AMERICAN MISSION NURSING IN IRAN, 1907-1947: FAITH, GENDER AND PROFESSION

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ABSTRACT

This dissertation explores the Presbyterian medical mission in Iran from its founding to World War II, paying particular attention to the important, but largely neglected, role of nurses within the mission. Drawing on Presbyterian mission records, it analyzes the work and activities of twenty-three women who were appointed as missionary nurses between 1907, when the first nurse was assigned to the mission, and 1947, when nurses established an institute of higher nursing education in Iran. While science and faith are often viewed as conflicting categories, this work sheds light on professional identity formation among a group of religious women.

This dissertation explores the dynamics of gender, faith, and professionalism among missionary nurses in Iran. It examines their initial motivations for entering missionary service, their day-to-day nursing work, and their expressions of religiosity. Although these women experienced tensions between their faith, the evangelizing thrust of the mission and their profession, they consistently worked to implement American and international nursing standards in Iran. They strategically utilized theological arguments, gendered ideas about women's work, and their professional identity as nurses to secure a surprising degree of autonomy within mission medicine and the field of healthcare in Iran.

Between 1916 and 1936, missionary nurses operated the only nursing schools in the country. They recruited and trained Iranian students in an effort to set standards for an emerging nursing profession. Iranian graduate nurses took advantage of nursing education and some went on to cultivate prominent nursing careers.

This study demonstrates the importance of including nurses in histories of medicine and mission medicine more specifically. It shows that missionary nurses had their own political and professional agendas separate from physicians. These goals intersected with the Iranian

government's interest in modernizing the nation. As a result, while the Iranian government increasing regulated and restricted the work of mission physicians, it mobilized American nursing knowledge and personnel in its construction of state medical services. Even after American mission doctors lost influence and mission hospitals were closed in the World War II era, missionary nurses continued to work in Iran.

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I owe a great deal of thanks to many people for their support of this research project. My foremost thanks go to my co-supervisors Molly Ladd-Taylor and Kathryn McPherson for their thoughtful readings, probing questions, scholarly guidance, frequent encouragement and sage advice. They invested time into my development as a scholar and were incredible and kind mentors. I am truly appreciative and grateful.

I owe Kate one more word of thanks. I read her book at a critical moment in my nursing career. Disillusioned by my experiences in healthcare, I had returned to university where a professor encouraged me to read *Bedside Matters*. It gave me the context and language to make sense of my experiences as a new nurse. If I hadn't stumbled across her book at that moment, it is unlikely that I would have returned to bedside nursing. It is even less likely that I would have pursued nursing history as a field of study.

Many other people have supported my academic development over the years. Mohamad Tavakoli-Targhi let me unofficially audit several of his classes at the University of Toronto. His courses were always engaging and I appreciated the opportunity to join the NMC community. Patricia D'Antonio welcomed me to the Barbara Bates Center for the Study of the History of Nursing at the University of Pennsylvania when I spent a semester there as a visiting student. I loved my time there. The nurse historians affiliated with the center are truly inspiring.

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Introduction

Situating Missionary Nurses in Scholarship

In 1966, the Iranian government issued a postage stamp to celebrate Nurses' Day depicting a student nurse wearing a cap and pinafore, holding a candle reminiscent of Florence Nightingale's lamp and taking an oath.[1] The stamp presented the trained nurse as a symbol of progress and modernity in Iran. Almost twenty years later, the Islamic Republic issued two new stamps showcasing nurses' heroic work caring for soldiers during the Iran-Iraq War. These later stamps, which were also released to commemorate Nurses' Day, connected nursing to an Islamic history of female caregiving, rather than the modern professionalism of Nightingale.[2] Whether they were issued before or after the revolution, these stamps recognized the importance of the nursing profession and honoured nurses' contributions to the nation. The process whereby nurses came to occupy a prominent place in Iranian national iconography lies in part in the emergence of Iranian nationalism in the late twentieth century, but is also rooted in an older and perhaps more unexpected history of early twentieth-century American missionary nursing. It is this earlier history – the story of a small group of American nurses who carved out spaces of

1. During the Pahlavi period, more than fifty stamps with a medical theme were produced. These stamps celebrated the creation of a modern health system for Iran. At least two of these stamps featured nurses. In addition to the stamp mentioned in the text, a stamp issued in 1976 to commemorate the thirtieth anniversary of the Social Service Organization featured a nurse wearing a cap and uniform and holding an infant. To view images of these stamps, see Ahmadreza Afshar, "A Brief Iranian Medical History through Commemorative Postage Stamps," *Archives of Iranian Medicine* 13, no. 2 (March 2010): 161-165.

