

BAHA'I HEALTH INITIATIVES IN IRAN

A preliminary survey

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Baha'i scriptures place considerable emphasis on physical health, based on the belief that the spirit and body are closely interrelated. Hence Baha'i believe that the human body is a vehicle for spiritual development of individuals and 'the throne of the inner temple' (Bab 1978: 95), and that 'the bounty of good health is the greatest of all gifts' ('Abdu'l-Baha 1978: 151). The science of medicine is considered 'the most noble of all the sciences' (*ashraf al-'ulūm kullī-hā*) according to Baha'ullah's main text on health, the Tablet of Medicine (*Lawh-i ṭibb*) (Baha'ullah 1978: 222–227). Further, Baha'i scriptures recommend that individuals who are unwell seek advice and treatment from 'competent physicians' (*al-hudhdhāq min al-ṭibbā'*) (Baha'ullah 1992: 60). Baha'i texts encourage a lifestyle characterised by refinement, moderation, freedom from addictions, the consumption of healthy foods and a strong discouragement of smoking (Fananapazir and Lambden 1992: 18–65; Schaefer 2004). Baha'ullah's most important work, the *Kitāb-i Aqdas* (c.1873) has a number of health-related directives, including forbidding the use of opium,² 'any substance that induceth sluggishness and torpor' (interpreted by 'Abdu'l-Baha as meaning hashish and related substances), and alcohol,³ stipulating that the dead should not be buried more than an hour from the place in which they died,⁴ and the abrogation of the Shi'i practice of taking temporary wives (*sīgha*) (which would have reduced the risk of sexually-transmitted diseases⁵) (Baha'ullah 1992: 88, 75, 62, 66, 41). Furthermore, there are a number of laws aimed at promoting cleanliness: water to bathe in should not have been used before, and the public pools in Iranian baths or private courtyards were not allowed: 'In truth, they are as sinks of foulness and contamination' (*ibid*: 58). Rather the bather, 'instead of entering the water', should 'wash himself by pouring it over his body' (*ibid*). The regular washing of one's body and the clipping of nails is also emphasized (*ibid*: 58, 75, 57). An example of the Baha'i view of the interaction of body

and spirit is that 'Abdu'l-Baha states that external cleanliness has a 'great influence upon spirituality' ('Abdu'l-Baha 1978: 147).

Researching health initiatives in the Iranian Baha'i community is limited by a paucity of sources. What little exist suggests that the two main contributions were the building of public bathhouses and the establishment of two hospitals. In addition, allied institutions were established such as a nursing school, a college for doctors' assistants, various outpatient clinics, and a modern old people's home. These initiatives were characterised by some innovative practices, which were probably influenced by Baha'i beliefs.

Bathhouses (*hammām, garm-āba*)

There is a long tradition of public baths in Iran, particularly after the arrival of Islam. The Zoroastrian reverence for water precluded public baths, although there are reports that Vologeses (r.484–488) ordered their construction, incurring the wrath of Zoroastrians priests in the process (Floor 1989: 863). With Islam, bathing became an integral part of a believer's life. For Muslims, water was used for ablutions before ritual prayer and for purification. Further, bathing in natural springs and spas was prescribed by traditional doctors and the clergy for good health.

In the nineteenth century, bathhouses were common in major cities. Tehran is reported to have had 146 public baths, and there were approximately 30–50 each in Isfahan, Kirman, Shiraz, Qazvin and Kirmanshah (Floor 1989: 863–864). Such bathhouses had common features. They were built below ground level in order to retain heat during the winter and remain cool during the summer. Their design was characterised by three separate spaces. First was a changing room (*rakht-kan*), which was reached by a narrow corridor. Here, there were benches where bathers would undress and leave their towels and clothes. At its centre was a fountain with a small pool of cold water for bathers to wash their feet. The second part consisted of a steam-room (*garm-khāna*) with a marble or tile floor, which was heated by means of covered flues, and where bathers spent most of their time, washing and socialising. The third section was the *khazīna*, which was a water-filled basin of approximately three by three metres and used underground heating. After washing themselves in the steam room, bathers would immerse themselves in the *khazīna* several times, a practice called *ghusl* ('total ablution'). Up to ten people could enter the *khazīna* simultaneously.

The water of the *khazīna* was changed infrequently, perhaps one to three times a year, and hence is invariably described as smelling fetid. More importantly, it became a public health hazard and the source of infectious diseases, in particular those of the skin, eyes, and gastro-intestinal system. Further, Dr. Edward Dobson of the Church Missionary Society reported in Kirman: 'it is quite a usual thing to go after acquiring an infectious disease' (Morton 1940: 217–8). Hence it is thought to have become 'one of the major sources

of infection' (Floor 2004: 62). Children were at particular risk. If accessible, the public used them once every two to three weeks (*Ibid.*). Foreign visitors to Iran report the disgusting state of these *khazīnas* and, in particular, how local people ignored the dangers of immersing themselves in them (*ibid.*: 865–866).⁶

The bathhouses played an important social role and people would stay there for up to five hours at a time. Besides places for relaxation, they were social venues where people of different social backgrounds could chat and gossip. However, wealthy individuals had baths built in their homes. Bathhouses were not common in smaller villages, and people had to either wash at home or travel to a town with one. Genders did not mix. Separate bathhouses existed for women in some places, or women and men used the same venue at different times (with priority generally given to men). People of non-Islamic religions were considered unclean and were not allowed in the public bathhouses (*ibid.*: 866).

