inevitably leads to anemia in a patient, a condition which usually brings lassitude, easy fatigability, and a lack of motivation, all of which characterized Muzaffar al-Din's behavior, particularly the last years of his life. Though hypertension is a common complication of renal disease, the most severe outcome of Muzaffar al-Din's renal failure was the damaging effect it exercised on his heart, namely congestive heart failure (CHF). This condition is a malfunctioning of the contractile properties of the heart leading to lower than normal cardiac output.³⁴ The physical manifestation of this condition is a widespread swelling in the body due to the buildup of excess fluid in the tissues (edema and acities), including some flooding of the lungs which would have made it difficult at times for Muzaffar al-Din Shah to breathe or to exert himself.

One of the unexpected complications or outgrowths of the shah's advanced heart failure was its potential to lead to the destruction of brain cells due to low oxygenation (hypoxic encephalopathy), with resultant irritability, loss of attention span, and restlessness, which also characterized Muzaffar al-Din's lack of interest in the affairs of state.³⁵ Making matters worse, cardiac disease is a major risk factor for stroke, ranking third

32. Lee Goldman et. al., *Cecil Textbook of Medicine* Twenty-first Ed. (Philadelphia, 2000), 599.

33. Named after the nineteenth century English physician, Richard Bright, Bright's is an obsolete eponym for a disease of the kidneys (acute or chronic). It generally refers to nonsuppurative inflammatory or degenerative kidney diseases characterized by proteinuria and hematuria and sometimes by oedema, hypertension, and nitrogen retention. For Dr. Schneider's diagnosis of Bright's disease in Muzaffar al-Din see AMAE, Correspondance Politique et Commerciale (Nouvelle Serie) 1897-1918 (CP), Perse, Francais au Service de Perse: medecins dossier personnelles 1896-1905 Volume 57, Dossier 6A. Dépeche (direction politique n. 762) Le Médecin 1re Classe Schneider á Monsieur Le Ministre Des Affaires Étrangères á Paris. Téhéran, 15th July, 1906.

34. The most common regulatory defect in causing kidney failure is the body's inability to get rid of sodium. In the case of the shah, sodium retention also led to increased fluid retention, overloading his heart and leading to cardiac output malfunction.

35. In its worst state, this condition could progress to stupor or coma.

after age and hypertension.³⁶ Considering the report's neurological findings, which cited the Shah's left-sided paralysis, his speech problems, his problems ambulating (lumbering gait), exaggerated reflexes, and "+ Babinski"³⁷ there is significant evidence pointing to a history of severe stroke.

Even the best physicians can sometimes make errors in recording information, and historians should always rely on other resources to corroborate their findings. In this case, a photo of Muzaffar al-Din Shah from the last months of his life does show the seated monarch with a drooping eyelid and face, together with a limp arm (held by the other hand), and a leaning body (see figure 1) consistent with a partial paralysis. The portrait of Muzaffar al-Din Shah and Premier 'Abd al-Majid Mirza 'Ayn al-Dawla also clearly illustrates the severity of the shah's acities as indicated by his protuberant abdomen (Fig. 2).

Finally it should be acknowledged that written reports and pictures cannot replace an actual clinical evaluation. However, while admitting that medical and historical evaluations might have flaws associated with the examining physician's skills and the fund of medical knowledge available at the time, it is nevertheless incumbent upon diplomatic historians to make use of available materials and evaluate events accordingly.

36. Cardiac disease is a major risk factor for stroke, ranking third after age and hypertension. See: M. Pullicino, et. al. "Stroke in patients with heart failure and reduced left ventricular ejection fraction," *Neurology* 54 (2000): 288–94.

37 A positive Babinski sign is characterized by an upturned big toe and the fanning of the other toes. A positive Babinski sign is always abnormal in adults (though present in children) and it usually indicates a lesion in the upper nervous system. In this case a combination of a Babinski sign together with hyperreflexia (also abnormal) and the paresis and hemiplegia all point to a lacunar stroke. Lacunar strokes are small subcortical infarctions of the deep penetrating arteries.

THE SICK MAN OF PERSIA: THE SHAH'S SERIOUS ILLNESS.

Photographs by London Electric Agency and by Edouard.

THE HEAD-APPEARANCE TO THE PRESBYTERIANS.
PROF. MONTAGU AND MERRILL.



THE SHAH'S SUMMER PALACE: THE CASER OF THE KAJARS.

HIS IMPERIAL MAJESTY MUZAFFAR-ED-DIN, SHAH OF PERSIA, WHOSE DEATH WAS REPORTED ON DECEMBER 8.

Towards the end of last week it was announced from Teheran that the Shah was ill, and that no hopes were given of his recovery. Against more encouraging rumours was set the report that the Shah had actually passed away, and that the death was being concealed by the palace officials. The Shah succeeded his father, Nasir-ed-Din, on May 1, 1896. His eldest son was born in 1872. Muzaffar-ed-Din is the 46th of the Kajar Dynasty, who seized the Crown in 1794, after a civil war that lasted fifteen years. Succession generally goes to the son of a Kajar Princess. The present Crown Prince's mother was not of that family.

Figure 1: One of Muzaffar al-Din Shah's last photographs.³⁸

38. "The Sick Man of Persia: The Shah's Serious Illness," *The Illustrated London News*, December 29th 1906, 984.