2. One stamp, issued in 1984, showed a nurse caring for frontline soldiers. The other stamp, issued in 1987, featured a nurse caring for a young boy in a hospital. The boy, wearing a green bandana and holding red flowers, was reminiscent of a soldier. The nurses in both these stamps were veiled and clad entirely in white. The text on both of the stamps indicated that the stamps were released to commemorate Nurses' Day, but the stamp issued in 1984 noted that Nurses' Day was celebrated on the anniversary of the birth of Zaynab, Prophet Muhammad's granddaughter. Zaynab had cared for the injured during the Battle of Karbala in 61 AH/680 CE and was a symbol of female self-sacrifice in Shi'i Islam. Prior to the Iranian Revolution, Nurses' Day in Iran was celebrated on the anniversary of the birth of British nurse reformer Florence Nightingale.

autonomous practice and educational innovation within mission medicine in Iran between 1907 and 1947 – which is the subject of this dissertation.

Overview

The Presbyterian Church of the United States of America's Board of Foreign Missions (BFM) appointed twenty-three nurses to work as missionaries in Iran between 1907 and 1947. A sense of religious purpose, in addition to other motives, propelled them to the mission field. This study reveals that once they were situated in Iran, they consistently worked to implement American and international nursing standards. For twenty years, between 1916 and 1936, they operated the only nursing schools in the country. Iranian women who graduated from these schools were the first trained nurses in the country and some went on to have professional nursing careers. This work brings to the fore the intertwining of local, foreign and transnational connections and expertise which shaped the emergence of nursing professionalism in Iran. In 1936, the Iranian government mobilized American nursing knowledge and manpower in the construction of state medical services by employing missionary nurses to establish government nursing schools. This dissertation argues that missionary nurses' professional goals intersected with, and inadvertently contributed to, Iranian nationalism. Despite their small number, missionary nurses were a symbol of modern nursing. The bulk of this dissertation considers the lives, work and experiences of missionary nurses, but it also speaks to the history of nursing in Iran and deepens our understanding about the significance of nursing to politics and gender liberation.

Time Period: Framing Mission Nursing

This study begins in 1907, when the BFM appointed the first missionary nurse to Iran, and it ends in 1947, when missionary nurses launched an institution of higher education for nurses, called the Sage School of Nursing. The time period chosen for this study signifies key developments in the history of mission nursing in Iran. It also reflects a larger argument of this dissertation, namely that missionary nurses were increasingly committed to nursing professionalism. Missionary nurses were active in Iran until the revolution in 1979, but mission nursing was reconfigured in the postwar period in response to a decline in mission donations, a reduction in missionary personnel, the influx of international aid agency nurses into the country, the rapid expansion of Iranian nursing schools and the closure of mission hospitals. Furthermore, the Commission on Ecumenical Mission and Relations replaced the BFM in 1958 and introduced a new partnership model of missions which reshaped the agenda of Presbyterian mission work.[3] As a result, missionary nurses pursued new avenues of work in the post-war period. This later period of mission nursing in Iran is an important subject for future study.

Sources: Perspectives and Predicaments

The historical study of missionary nurses poses several methodological challenges. This research draws mostly on documents written by missionaries which are housed in the Presbyterian Historical Society (PHS) Archives in Philadelphia. The collections pertaining to the Presbyterian Mission to Iran (RG 91 and RG 161) are extensive and encompass twenty-five boxes of material. Despite the size of these collections, missionary nurses are relatively obscured

3. In 1958, the United Presbyterian Church in North America and the Presbyterian Church of the U.S.A. (PCUSA) merged together. Mark J. Englund-Krieger, *The Presbyterian Enterprise: From Heathen to Partner* (Eugene, OR: Wipf and Stock, 2015), 177-9.

in mission documents. Medical and hospital reports were almost always written by missionary physicians and tended to represent the missionary physician's point of view and interests. Annual hospital reports typically referred to "interesting" cases, the amount and type of surgical work and a brief paragraph about the hospital's nursing school, which usually included the number of enrolled students and a few details about capping and graduation ceremonies. Many missionary physicians also wrote memoirs (published and unpublished) about their time in Iran, but I was unable to locate a single memoir or biography written by or about a missionary nurse.[4] The relative invisibility of missionary nurses compared to missionary physicians in the archival record reflects the dominance of male leadership within the mission hierarchy and the dominance of physicians within mission medicine. A careful reading of this material reveals much about nurses' work and their relationships with physicians.

The documents written by missionary nurses also require thoughtful reading. The main records written by nurses include their applications (RG 360), letters that they wrote to home churches in the United States and annual reports that they wrote to the BFM. Their letters to home churches were often attempts to secure funding and thus they framed their work in particular ways to demonstrate the growth of evangelism and/or the success of their nursing work. The BFM advised missionaries on the content that they were to include and exclude in these letters. For example, it urged missionaries to "refrain from criticism of native peoples and of national policies."[5] Missionaries were also required to send an annual report to BFM

4. Sonya Grypma also faced challenges locating sources about Canadian missionary nurses who worked in China. She made the argument that there was a silencing of missionary nurses who worked in China after 1947 due to the self-censorship of missionaries, the "failure" of the missionary enterprise in China, and the association of the missionary movement with colonialism and imperialism in academic discourse. Sonya Grypma, "Withdrawal from Weihui: China Missions and the Silencing of Missionary Nursing, 1888-1947," *Nursing Inquiry* 14, no. 4 (December 2007): 306-19.