Bahā'í communities around Iran started building bathhouses from around the early 1900s. These initiatives do not seem to have been part of a national strategy but rather as local responses to being prevented from using public baths after their conversion to the Bahā'í religion. In addition, Bahā'ullah forbade Bahā'is using the *khazīna* in the *Kitāb-i Aqdas* (Bahā'ullah 1992: 58, verse 106). There appear to have been two innovations introduced by Bahā'is. The first was the use of a shower in place of the *khazīna* and all Bahā'í bathhouses shared this feature (this is suggested by Bahā'ullah in the *Kitāb-i Aqdas*). The second innovation was the building of bathhouses inside Bahā'í-run businesses and factories. Furthermore, Bahā'í bathhouses were open to all people, regardless of religion.

The first public Bahā'í bathhouse was built by a physician, Dr. Ḥusayn Khān Ḏiyā' al-Ḥukamā, in Ābādih, a small town near Shiraz ('Abdu'l-Baha 1973: 32–33), in the first decade of the 1900s (Haqqjū 2006). He received encouragement from 'Abdu'l-Baha for his efforts, who stated in a letter to him that he was the first person to have built a bathhouse with a shower. In addition, 'Abdu'l-Baha stated that the Bahā'is should celebrate that at last they had been able to rid themselves of bathing in the 'dirty pit, meaning that malodorous *khazīna*' (*chāla-yi kithāfat ya'nī khazīna-yi karīha-yi pur-'ufūnat*) (Abdu'l-Baha 1973: 33).

There is no compendium of Bahā'í bathhouses. However, records suggest that there were bathhouses built by Bahā'is in all the major cities and towns in Iran. In Tehran, the first Bahā'í-built bathhouse, Ḥammām-i 'Azīzī, was built by 'Azīzullāh 'Azīzī followed by Ḥammām-i Manshādī and Ḥammām-i Mīthāqiyā, and later others. In some cities, Bahā'is were persecuted for building bathhouses. In Tabriz, the *mullas* of the city banned Muslims from using the Bahā'í-run *hammām*, and claimed that the water was not considered clean (*kurr*) according to Islamic law. In Najafabad, the Muslim clerics forbade building public baths with showers because they

deemed it impossible to perform the full ablution or *ghusl* under the shower (Mihrābkhanī 1999: 41). There were two bathhouses in Najafabad, one of which is apparently still in use (Ḩammām-i Nūr) (Mudarris 2004: 306). In Yazd, local Baha'is used a private financing scheme to finance the building of a bathhouse, and a company was formed and shares were sold to Baha'is. This left a shortfall of three thousand *tūmāns* that was met by an individual donation (Yiktā 2000: 71–72). Yazd was a city notorious for persecuting Baha'is, and it was reported that in 1940 some local Muslims attacked the furnace stoker of the recently built Baha'i bathhouse, who happened not to be a Baha'i, and threw him into a local kiln (Afnān 1997). Baha'is were subsequently accused of this murder, which led to a short period of imprisonment for the nine members of the local assembly of the Baha'is there, and a harsher sentence for the owner of the bathhouse, Mr Sultān Nīk-Ā'īn, who was imprisoned for seven years (*ibid*). Some anecdotal evidence suggests local people other than the Baha'is regularly used these bathhouses. In Shāh-Riḍā, a small town in the Isfahan province, it is reported that after a period of opposition from local people, some of the town's notables started to use the Baha'i bathhouse (Safidvash 2005). In Najafabad, the Muslims did so discreetly (Mudarris 2004: 43). Baha'is also built a bathhouse with a shower in the first decade of the twentieth century in Khusf, Khurasan, called Ḥammām-i Mīrzā Ja'far (built by Mīrzā Ja'far Rafsanjānī), reportedly used by both Baha'is and Muslims (Nakhāī 2006). Apart from the introduction of showers, another possible innovation of the Baha'i community is the building of bathhouses at places of work. These occurred in the few instances where Baha'is had opened businesses or factories, and bathhouses were built for all the employees (the majority of which were not Baha'is).⁷ Some of these were later donated to the town municipality.

Medicine in nineteenth- and twentieth-century Iran

Until the twentieth century, medicine was still predominately Galenic in nature, based on the traditional schools of Persian medicine of Ibn Sīnā and Rāzī (Faghīh 1989: 100), and mostly practised by traditional healers who used a range of therapies including phlebotomy (blood letting), cupping, and the use of leeches, potions and herbs (Paykī 1990: 196). Iran was subject to periodic epidemics of infectious disease with high rates of mortality and little intervention by public institutions. In particular, cholera and plague frequently gained entry through ports on the Persian Gulf, such as Basra (in Iraq), Bandar 'Abbas and Bushihr, and there are reported deaths of entire villages and towns (Elgood 1951: 550–572). There were seven major cholera epidemics between 1820 and 1903 (Floor 2004: 18). In addition, famine was not uncommon and in its wake came infectious diseases. Foreign embassies reported many of these public health problems (*ibid*: 567–570). The attitude of the general public towards modern medicine was generally sceptical in

nineteenth-century Iran. For example, a riot is reported to have taken place when a retail pharmacy was opened in Tehran at the end of the nineteenth century (Ebrahimnejad 2005: 412). Travelogues of foreign visitors delineate the widely held superstitions at the time. These included giving a person suffering from fever a piece of paper or an egg with intentionally illegible writing on it, having the sight of a pregnant donkey or goat for pain relief, and wearing a diamond necklace to remedy epilepsy (Paykī 1990: 196–198). When modern smallpox vaccination was introduced from 1910 onwards (Kotobi 1995: 282), it was resisted because it was thought to make the recipient demonical (*jinn-zada*). Even though a penalty was set for its refusal, this was ineffective (Paykī 1990: 201–203). Furthermore, the campaign of vaccination in 1911 was focused solely on Tehran dwellers, and involved the use of largely ineffective vaccines (which had degraded on their 10-day journey from Europe) (Kotobi 1995: 282). In addition to traditional healers, fortunetellers, magicians and their like were consulted by the general public for health problems. The belief in evil spirits as the cause of diseases was widespread and suspicion towards modern medicine common. Partly as a consequence of this, medical doctors used a combination and parallel practice of traditional and modern medicine (Ebrahimnejad 2005: 413).