Figure 2: Portrait of Muzaffar al-Din Shah and Premier ‘Abd al-Majid Mirza, ‘Ayn al-Dawleh¹

Copy of the Real [consultation] on October 1st 1906
Which was handed to His Highness the Sadr i ‘Azam
Very Confidential

The undersigned physicians, remitted in consultation on the first of October 1906, after having carefully examined His Imperial Majesty the Shah, and having read the different documents and analysis concerning his august health for the past eleven years are of opinion:

Diagnostic

Renal: They are beset by chronic nephritis, of interstitial predominance,³⁹ secondary to hereditary gout⁴⁰ and the old and aggravated effects of trauma which resulted from the constant passage of the detritus of uric acid and even the accidental passage of voluminous calculi.

39. While in modern times nephropathy caused by analgesic agents (phenacetin and aspirin) are important cause of chronic interstitial nephropathy and by extension chronic renal failure. However, historically and in Muzaffar al-Din Shah’s case metabolic causes caused by his gout induced hyperuricemia and uric acid stones were probably the responsible agents.

40. Hyperuricemia, or the supersaturation of plasma and extracellular fluids with uric acid, is the hallmark of gout. Under the right conditions, excess uric acid can become crystallized and bring about some of the more dramatic clinical aspects of the disease such as acute gouty arthritis and renal acid (kidney) stones (calculi).

Cardiac: It [the heart] presents with a considerable hypertrophy and dilatation resulting from the backup due to the renal illness. There is a sclerosed artery with arterial hypertension which presents much resistance. The edema, which started 15 days ago, currently occupies the two lower extremities, the scrotum, the peritoneum (ascities). At the bilateral bases of the lungs we detect several rales without crepitus.⁴¹

Nervous System

A complete left hemiplegia⁴² (including the face) with speech impediments that surfaced 5 months ago. Currently we can ascertain: the force has nearly totally returned in the members. There still exists a little paresis⁴³ of the face. A lumbering gait [is observed]. There is no sensory deficiency. The knee reflex is exaggerated. There is a positive Babinski sign. All these symptoms prove the organic nature of the lesion.

Prognosis

The state of health of His Majesty is serious, but because of His Majesty's resistance, it can be hoped that with a treatment and an appropriate diet, an amelioration and a significant survival [time] can be obtained.

Tehran the 1st October 1906

Signed by: The Doctors Schneider, Wishard, Sadovsky, Scott, George, Regling.

Have approved the diagnosis and prognosis: Doctors Hakim ol-Molk, Nazem ol-Atteba, Bagher Khan, Moadeb od-Dowleh.

Have refused to take part in or to sign the composition of this transcript: Doctors Alam ed-Dowleh and Dr. Lindley.

They contented themselves to sign the benign and consoling consultation that was voluntarily inaccurate destined for His Majesty the Shah.

41. Rales are often described as a wet crackling sound whereas crepitus is a dryer crinkly, crackling, or grating sound of the lungs. These nuances can be appreciated by auscultation.

42. A complete hemiplegia is total paralysis of the arm, leg, and trunk on the same side of the body.

43. Paresis is a term describing weakness.

*Copie de la Consultation réelle du 1^{er} Octobre 1906
qui a été remise à S. M. le Sadréazam.*

Les médecins soussignés, réunis en consultation le 1^{er} Octobre 1906, après avoir examiné avec soin la Majesté Impériale le Sadré, et s'être fait lire les différents documents et analyses concernant son auguste santé depuis 11 ans, sont d'avis:

Diagnostic

Reins: Ils sont atteints de néphrite chronique à prédominance intersticielle, secondaire à la goutte héréditaire et de manifestations très anciennes et aggravées par le traumatisme résultant de passage constant de très hauts d'acide urique et même accidentellement de calculs oxaliques volumineux.

XIII: Il présente une hypertrophie et une dilatation considérables consécutives à son surmenage, par suite de la maladie des reins — Existe de l'artériosclérose avec hypertension artérielle qui carac. le corps d'oppression — Fœdisme qui aurait débuté il y a 10 jours, occupe actuellement le deux membres inférieurs, le scrotum, le péritoine (ascite), aux deux bases des poumons, on constate quelques râles sous-crépitants.

Système circulatoire.

Une hémiparésie gauche complète, face comprise, avec troubles de la parole est survenue il y a 6 mois — actuellement on constate: La force est revenue presque intégralement dans les membres — l'existence d'un peu de paralysie de la face — la démarche se fait en fendant — Il n'y a pas de troubles sensitifs — le réflexe rotulien est exagéré — le signe de Babinski est positif ^{dans les 4 membres} et définitivement la nature organique de la lésion.

Pronostic.

État de la Majesté est grave, mais en raison de la résistance de sa Majesté, il est à espérer qu'à un traitement et un régime appropriés, une amélioration et même une guérison notable pourrout être obtenues.

Téhéran le 1^{er} Octobre 1906.

Ont signé: Messieurs les Drs Schneider, Wischard, Sadovsky, Scott, Georges, Négling.

Ont approuvé le diagnostic et le pronostic pendant la consultation: Messieurs les Docteurs Ghatim et Moullé, Nagend Atcha, Nagher Khan, Mowadel ed. Dowlé.

Ont refusé de prendre part à la rédaction de ce Biais: Néchal et de le signer: Messieurs les Docteurs Akram ed Dowlé et Lindley.

Ils se sont contentés de signer la consultation longue et constante ^(révisé et corrigé) destinée à S. M. le Sadré.

Figure 3: Copy of the Real [consultation] on October 1st 1906 Which was handed to His Highness the Sadr i 'Azam enclosed in: AMAE), Correspondance Politique et Commerciale (Nouvelle Serie) 1897-1918 (CP), Perse, Français au Service de Perse: médecins dossier personnelles 1896-1905 Volume #57, Dossier 6A. Dépeche (direction politique n. 72) Le Ministre de France á Tehran á Son Excellence Le Ministre Des Affaires Étrangères á Paris. Téhéran, 30th October, 1906.