5. *Manual of the Board of Foreign Missions of the Presbyterian Church in the U.S.A.* (New York: Presbyterian Mission Board, 1922), 28.

secretaries in New York detailing their work over the previous year. Nurses wrote their personal reports with the BFM in mind. Their reports were overwhelmingly positive and rarely included any discussion about challenges or difficulties that they may have faced.[6] Despite these limitations, their reports and letters reveal much about their activities and how they chose to narrate their work.

This research also considers the experiences of Iranian student and practicing nurses who trained and worked in mission institutions. Missionary nurses made passing references to their students and sometimes mentioned their "favourites" by name, but Iranian women remain tangential characters in their reports even though mission hospitals could not have functioned without them. Graduates of mission-run nursing schools were the first trained nurses in the country, but very little has been written about their experiences. Although this research focuses on missionary nurses and their work in Iran, it also considers why some Iranian women decided to enter mission nursing schools and pursue employment in mission hospitals. There are obvious limitations to my analysis since I draw on English-language reports written by missionaries for particular audiences. Missionaries employed a colonizing lens when writing about Iranian women. Yet, their reports provide some insight into Iranian women's interactions with missionaries and their encounters with mission institutions.

6. Elizabeth Prevost encountered similar challenges in her research on Anglican British women who worked as missionaries in Africa. Unlike many mission historians, she critically analyzed mission records in light of their intended audience. Despite the limitations of mission records as sources, she made a case for their usefulness. Her analysis has informed my own thinking on the value and use of mission records. Elizabeth Prevost, *The Communion of Women: Missions and Gender in Colonial Africa and the British Metropole* (Oxford, UK: Oxford University Press, 2010), 20-26.

Research Question: Gender, Faith and Profession

Missionary nurses inhabited multiple identities. They variously saw themselves as women, nurses, educators, professionals, Christians, missionaries and American citizens. This dissertation considers how they negotiated their identities as they lived and worked in Iran. It asks how gender, faith and profession animated the work of missionary nurses. It also explores how they navigated tensions between the evangelizing thrust of the mission, their faith, and their interest in promoting professional nursing. It analyzes how and why missionary nurses mobilized religious and professional discourses to contextualize their experiences and endeavours, and it highlights the complex and contradictory ways that they chose to frame their work.

Argument: Proselytizing for Professional Nursing

This analysis of missionary nurses in Iran makes four interconnected arguments. First, it demonstrates the centrality of nursing work to mission medicine in Iran. The operation of mission hospitals would not have been possible without missionary and student nurses. Second, it argues that missionary nurses strategically carved out spaces of autonomous nursing practice. Although men held decision-making power within the hospital and the mission more broadly, nurses utilized their professional identity, gendered ideas about women's work and theological arguments to secure separate areas of nursing control within mission medicine and the field of healthcare in Iran. The continuation of mission nursing beyond the closure of mission hospitals is evidence of their success. Third, it reveals that missionary nurses collectively and consistently pursued measures intended to promote nursing as a profession in Iran. Despite the tensions they experienced between their faith, the evangelizing thrust of the mission and their commitment to professional nursing, they increasingly privileged professional work over evangelistic work and often reinterpreted their faith to align with their professional goals. Fourth, it suggests that

missionary nurses' professional aims intersected with Reza Shah Pahlavi's modernization project. As a result, missionary nurses inadvertently served Iranian nationalism through their professional endeavours.

Historiography

This research responds and contributes to several bodies of scholarship. I locate the study of missionary nurses in Iran within debates in mission historiography, colonial medicine, modern medicine in Iran and nursing internationalism. This research contributes to discussions on U.S.-Iran relations and the interplay between gender, religion and profession.

Mission Encounters

This research builds on important histories of American mission work. Historian Barbra Mann Wall noted that a key focus of mission historiography has been "the struggle to reconcile mission work and colonialism."[7] In the 1960s, scholars started to analyze missionaries as coercive agents of empire and vehicles of cultural imperialism, thus challenging earlier hagiographic works which portrayed missionaries as heroes.[8] Later scholars, who followed the analytical path of Edward Said, examined the way that mission language operated as a discourse

7. Barbra Mann Wall, *Into Africa: A Transnational History of Catholic Medical Missions and Social Change* (New Brunswick, NJ: Rutgers University Press, 2015), 8.

8. Jean Comaroff and John Camaroff, *Of Revelation and Revolution: Christianity, Colonialism, and Consciousness in South Africa* (Chicago, IL: University of Chicago Press, 1991); Susan Thorne, *Congregational Missions and the Making of an Imperial Culture in Nineteenth-Century England* (Stanford, CA: Stanford University Press, 1999); William R. Hutchison, *Errand to the World: American Protestant Thought and Foreign Missions* (Chicago: The University of Chicago Press, 1987); Torben Christensen and William R. Hutchison, eds., *Missionary Ideologies in the Imperial Era: 1880-1920* (Aarhus, Denmark: Forlaget Aros, 1982); Andrew Porter, ed., *The Imperial Horizons of British Protestant Missions, 1880-1914* (Grand Rapids, MI: William B. Eerdmans Publishing Company, 2003).