Repeated epidemics of cholera, plague, small pox and other contagious diseases realized the need for hospitals and during the reign of Fath-‘Alī Shah (r.1797–1834), a number of small hospitals were built. ‘Abbās Mīrzā (1789–1833), the heir apparent and governor of Adharbayjan, played a central role in the hospital building programme because he thought that the defeat in the war against the Russians was caused partly by a small population brought about by high mortality (Ebrahimnejad 2005: 410).

The reign of Nāṣir al-Dīn Shah (r.1848–96) brought with it institutional changes initiated by the reforming prime minister, Mīrzā Taqī Khān, Amīr Kabīr. These included the creation of the first modern polytechnic, the Dār al-Funūn, where modern medicine was taught (established in Tehran in 1851) and a military hospital (*ibid*: 412, 402). The first modern public hospital was built in Tehran sometime in the 1850s and known as Marīdkhānā-yi Dawlatī ('state hospital') (Ebrahimnejad 2004: 58–59).⁸ It accommodated 200–300 patients according to a 1865 manuscript (*ibid*: 82), although in 1924 is thought to have had a nominal capacity of fifty beds (Floor 2004: 194). The hospital, though, was poorly managed and lacked sufficient resources, and was subsequently called by the people 'the cemetery of the living' by Carla Serena in 1883 (Ebrahimnejad 2004: 82). After many decades of changing management, including the British embassy and the Anglo-Iranian Oil Company, the government regained direct control of the hospital in 1940 and renamed it Bīmāristān-i Sīnā. Later, the management of the hospital was handed over to Tehran University, which continues to run it to this day. The other modern hospital in Tehran was the Bīmāristān-i Nīzāmī (the military hospital), which was built during Nāṣir al-Dīn Shāh's reign.

This hospital also had a poor reputation (Paykī 1990: 210–211). In the second part of the nineteenth century, there were also other hospitals outside Tehran: the Dār al-Shafā ('house of healing') in Mashhad (c.1867), a state hospital in Simnan (1884), the Rādavī hospital in Mashhad (c.1881), and hospitals in Kirman and Yazd. There were likely to have been other hospitals that have not been recorded in sources (Ebrhaminmejad 2004: 69–74). Hospitals also existed in Anzalī, Tabriz, Hamadan, Khurramshahr, and Malāyir (Floor 2004: 195). By 1924 there were three government hospitals in Tehran: the state hospital, the Vazīrī hospital that was built around 1903 by a private charity (Ebrhaminmejad 2004: 74) and had thirty beds (Floor 2004: 194), and a hospital for women, which was established in 1918 with 20 beds (*ibid*: 195).

Apart from the College of Medicine in the Tehran Polytechnic (offering a five year curriculum), there was a pharmacological college (three year course) and a school of midwifery (also three year curriculum) at the Polytechnic, and in 1915 an American missionary school of nursing was established in Ridā'iyya (Faghīh 1989: 102). The College of Medicine was transformed to the first medical school in 1905 (Madrasa-yi Tibb) under the influence of a Frenchman, Dr. Schneider (Kotobi 1995: 281).

Due to the poor condition of the public hospitals, private companies such as the Anglo-Iranian Oil Company, the army, police, and Christian missions established their own organized health care and brought in foreign doctors to work in them. The best known were an American hospital founded by the Presbyterian mission (1893) and a small Russian hospital sponsored by the Russian Orthodox mission⁹ – both in Tehran (Sajjādī 1990: 260–1). The American mission also built several other hospitals, including a women's hospital in Tehran in 1897 and by 1920 operated seven hospitals. The poor were treated free of charge. It is reported that there were 11 physicians on their staff, of which two were women (Floor 2004: 198).¹⁰ By the 1920s, there were 21 hospitals in total, with a total of 906 beds, which include 10 hospitals operated by foreign missionaries (650 beds) (Faghīh 1989: 100). Infant mortality ran at 250 deaths per 1000 live births¹¹ and, in non-pandemic years, 270 persons died annually from smallpox (*ibid*: 103).

Baha'i-run hospitals

Educational levels were relatively high among the Baha'is, and the study of medicine was particularly popular. A good number of Baha'is studied at Tehran's Dār al-Funūn, the only university of the time, and a small minority went to European universities, particularly French ones. One of the first Baha'i doctors, Sayyid Muḥammad Nāṣim al-Ḥukamā (1853–1920), who converted to the religion in his twenties, is notable in that Nāṣir al-Dīn Shāh appointed him as head of the medical team of the royal guard (Sulaymānī 1950: 371, 374, 393). Another well-known Baha'i physician, 'Atā'ullāh

Bakhshāyish, was awarded a government medal for his services to the needy and sick as he stayed in Tehran during its periodic cholera epidemics to work at the Bahā'i-run Ṣīḥḥat hospital (Thābit 1987: 24). Other well-known Bahā'i doctors included Arastū Khān-i Ḥakīm (1877–1934) and Yūnis Khān Afrūkhta (1869–1948), who both worked at Ṣīḥḥat hospital.