of otherness.[9] This body of scholarship demonstrated that missionaries were complicit in expanding imperial borders.[10] In some places and at certain times, missionaries worked directly with colonial governments.[11] At the same time, this body of research created and reinforced a binary between colonizers (missionaries) and the colonized. Although these analytical categories were useful for considering differential power relations, they also, as Frederick Cooper argued, ended up "constraining the search for precise ways in which power is deployed and the ways in which power is engaged, contested, deflected, and appropriated."[12] Furthermore, scholars often reproduced the binary by presenting both groups – colonizers and the colonized – as internally similar, fixed, and fundamentally different.[13]

There has been a recent push in mission historiography to consider missions as sites of encounter and exchange. Scholars have situated missionaries in specific historical contexts and considered the ways that encounters between missionaries and individuals from local

9. Megan Vaughan, *Curing their Ills: Colonial Power and African Illness* (Cambridge, UK: Polity Press, 1991); Esme Cleall, *Missionary Discourses of Difference: Negotiating Otherness in the British Empire, 1840-1900* (London, UK: Palgrave Macmillan, 2012).

10. Historians have examined how American missionaries combined ideas of gender, race, domesticity and citizenship into racist and imperialist discourses that motivated them to construct foreign mission fields within the United States, as well as abroad. Henry Warner Bowden, *American Indians and Christian Missions: Studies in Culture Conflict* (Chicago, IL: University of Chicago Press, 1981); Michael Coleman, *Presbyterian Missionary Attitudes toward American Indians, 1837-1893* (Jackson, MS: University Press of Mississippi, 1985); Sarah Ruble, *The Gospel of Freedom and Power: Protestant Missionaries in American Culture After World War Two* (Chapel Hill: University of North Carolina Press, 2012).

11. For example, British missionaries acted as spies and agents for European traders and government officials in Nigeria. In Canada, Roman Catholic and protestant missionaries partnered with the federal government in the administration of the residential school system. Kanayo Louis Nwadialor and Nwachukwu J. Obiakor, "The Gospel and the Flag: The Missionary Strands in the British Colonial Enterprise in Nigeria, 1841-1960," *Academic Journal of Interdisciplinary Studies* 4, no. 3 (November 2015): 249-257.

12. Frederick Cooper, "Conflict and Connection: Rethinking Colonial African History," *American Historical Review* 99, no. 5 (1994): 1517.

13. Karen Vallgarda, "Were Christian Missionaries Colonizers? Reorienting the Debate and Exploring New Research Trajectories," *Interventions: International Journal of Postcolonial Studies* 18, no. 6 (2016): 877.

communities mutually influenced each other.[14] This work has paid close attention to local agency and autonomy. Historian Jasamin Rostam-Kolayi showed that mission encounters sometimes led to unexpected outcomes. In her research on the Presbyterian educational project in Iran, she found that even though American missionary teachers promoted American culture and Christian tenets in their girls' school in Tehran, Iranian women who graduated from the school developed a strong sense of loyalty to Iran and Islam. Thus, she argued, Iranian students turned "an evangelist mission into an important feature of the construction of Iranian nationalism and modernity."[15]

Scholars also considered how missionaries themselves were transformed by these encounters. In her work on Presbyterian missionaries in Egypt, historian Heather Sharkey demonstrated that missionaries revised their own imperial evangelist agenda in the face of rising anti-missionary sentiment. She pointed to Charles Watson, the president of the American University of Cairo from 1919 to 1945, who increasingly leaned towards interfaith dialogue, rather than conversion, and came to appreciate the values of Islam.[16] Wall also showed that Catholic nursing sisters in Africa after World War Two adapted their medical practice and

14. Heather Sharkey, *American Evangelicals in Egypt: Missionary Encounters in an Age of Empire* (Princeton, NJ: Princeton University Press, 2008); Enaya Hammad Othman, *Negotiating Palestinian Womanhood: Encounters between Palestinian Women and American Missionaries, 1880s-1940s* (Lanham: Lexington Books, 2016); Robert Bickers and Rosemary Seton, eds., *Missionary Encounters: Sources and Issues* (Surrey: Curzon Press, 1996); Hyaeweol Choi, *Gender and Mission Encounters in Korea: New Women, Old Ways* (Berkeley: University of California Press, 2009); Patricia Grimshaw and Andrew May, eds., *Missionaries, Indigenous Peoples and Cultural Exchange* (Eastbourne: Sussex Academic Press, 2010); Barbara Reeves-Ellington, Kathryn Kish Sklar and Connie A. Shemo, eds., *Competing Kingdoms: Women, Mission, Nation, and the American Protestant Empire, 1812-1960* (Durham, NC: Duke University Press, 2010); Sonya Grypma, Healing Henan: Canadian Nurses at the North China Mission, 1888-1947 (Vancouver: UBC Press, 2008); Sonya Grypma, China Interrupted: Japanese Internment and the Reshaping of a Canadian Missionary Community (Waterloo: Wilfrid Laurier Press, 2012).

15. Jasamin Rostam-Kolayi, "From Evangelizing to Modernizing Iranians: The American Presbyterian Mission and its Iranian Students," *Iranian Studies* 41, no. 2 (April 2008): 213.

16. Sharkey, *American Evangelicals in Egypt*, 165.

theology as a result of local and transnational partnerships and changing political conditions. For example, Catholic sister nurses and traditional African healers shared medical knowledge in the 1960s and 1970s, which was a stark contrast to missionaries' earlier opposition to traditional healers.[17]

This work follows the aforementioned trend in mission historiography and considers mission nursing in Iran as a site of encounter. Missionary nurses reconceptualised their work as a result of their interactions with Iranian student and graduate nurses and in relation to the social, cultural and political context in which the medical mission operated. They instigated cultural changes by establishing American forms of nursing, but did so through the agency of local Iranian women who adapted nurse training to suit their own purposes. Edward Said, acknowledging that individuals from both sides of the imperial divide shared experiences, wrote that the challenge is to "keep in mind two ideas that are in many ways antithetical – the fact of the imperial divide, on the one hand, and the notion of shared experiences, on the other – without diminishing the force of either."[18] This dissertation considers the interactions between missionary nurses and Iranian nurses within mission institutions, a site where missionaries always had more power. Missionary nurses could, and did, dismiss students or fire employed nurses at will. Furthermore, missionary nurses expected Iranian students and practicing nurses to learn from them, not the other way around.

17. Wall, *Into Africa*, 122-24.

18. Edward Said, "Always on Top," review of *Civilising Subjects: Metropole and Colony in the English Imagination 1830-67*, by Catherine Hall. *London Review of Books* 25 no. 6 (2003): 3-6. https://www.lrb.co.uk/v25/n06/edward-said/always-on-top.

Gender, Profession and Mission

This dissertation builds on the extensive scholarship on religious women's involvement with Christian missions. In the late nineteenth and early twentieth century, more women participated in the American Protestant overseas mission enterprise than men.[19] Scholars have argued that mission work offered women opportunities for independence and leadership.[20] Mission boards suggested that single women missionaries were needed on the mission field to undertake work with non-Christian women. Women also used this narrative of "women's work for women" to demonstrate their value to the mission enterprise. Yet gender boundaries in the mission field were often fluid.[21] Historian Ruth Brouwer argued that some women missionaries distanced themselves from the gendered sphere of "women's work for women" so that they could pursue their professional goals.[22] These women "eschewed careers that would have had

19. Frederick John Heuser, "Culture, Feminism and the Gospel: American Presbyterian Women and Foreign Missions, 1870-1923," (PhD diss., Temple University, 1991), xi, ProQuest Dissertations & Theses Global.

20. Rosemary Gagan, *A Sensitive Independence: Canadian Methodist Women Missionaries in Canada and the Orient, 1881-1925* (Montreal, QU: McGill-Queen's University Press, 1992), 5, 55; Ruth Compton Brouwer, *New Women for God: Canadian Presbyterian Women and India Missions, 1876-1914* (Toronto: University of Toronto Press, 1990), 68; Myra Rutherdale, *Women and the White Man's God: Gender and Race in the Canadian Mission Field* (Vancouver, BC: UBC Press, 2002), 16-17, 99; Mary Taylor Huber and Nancy C. Lutkehaus, eds., *Gendered Missions: Women and Men in Missionary Discourse and Practice* (Ann Arbor: The University of Michigan Press, 1999); Rhonda Anne Semple, *Missionary Women: Gender, Professionalism, and the Victorian Idea of Christian Mission* (Suffolk, UK: Boydell Press, 2003), 6, 14.

21. Historians interested in women's involvement with foreign missions have analyzed the discourses and practices that shaped expectations about women's roles in mission work and how these discourses and practices were challenged, adapted and negotiated in the mission field. For example, historian Myra Rutherdale examined the work of Anglican women missionaries who worked in northern British Columbia, the Yukon and the Northwest Territories between 1860 and 1940 and concluded that "separate gender spheres were not always practical in the mission field" (54). The northern environment required women to adapt and carry out activities deemed "masculine," while men often had to execute domestic duties, which were considered "feminine" (68-74). Thus, she demonstrated that traditional gender roles broke down in the mission field. Rutherdale, *Women and the White Man's God*. See also, Gagan, *A Sensitive Independence;* Jane Hunter, *The Gospel of Gentility: American Women Missionaries in Turn-of-the-Century China* (New Haven, CT: Yale University Press, 1984).

22. Ruth Compton Brouwer, *Modern Women, Modernizing Men: The Changing Missions of Three Professional Women in Asia and Africa, 1902-69* (Vancouver: UBC Press, 2002), 4, 35.

them labouring for causes exclusively related to their own sex."[23] In her study, historian Susan Haskell Khan found that women missionaries in India did not abandon the discourse of "women's work for women," but they increasingly presented themselves as "partners with" rather than "redeemers of" Indian women.[24]

This dissertation considers how missionary nurses in Iran navigated their position as women within the mission field. In the early twentieth century, they argued that female nursing work was necessary to reach Iranian women who were "secluded." As a female dominated profession, nursing easily fit the "women's work for women" framework. In the 1920s and 1930s, they viewed themselves as ambassadors of professional nursing and increasingly adopted a discourse of friendship and partnership. This work sheds light on professional identity formation among a group of religious women.