Ṣīḥḥat hospital (*Bīmāristān-i Ṣīḥḥat*) was the first hospital founded by Bahā'is in Iran.¹² In 1908–1909 three Bahā'i physicians, Arastū Khān, 'Atā'ullāh Bakhshāyish and Muḥammad Khān-i Munajjim (1855–1920), all graduates of the Tehran medical school, decided to open a hospital (Thābit 1987: 23–25). The project was financed by the above doctors together with private donations from Bahā'is, the sale of hospital shares, and the Spiritual Assembly of the Bahā'is of Tehran but, despite this, had funding problems. The sale of hospital shares to raise finance must have been a novel development for any business at the time. Unlike the state hospital, Ṣīḥḥat received no government aid and was free of charge to most patients.

After advice from real estate experts, a property in a prime Tehran location, Khīābān-i Lālazār, was initially rented for two years. It was extensively refurbished, furnished with modern equipment and opened in June 1909. Initially, there were ten beds. Shortly after, four more beds were added after a donation from a non-Bahā'i princess (whose name is unknown) (Anon. 2004: 29–31). On her recommendation and most likely funding, a hospital telephone line was connected. Later, another bed was added making a total of 15 beds. Treatment was offered free to patients, and only patients with sufficient means paid a small amount towards the cost of any surgery which was used to fund hospital expenses (Anon 1911a: 5).

The mission statement for the hospital, prepared by the hospital managers, was based on a letter they received from 'Abdu'l-Baha shortly after its opening (*ibid*: 5; Thābit 1987: 25). The statement went as follows:

- Service to mankind, regardless of race, religion and nationality,
- the dignity and respect of patients should be of paramount importance,
- to serve mainly the poor and those who due to poverty cannot afford medical treatment,
- to assist physicians in Tehran and surrounding areas if they are having diagnostic difficulties,
- hospital staff must aim to use the best medical treatment available at the time and to consult colleagues in the West for advice and direction.

As stated in the mission statement, other doctors could refer patients to Ṣīḥḥat for additional tests and diagnostic advice. Furthermore, should a patient need a surgical operation outside the expertise of their own doctor, they could be admitted to the hospital for the appropriate surgery. Another innovation was the setting up of specialist wards, and, in particular, a women's ward around 1909. At the time in Iran, the treatment of women's health problems

was unsatisfactory and state hospitals did not have separate wards for women (Elgood 1951: 599). In contrast, at Şihhat hospital, a woman physician saw women in a specialist women's clinic and, if necessary, admitted them to a female-only ward. This physician was initially Susan Moody (1851–1934), an American Baha'i and a gynaecologist and obstetrician, who had specifically come to Iran to work in this hospital (Thabit 1987: 25). An American trained nurse, Elizabeth Stewart (d. 1926), who was also a Baha'i, joined the hospital staff. This was unusual at the time as nurses working in hospitals received little specialist training.¹³ Later, another American gynaecologist, Sarah Clock (d. 1922), assisted Moody in her work. In addition to these three American women, Dr. Yūnis Khān Afrūkhta, a Beirut University graduate and general physician and surgeon, joined the staff in 1910 (*ibid*). The use of foreign and in particular American expertise was paralleled in some Baha'i schools in Iran, and Moody and Clock also worked in the Baha'i school for girls in Tehran.

The hospital had a busy daily outpatient department where health problems of men, women and children were assessed and treated, including minor surgical procedures. For the first few years, at least one doctor was present every day, and in so doing, closed their private practice for the day (Thabit 1987: 25). As the hospital became busier, all the staff doctors worked in the outpatient clinic every afternoon (Anon 2004: 31). Initially, non-Baha'i doctors were reluctant to send their patients to Şihhat hospital for fear of being labelled Baha'i, losing their patients to other doctors, and out of prejudice that the place was 'unclean' (*najis*). Over time, the public's attitude towards the Şihhat Hospital gradually changed and its reputation improved. One particular episode is thought to have contributed to this change. Around the time of World War I, there was an epidemic of influenza in Tehran and most doctors fled the city. However, it is reported that the medical staff at Şihhat stayed behind and continued to admit and treat patients (Revell 1937: 485). The hospital closed sometime in the mid-1920s. Documents regarding the circumstances of its closure are currently unavailable, but one can assume that it was a considerable challenge to fund the hospital entirely from Baha'i sources. Personnel shortages may also be relevant: Munajjim died in 1920, Clock died in 1922, Afrūkhta left to America in 1924, and Moody left in 1925. Having been open from 1909 until the 1920s, Şihhat compares favourably with other privately run hospitals in Iran at the time. A hospital in Kirman was built in 1904 by the governor and ceased to function within a year. The Mashhad hospitals were reportedly neglected and ceased to operate in the early twentieth century. A hospital in Qazvin (with 25–30 beds) functioned from 1916 until 1927, when it ran out of finances. A hospital in Hamadan (with twelve beds) was financed by a tax on transport, but did not have an inpatient or surgical service (Floor 2004: 196). No private hospitals were mentioned in the 1924 report by John Gilmour for the League of Nations (*ibid*).