Modern Medicine in Iran

The body of scholarship on colonial medicine has explored how medicine functioned as a tool of empire in various geographical and colonial settings.[25] While medical missionaries were

23. Ibid., 4.

24. Susan Haskell Khan, "From Redeemers to Partners: American Women Missionaries and the 'Woman Question' in India," in *Competing Kingdoms: Women, Mission, Nation, and the American Protestant Empire, 1812-1960*, ed. Barbara Reeves-Ellington, Kathryn Kish Sklar and Connie A. Shemo (Durham, NC: Duke University Press, 2010), 150.

25. Scholars have analyzed how European and the American governments used modern biomedical science to exert control over colonized bodies and legitimate colonial rule. Historian David Arnold argued that western medicine facilitated British rule in India from 1800 to 1914 and enabled British colonizers to exercise authority over Indian bodies, particularly in the army and the jail. Likewise, Warwick Anderson revealed that American colonizers in the Philippines used a civilizing hygienic discourse and hygiene reforms from 1898 to the 1930s to assert their superiority as a "civilized" nation and differentiate themselves from "uncivilized" Filipinos.These works provide a useful framework for thinking about how medical interventions were intimately linked to the economic, political and cultural aspirations of the imperial power. David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley, CA: University of California Press, 1993); Warwick Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (Durham, NC: Duke University Press, 2006), 106. Also see Roy MacLeod and Milton Lewis, eds., *Disease, Medicine and Empire: Perspectives on Western Medicine and the Experience of European Expansion* (London, UK: Routledge, 1988); David Arnold, ed., *Imperial Medicine and Indigenous Societies* (Oxford, UK: Manchester University Press, 1988).

often autonomous from the colonial state, historians have demonstrated that mission medicine was a colonial endeavor because missionary activities in many colonized nations were often in line with the agendas set forth by colonial and imperial powers.[26] Mission medicine in Iran did not fit the typical model of colonial medicine. This dissertation demonstrates that place matters. Iran was never formally colonized and the Iranian government regulated mission medicine. Furthermore, American missionaries did not always support formal U.S. interests in Iran. Yet, missionary nurses in Iran promoted an American vision of a Christian life and an Americanized version of nursing.

The expansion of modern medicine in Iran was part of a larger process whereby modern medicine gained ascendency worldwide. By "modern medicine" I refer to an approach to healing and health care that built upon the bacteriological revolution of the nineteenth century and the resultant consolidation of medical authority through professional education and licensing, the creation of formal educational programs for nurses, and the rise of hospitals as the primary site of scientific medical care. This type of modern medicine emerged in Europe and North American in the late nineteenth century and was exported to the non-western world by the turn of the century. In the late nineteenth century, Iranian physicians who were educated abroad, mostly in Europe, were key agents of the adoption and adaptation of modern medical knowledge in Iran. American medical missionaries also played a role in the dissemination of modern medicine, which historian Deborah Neill refers to as transnational medicine.[27]

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26. Michael Worboys, "The Colonial World as Mission and Mandate: Leprosy and Empire, 1900-1940," *Nature and Empire: Science and the Colonial Enterprise, Osiris*, 15 (2000): 207-218; Sanjiv Kakar, "Leprosy in British India, 1860-1940: Colonial Politics and Missionary Medicine," *Medical History* 40, no. 2 (April 1996): 215-230; Nancy Rose Hunt, *A Colonial Lexicon of Birth Ritual, Medicalization, and Mobility in the Congo* (Durham, NC: Duke University Press, 1999); Vaughan, *Curing Their Ills*.

27. Deborah Neill, *Networks in Tropical Medicine: Internationalism, Colonialism, and the Rise of a Medical Specialty, 1890-1930* (Stanford, CA: Stanford University Press, 2012).

In the late nineteenth century, laboratory-based scientific innovations led to new understandings about disease causation. Through experimental research, French scientist Louis Pasteur and German scientist Robert Koch identified bacteria as disease-causing agents. Their discoveries disrupted the prevailing miasma theory, which held that disease was caused by dirt and bad air. In the United States, as in other countries, physicians gradually adopted the germ theory and derived professional authority from specialized knowledge obtained from scientific experiments. By the twentieth century, the hospital emerged as the primary site of therapeutic care. Surgeons rose to prominence in the medical field as the development of anaesthetics and antiseptic surgical techniques led to better surgical outcomes.[28] Historian Charles Rosenberg noted that surgeons came to represent medical science that was efficient, effective and scientific.[29] In order to carry out diagnosis and treatment, hospitals relied on trained nursing care. Nurses also derived expertise from their knowledge and skills which influenced their position within the medical hierarchy.

The uptake of the germ theory in Iran contributed to an epistemological crisis in Islamic jurisprudence. In the late nineteenth century, water that met specified volume qualifications was considered ritually "pure" and was used to wash away bodily impurities. The microbiological paradigm challenged this definition of cleanliness since water that was considered clean from a religious standpoint could be contaminated with disease-causing microbes. In the twentieth century, Iranian physicians reinterpreted Islamic principles in accordance with the germ theory. They argued that Prophet Muhammad was aware of germs, but had introduced hygienic practices

28. Charles Rosenberg, *The Care of Strangers: The Rise of American's Hospital System* (New York: Basic Books, 1987), 148-158.

29. Ibid., 150, 343.

in a vernacular that people at the time could understand.[30] Thus, they transformed religious concepts into medical concepts and promoted the compatibility of religion and science. Historian Mohamad Tavakoli-Targhi emphasized the significance of this shift to politics as well as medicine. Beginning in the 1940s, Iranian *mujtahids* employed a medicalized discourse in which they presented themselves as spiritual physicians who could diagnosis and cure Iran's "social ills." Through this process, which Tavakoli-Targhi refers to as the Pasteurization of Islam, Islam was transformed from a religion concerned with morality to a political ideology.

Naser al-Din Shah Qajar had introduced modern science to Iran in 1851 with the establishment of the polytechnic school *Dar ol-Fonun,* an institution of modern learning. Qajar monarchs also sent students abroad to study science, implemented public sanitation measures and promoted hygiene.[31] In response to the frequent outbreaks of epidemic disease, Qajar officials initiated sanitation reforms. Hygiene gained political significance in the nineteenth century as the country grappled with military defeats, the loss of territories and financial crisis. Government officials looked to hygiene as a solution to the military, fiscal and social problems of the day. Maternal and infant mortality and morbidity featured prominently within nationalist discourse. Intellectuals and officials argued that the creation of a strong and prosperous nation was dependent on the health of the population, especially the mothers of future citizens.

30. Mohamad Tavakoli-Targhi, "From Jinns to Germs: A Genealogy of Pasteurian Islam," *Iran Nameh* 30, no. 3 (Fall 2015): xviii.

31. Beginning in 1811, Iranian students were sent abroad to study western science. During the Qajar period, between 1805 and 1920, an estimated 1,000 students from prominent families were sent abroad for higher education. Fifty-five of these students studied medicine. During Reza Shah Pahlavi's reign (1925-1941), 640 students, including 125 medical students, were sent abroad for higher education. The majority of the medical students were sent to France. Mohammad Hossein Azizi and Farzaneh Azizi, "Government-Sponsored Iranian Medical Students Abroad (1811-1935)," *Iranian Studies* 43, no. 3 (June 2010): 349-363.

In the early twentieth century, modern science gained ascendancy in Iran as a discourse and method of reform. In the wake of the Constitutional Revolution (1905-1911), dissatisfied members of an emerging modern middle class argued that the political, legal and administrative reforms characteristic of the constitutional movement had not led to anticipated sociocultural outcomes.[32] The Constitutional Revolution led to the adoption of a parliament (*majles*) and a written constitution, but subsequent domestic unrest and foreign intervention led to a weakening of the constitutional government.[33] In this period of turbulence, members of the middle class argued that reforms based on modern science were needed to reform the nation.[34] The rise of Reza Shah Pahlavi, who was legally appointed as monarch in 1925 following a British-backed coup in 1921, aided the wide scale adoption of modern science. He centralized and consolidated his power, wielding control over the political system, and "created the institutional, financial, and legal frameworks vital to the expanding teaching, reformist application and professionalization of modern scientific knowledge."[35] During his reign, the government

32. Cyrus Schayegh, *Who Is Knowledgeable Is Strong: Science, Class, and the Formation of Modern Iranian Society, 1900-1950* (Berkeley: University of California Press, 2009), 15.

33. By 1910, there was political upheaval in Tehran as divisions and rival parties had formed within the Second National Assembly. The constitutional government had little control outside of Tehran and tribal rivalries and warfare developed in the provinces. By 1920, autonomous governments had emerged in the provinces. The government also faced a financial crisis. These internal struggles coincided with external threats. The Anglo-Russian Great Game led to Great Power control over territorial and economic interests in Iran. Under the Anglo-Russian Agreement of 1907, Iran was divided into a northern Russian zone of influence and a southern British zone of influence (with the land in between serving as a neutral zone). During the First World War, Russian and British forces occupied parts of the country. Furthermore, many government agencies were under the control of Westerners. When the Second Majles convened in 1910, it faced a massive debt load and lacked the infrastructure to administer and reform the country. It obtained emergency loans from Britain and Russia and hired American financial advisor Morgan Shuster as Iran's Treasurer. It also hired thirty-six Swedish officers to train a new police force, the gendarmerie, to collect taxes. Ali Gheissari, "Iran's Dialectic of the Enlightenment: Constitutional Experience, Transregional Connections, and Conflicting Narratives of Modernity," in Ali M. Ansari, ed., *Iran's Constitutional Revolution of 1906: Narratives of the Enlightenment* (London, UK: Ginko Library, 2016): 15-47; Ervand Abrahamian, *A History of Modern Iran* 2nd ed. (Cambridge, UK: Cambridge University Press, 2018); Ervand Abrahamian, *Iran Between Two Revolutions* (Princeton, NJ: Princeton University Press, 1982), 56-57, 105.