Susan Moody, one of the key figures in the history of the Sīḥḥat hospital, was born in Amsterdam, New York, in 1851. Having looked after her brother's children as a 'spinster-mother', she studied medicine in her fifties, and then set up her own practice in Chicago. There she met some Bahā'is, and studied the new religion with Isabella Brittingham, an eminent Chicago Bahā'i, and converted in 1903. Through a lodger in her home, an Iranian Bahā'i, Amīnullāh Farīd, she learned Persian and something about the culture and customs of Iran (Armstrong-Ingram 2003). In 1909, medical staff at Sīḥḥat asked the American Bahā'i community for the assistance of a woman doctor, and Susan Moody volunteered for this task. She arrived in Tehran in November 1909. She set up the women's ward, personally cared for all the women patients, and arranged for a trained nurse from the US to come to work there. Elizabeth Stewart, who was also a Bahā'i and a niece of Isabella Brittingham, went to work there in 1911 (Ma'ani 1993: 1102; Thābit 1987: 25).¹⁴ As the workload increased, Moody asked another gynaecologist and obstetrician, Dr. Sarah Clock, an American Bahā'i, to assist, and she arrived in Tehran in the winter of 1911 (Ma'ani 1993: 1101; Clock 1911: 6), remaining there until her death in January 1922. In addition to working at Sīḥḥat hospital, Moody established a 'flourishing' private clinic that was open to all women regardless of their ability to pay, and from 1910 worked as a teacher at the Tarbīyat Bahā'i girls' school in Tehran (Stockman 1995: 360; Armstrong-Ingram 2003). Moody and Stewart left Iran in 1925 for America, apparently due to an increase in anti-American sentiment in the country (Ma'ani 1993: 1102). Moody raised funds for the Bahā'i school for girls and also nursed Stewart who was suffering from cancer, and who died in 1926. That same year, Shoghi Effendi, the head of the international Bahā'i community, asked the American Bahā'is to send one or two women to Iran, and that they should consult Moody about this. As a consequence, Moody returned to Iran in 1928, at the age of 77, with a younger teacher Adelaide Sharp. She limited her activities to her outpatient clinic. On her death in Tehran in 1934, hundreds of people attended the funeral (Revell 1937: 484). From a Bahā'i perspective, it has been argued that she acted as an important role model for Bahā'i girls and women. She was given the title of 'Handmaid of the Most High' (*amat al-A'lā*) by 'Abdul-Bahā (*ibid*). Her work was acknowledged in an editorial in an unnamed Tehran newspaper in 1910:

Doctor Moody – American lady – Not only does she know medicine but also gynaecology, obstetrics and women's diseases. Her good qualities and kind attributes, her love for her Persian oriental sisters, all are equal. Every day from morning till noon, she is in her office, No. 10 Avenue Aladauleh, receiving her patients for consultation, examination and treatment, excepting Friday and Sunday afternoon, when she goes to the hospital Sīḥḥat (Hospital of Health), where she meets the patients of the higher and wealthier classes.

We give the utmost thanks and gratitude to such a noble woman, to such a respected person, whose presence here is a great privilege to the country of Persia. On account of great care of this blessed person, the sick of all nationalities, Moslems et al., become healthy and well. We beg of God to keep this blessed and respected person with us.

(cited in Revell 1937: 484–485, translated in original)

Apart from her medical work, Moody was heavily involved in the running of the Tarbiyat Baha'i School for girls, and arranged for Lillian Kappes (d. 1920), an American Baha'i, to come to Iran to teach at this school. Moody felt that her work in improving women's health was inextricably linked to their education, and complained of the lack of even the 'simplest hygienic measures' in the homes of the sick (Armstrong-Ingram 1986: 187). The correspondence of Sarah Clock reveals a number of innovative school-based



Figure 6.1 A group of Baha'is, Tehran, ca. 1920. Top row, left to right: two unidentified men, Elizabeth H. Stewart, unidentified man holding a picture of 'Abdu'l-Baha, Hājjī Ghulām-Ridā Isfahānī (Amīn-i Amīn). Bottom row, left to right: Mulla Bahrām Akhtar-Khāvarī, Dr. Susan I. Moody, unidentified boy, Sayyid Asadullāh Qumī (Mīrzā Mūsā Asadullāh Qumī), and unidentified man.



Figure 6.2 From left to right: unidentified man, Lillian Kappes, Dr. Sarah Clock, Dr. Susan Moody and (reclining on Dr. Moody's lap) Tā'ira Khānum.

health initiatives. The first was the teaching of basic health. Clock taught anatomy and physiology once a week at the Bahā'i girls' school, and Stewart taught first aid and nursing once a week. Clock states that 'it is the only school in all this country where these things are taught in this way' (Platt 1916: 7–8). The second and possibly more interesting was a school-based vaccination programme.¹⁵ Clock states that in 1920 some cases of smallpox had come to Moody's practice, and therefore they vaccinated 'about 200' girls, and that the girls 'behaved most beautifully', and that 'only two or three made any confusion'. Interestingly she added that 'the people are so ignorant they brought babies from the families for us to vaccinate thinking the other members of the family would contract small pox from those who had been vaccinated' (Robarts 1920: 3).

With the closure of Sīḥḥat hospital and the increase in the incidence of infectious diseases such as typhus, typhoid, and dysentery during World War II, many Bahā'is, in particular the poor and those living outside Tehran, had limited access to medical care (Yazdani 2004: 42). In order to remedy this situation, the Local Assembly of the Bahā'is of Tehran formed a committee in 1948–49, called Lajna-yi Hifz al-Sīḥḥat ('health committee'), which

was charged with attending to the medical needs of Tehran's Baha'is and neighbouring towns and villages of Tehran (*ibid*: 45; Rāsikh 2005). The members of this committee consisted of general physicians, dentists and pharmacists, who volunteered their time free of charge. They spent weekends and public holidays visiting different places and attending to those in need of medical care (Yazdān 2004: 42–45). In many smaller towns, including Nāzī-ābād, Jalālābād and Khānī-ābād, non-Baha'is were also treated. In addition, they showed American public education films on the causes, prevention and treatment of infectious diseases including typhus and malaria, ways to purify drinking water and avoid insect bites (Rāsikh 2005). The committee effectively ceased to function as its members became increasingly involved in the second Baha'i-run hospital, Mīthāqiyya hospital, in the 1940s. Nevertheless, it was a good example of a grassroots public health initiative that did not cost anything to the Baha'i community.

Mīthāqiyya Hospital (Bīmāristān-i Mīthāqiyya)

In 1949, a Baha'i from Tehran, 'Abd al-Mīthāq Mīthāqiyya (d. 1981), purchased a building in Tehran to accommodate Baha'i university students who came from other cities. However, after discussion with his friends, the project became the building of a Baha'i hospital. Mīthāqiyya had become rich from real estate and decided to donate the building to the national governing council of the Baha'is of Iran, the National Spiritual Assembly. The Assembly approved the formation of a hospital and appointed a 'Directorial Council' to run its operations that consisted of nine physicians. Mīthāqiyya was chosen as the permanent member of the committee. Mīthāqiyya financed the project, including the purchase of medical and other equipment. Later, he purchased several adjacent properties to the hospital to convert to new medical and surgical wards, and bought two other large properties in order to set up a nursing school and a training college for doctors' assistants (Rāsikh 1996: 49–51).

The hospital was a private one and did not receive any government support. The mission of the hospital was to become a well-equipped modern hospital that was open to all. Although its initial funding came from one individual, medical staff and other professionals, such as civil engineers, offered their services for free. The hospital council allocated one bed for each minority that was free of charge: Armenian, Assyrian, Sunni, Zoroastrian and Jewish. Shi'i Muslims were entitled to use an unlimited number of beds free of charge.

Mīthāqiyya hospital was a relatively large hospital with 110 adult beds and 60 paediatric beds. Patient rooms were reported to be comfortable with modern amenities. There were several operating theatres for surgery and an obstetric ward. It had its own laboratories, radiology department, physiotherapy, rehabilitation and hydrotherapy facilities ('Azīzī 1998: 22–23).

There were a number of novel practices. A polyclinic for patients with health problems of any type was opened, and patients were seen free of charge throughout the day. The emergency room was open night and day, and was staffed continuously by doctors. A well-stocked pharmacy was open until 10pm. It had its own electricity generator in order to continue functioning during power cuts, which was reportedly unique for a hospital at the time. Hospital waste was discarded using two large furnaces, which was a new practice shared by some other local hospitals (*ibid*).

Initially the attitude of local people and the wider medical community was not positive and the hospital was half full. The hospital was considered ‘unclean’ (*najis*) in their opinion, based on the popular religious belief in the ritual impurity of non-Muslims. Even doctors without such prejudices were worried that their patients would be upset if they recommended admission there. However, several incidents are likely to have improved its reputation. Two are particularly noteworthy. The first was that a famous sportsman was admitted to the hospital around the mid-1950s. Maḥmūd Nāmjū, an Olympic gold medallist for weight-lifting, needed a tonsillectomy, which was arranged through Dr. ‘Alī Rāsikh, one of the directors of the hospital, who knew Nāmjū’s surgeon, Professor Jamshīd A’lam, and arranged for the operation free of charge (Rāsikh 2005). News about his stay there spread in the general public and Nāmjū received many visitors, including other sport personalities, during his stay. Another notable hospital admission, shortly after, was that of Ayatullah Zanjānī, an eminent cleric, for whom the minister of health, Professor Jahānshāh Ṣālih, arranged admission for an abdominal operation without any fee. Interestingly this was thought to be because the state hospitals in Tehran were thought to be unsuitable for an eminent person, such as Zanjānī. Again, many clerics visited Zanjānī at the hospital and saw the facilities for themselves (*ibid*). Subsequently, non-Bahā’i admissions increased, and non-Bahā’i doctors started to use the hospital’s operating theatres. New hospital wings had to be added to meet this additional demand. A final mark of its success was that the hospital was rated by the government as one of the best and given the certificate of excellence (‘Azīzī 1988: 22). At the beginning of the Islamic revolution, the hospital was confiscated and transferred to the state.

Due to the increasing work of the hospital and shortage of staff, the hospital managers decided to found a private college for doctors’ assistants (Āmūzishgah-i Bihyārī) around 1969–70 and also one for nurses (Āmūzishgah-i ‘Ālī-yi Parastārī) around 1974 (Rāsikh 2005). Properties were purchased for these colleges – the nursing school was based in a large building on Kākh Avenue, Tehran. Teachers and tutors were mainly Bahā’i academics from Tehran University who worked pro bono developing the school’s curriculum and teaching. The course for doctors’ assistants was for two years, and for nurses three years, and students received free board and lodging. The doctors’ assistants college and the nursing school received the approval

of the Ministry of Higher Education despite opposition from other government departments ('Azīzī 1988). The hospital council offered the service of a few of graduate doctors' assistants to state-run hospitals every year – a generous gesture considering the cost of training. At any one time, it is estimated that there were 100 doctors' assistants working at Mīthāqiyah hospital (Rāsikh 1996: 50). After some years, the nursing college introduced an entry exam as competition for places increased. This was the first time that an independent hospital had established ancillary institutions such as a doctors' assistants college and nursing school.

An old people's home was also established by Mīthāqiyah hospital around 1970 in order to provide long term care for those suffering from chronic disorders such as Parkinson's disease, stroke, and dementia and so that more beds were available for obstetric, surgical and other emergencies. In addition, elderly Baha'i who lived alone or needed nursing care could be admitted there. The hospital council rented a large house in a leafy North Tehran suburb (that belonged to a Baha'i who charged a modest rent) and transformed it to a modern old people's home. Facilities included a library, music room, and cinema. Several orderly staff and two qualified nurses were appointed to look after patients day and night. Running costs were met by donations from Baha'i, some of whom were residents (Rāsikh 2005). This was probably the first modern private old people's home in Iran. At the time of the Islamic Revolution, there were between 15 and 20 residents in the old people's home. After the government seized the building, the residents were allocated to relatives and friends by the Spiritual Assembly of the Baha'i of Tehran (Qadīmī 2006).

Outpatient clinics

Three outpatient clinics were set up by Baha'i in the latter half of the twentieth century. The first of these was in Tehran, and was funded by an Iranian Baha'i who had emigrated to Sweden. The National Assembly of the Baha'i of Iran decided against building another hospital, but that a clinic on the east side of Tehran would be valuable. It was built at Khiābān-i Bihbūdī and named 'Aṭṭār clinic, after its benefactor Dr. Hūshang 'Aṭṭār, and managed by Dr. Mansūr 'Aṭṭār, a paediatrician and brother of the benefactor. It was opened in 1973, and consisted of a general clinic, paediatric outpatients, and an eye and dental clinic. The clinic was free for the poor but those who were able to pay gave a small sum for medical treatment (Rāsikh 2005). Two years after the Islamic Revolution, the name of the clinic was altered, and is now called 'Atārud Clinic, and all the Baha'i personnel sacked ('Aṭṭār 2007).

The second clinic was built in a remote village, Tākur, in Mazandaran province (the ancestral village of Baha'ullah's father, Mīrzā 'Abbās Nūrī). As the village was far from a tarmac road, inhabitants had little access to

medical services. The problem was brought to the attention of national Baha'i institutions and, eventually, authorities at Mīthāqiyya hospital volunteered to establish a medical centre in Tākur. Mīthāqiyya himself undertook to finance the project. With the aid of a Baha'i architect, civil engineer and others, a medical centre was built and staff recruited. One of the notable members of the staff there was Qudsīyya Ashraf (1889–1976), the first Iranian Baha'i woman to study abroad.¹⁶ She was retired and living in Tehran when the hospital committee in Tākur requested her to work there. She agreed and for two and half years did so despite her poor health and refused a salary (Rāsikh 1996: 50; Rāsikh 2005). All the medicines and other consumables were delivered free fortnightly by the technical director of Mīthāqiyya hospital, Haqīqī, who transported them in his own car and also without being paid (Rāsikh 1996: 50).

A third outpatient clinic was built in Buyir Ahmādī province (inhabited by mainly tribal peoples, located in central Iran between Shiraz and Isfahan) (Rāsikh 1996: 51). The clinic was established when Mr Mīthāqiyya heard of the plight of the local Baha'is there at one of the annual conventions for all Baha'is in Iran. Apparently the delegate from Buyir Ahmādī province said that between 60 to 90 per cent of the Baha'is from the towns and villages had made this request. Due to poor roads and no local medical provision, Baha'is had limited access to medical care. Mīthāqiyya funded a medical centre, which was built under supervision of staff from Mīthāqiyya hospital. The site chosen was located in a natural beauty spot next to a river, and a medical centre was built, which also provided for six inpatient beds. Retired Baha'i physicians were recruited (*ibid*: 51).

The outpatient clinics in Tākur and Buyir Ahmādī are interesting health initiatives. It is not particularly surprising that Baha'is would attempt to address the needs of their co-religionists,¹⁷ but the way that these clinics were set up is notable. Local Baha'is brought their problems to national Baha'i institutions, Baha'i networks were drawn on in order to build the medical centres, and retired health care staff was recruited, making them relatively cost effective ways to establish such medical centres. Despite this, the number of health centres was relatively few compared with the Baha'i schools, for example, reflecting most probably the high cost of running medical facilities.

Despite all these various initiatives, it is uncertain whether the overall health of the Baha'is was better than other Iranians due to the lack of appropriate comparative statistics. There is one study from 1970s that studied family planning among 245 Baha'i and Muslim couples from a variety of rural and urban settings. The research found lower rates of pregnancy and higher use of contraception in the Baha'is, even after matching for social class and age (Jensen 1986: 223, 230). The main focus of the study was educational levels, but nevertheless, it would appear that Baha'i women were exercising more control over their fertility than their Muslim counterparts.

After the Islamic Revolution

After the Islamic Revolution, Mīthāqiyya hospital and the other Baha'i medical centres suffered the same fate as other Baha'i ventures and were seized by the new administration. The Islamic Revolutionary Court in Tehran issued a writ stating that they had reviewed the license of Mīthāqiyya hospital and revoked the practising rights of its doctors. After further consideration, the Third Revolutionary Court issued the following verdict ordering the hospital's confiscation, which listed common falsehoods about the Baha'is:

Central Islamic Revolutionary Court

After reviewing the documents of the founders of Mīthāqiyya hospital, Professor Manoucher Hakim, Dr. Mash'u'llah Moshrefzadeh, Dr. Mohammad Afnan, Manouhar Qaem Maqami, Dr. Bahram Saraj, Dr. Aref Khadem, and Nosrat'u'llah Baghaie are members of Baha'i community who have been supporters of Pahlavi regime and have turned the hospital into an anti-Islamic propaganda centre. This large and well-equipped hospital uses its massive profit to help the Universal House of Justice in Israel, thus working for the aims of Imperialism and Zionism. With the School of Nursing they have established the first official Baha'i university in which 40 out of 87 students are Baha'is. The university's importance to Baha'i institutions is evident from the donation of two million riyals to the hospital. The hospital is under the auspices of the National Spiritual Assembly of Iran. The staff of the hospital consists of 290, of which 123 are Baha'is. The hospital also has donated a sum of 500,000 riyals for the building of the Teaching Centre in Haifa.

(document reprinted in Martin 1984: 42, provisional translation)

One interesting aspect of this document is its listing of the number of Baha'i staff and students at the hospital and school of nursing: 123 out of 290 staff and 40 out of 87 students were Baha'is. After the hospital was seized and its Baha'i employees sacked, it was renamed Shahīd Muṣṭafā Khumaynī hospital and continues to exist. The government seized all the other health care centres and the college for doctors' assistants, and all Baha'i employees were expelled.

In summary, since the late nineteenth century, Iran's Baha'is were involved in a modest number of health initiatives. These included introducing showers to public bathhouses, and the establishment of some health care centres. The first such centre, Sīḥḥat hospital, opened in 1909 in Tehran, and included a women-only inpatient ward with female medical staff. The second hospital, Mīthāqiyya hospital, was opened in the 1940s in Tehran and built around its ancillary institutions including a nursing school, a college for doctor's assistants, and a modern old people's home. Although these hospitals introduced some modern practices, it is unclear to what extent they influenced

other hospitals or the development of health care in general in Iran. Outside of these hospitals, the Bahā'is built three clinics, and effectively marshalled the human resources available within the Bahā'i community to make them function with little central funding. With the Islamic Revolution, these health care facilities are no longer run by Bahā'is, and at least a couple of them continue to exist under different names.

Notes

- 1 We are very grateful to Dr. 'Alī Rāsikh for providing information about Mithaqiyya Hospital; Dr. Arthur Dahl of National Bahā'i Archives, Wilmette, Illinois, for sending the letters of Sarah Clock; Dr. Namdar Baghaei-Yazdi and Heather Empey for their assistance with sources on vaccination; Rochan Mavaddat and Dr. Rahmat Kashet for providing some clarifications about Mithaqiyya Hospital; Mrs Parivash Afnan for sharing information on the Bahā'i bathhouse in Yazd from her late husband's unpublished manuscript, and Jasmin Enayati and Dr. Stephen Lambden for helpful comments.
- 2 It is estimated that the prevalence of opium addiction reached 50 per cent in certain towns and cities in Qajar Iran (Floor 2004: 47).
- 3 Bahā'ullah also forbids the production, handling and trading of these substances. Alcoholism in Qajar Iran was mostly confined to certain groups, such as the political elite (Floor 2004: 47).
- 4 This had potentially important public health implications. Floor explains, 'The practice to transport dead bodies to the Holy Cities (Karbala, Mashhad, Qom) was a public health disaster. The storage space was not properly closed off, and corpses were not embalmed or otherwise treated. They were just packed in felt and put on the back of mules. The situation was even worse en route and when the corpses arrived at the shrine for burial' (Floor 2004: 61).
- 5 It is estimated that 20–40 per cent of the population of Tehran had a venereal disease (Floor 2004: 33).
- 6 In 1914, the Municipality of Tehran introduced rules to improve hygiene in these baths, but these did not include changing the water (Floor 2004: 228).
- 7 An example is the bathhouse at the electricity generating plant established by Safidvash (Safidvash 2005).
- 8 Some sources report this as date for the military hospital, which became the civilian hospital when the new army hospital was built in 1874 (Floor 2004: 193).
- 9 This closed after World War I, as did the French and German medical work (Floor 2004: 198).
- 10 The first female physician is reported to have been Dr. Mary Smith, who worked in the American mission hospitals sometime from the 1880s (Floor 2004: 198).
- 11 Some foreign doctors working in Iran report infant mortality rates higher than 50 per cent (Floor 2004: 11).
- 12 We have not found any non-Bahā'i sources on Şıhhat. It is also not mentioned in Floor's recent survey of hospitals in Qajar Iran (Floor 2004: 189–203).
- 13 In 1924, it is reported that there was one trained nurse working at the state hospital (Floor 2004: 194).
- 14 Stewart suffered from poor health, and went to Haifa sometime in 1921 for a few months, returning in much better health (Jessie and Ethel Revell papers, letter from Clock to Brittingham, 28 July 1921).
- 15 We have not been able to establish whether this was the first school-based vaccination programme in Iran, as it is possible that some mission schools had

instituted something similar. The first Pasteur Institute was opened in 1921 in Tehran, and started a more successful national programme (Kotobi 1995: 283). Even in 1934, Merrill-Hawkes states, 'It is hoped that smallpox vaccination will be compulsory in two years and also satisfactory, as vaccine is now prepared in Tehran' (Merrill-Hawkes 1935: 148).

- 16 In 1911, Qudsyya Ashraf went to America to study education (Anon 1911b: 7–8). Upon finishing her course, 'Abdu'l-Baha encouraged her to go to Beirut to study midwifery. After training and then working in Beirut and Jordan, she returned to Iran and worked as head nurse in the main hospital in Abadan.
- 17 Non-Baha'i local people were also able to access these clinics.

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