34. Schayegh, *Who Is Knowledgeable Is Strong*, 23.

35. Ibid., 23.

invested in midwifery and nursing education and encouraged women to become trained nurses in an effort improve the health of the nation.

The considerable literature on the history of medicine in Iran, and the Middle East more broadly, rarely mentions nurses. In recent years, historians have published a number of important works that critically explore the history of medical education, medical professionalization and medical practice in Iran, but women's medical work is rarely explored in these studies.[36] A notable exception is Firoozeh Kashani-Sabet's brief discussion of the early development of nursing education, mostly through the use of missionary sources, in her work on the history of maternalism and motherhood in Iran. Several academic nurses have also recently undertaken historical studies of nursing in Iran, although they have mostly focused on changes to nursing practice since the revolution in 1979.[37] The omission of nurses as historical actors stems from a

36. Cyril Elgood, *A Medical History of Persia and the Eastern Caliphate: From the Earliest Times until the Year A.D. 1932* (London, UK: Cambridge University Press, 1951); E. G. Browne, *Arabian Medicine* (London, UK: Cambridge University Press, 1961); Hormoz Ebrahimnejad, *Medicine, Public Health and the Qājār State: Patterns of Medical Modernization in Nineteenth-Century Iran* (Leiden, NL: Brill Publishers, 2004); Willem Floor, *Public Health in Qajar Iran* (Washington, DC: Mage Publishers, 2004); Hormoz Ebrahimnejad, *Medicine in Iran: Profession, Practice and Politics, 1800-1925* (New York: Palgrave MacMillan, 2014); Firoozeh Kashani-Sabet, *Conceiving Citizens: Women and the Politics of Motherhood in Iran* (New York: Oxford University Press, 2011); Firoozeh Kashani-Sabet, "The Politics of Reproduction: Maternalism and Women's Hygiene in Iran, 1896-1941*," International Journal of Middle East Studies* 38, no. 1 (February 2006): 1-29; Amir A. Afkhami, "Defending the Guardian Domain: Epidemics and the Emergence of an International Sanitary Policy in Iran," *Comparative Studies of South Asia, Africa and the Middle East* 19, no. 1 (1999): 123-36; Byron Joseph Good, "The Transformation of Health Care in Modern Iran," in *Modern Iran,* eds. Michael Bonine and Nikkie R. Keddie (Albany, NY: State University of New York Press, 1981), 59-82.

37. Hamid Peyrovi et al., "From Margins to Centre: An Oral History of the Wartime Experience of Iranian Nurses in the Iran-Iraq War, 1980-1988," *Contemporary Nurse* 50, no. 1 (2015): 14-25; Mohsen Nezamoddin et al., "Historiography of Military Clinics' Changes in the Iran-Iraq War, *Journal of Military Medicine* 18, no. 2 (2016): 323-329; Mohammadreza Firouzkouhi et al., "The Wartime Experience of Civilian Nurses in the Iran-Iraq War, 1980-1988: An Historical Research," *Contemporary Nurse* 44, no. 2 (2013): 225-231; M. Salsali, "The Development of Nursing Education in Iran," *International History of Nursing Journal* 5, no. 3 (2000): 58-63; Abbas Heydari, Seyed Naser, and Lotfi Fatemi, "Nursing developments in Iran during World Wars I & II: A Historical Study," *Journal of Nursing and Midwifery* 2, no. 1 (2015): 1-8; Rasoul Tabari and Cecil Deans, "Nursing Education in Iran: Past, Present, and Future," *Nurse Education Today* 27, no. 7 (2007): 708-14; Afsaneh Raiesifar et al., "Sociopolitical Developments of the Nursing Profession in Iran: A Historical Review," *Journal of Medical Ethics and History of Medicine* 9, no. 1 (2016): 1-10; Maryam Hazrati, G. Mirzabeigy, and Ahmad Nejatian, "The History of Nursing in the Islamic Republic of Iran," *Nursing History Review* 19 (2011): 171-174.

much larger (and problematic) issue in the history of medicine in which nurses and physicians are treated separately when, in reality, their work within modern hospitals and health institutions was intertwined. This disregard for nurses within historical scholarship also reflects the relatively inferior position that contemporary nurses often occupy within many healthcare systems, including Iran.[38]

The scholarship on the history of medicine in Iran has largely focused on the role that modern medicine played in the process of state formation. Kashani-Sabet argued that women's health and sexuality were at the heart of nationalist concerns about the development of Iran as a healthy and modern nation in the first half of the twentieth century.[39] Iranian officials, physicians and intellectuals singled out untrained midwives as a major cause of the high rates of maternal and infant mortality in the country.[40] The concern over maternal and infant health led the government to invest in midwifery and nursing education in the late 1920s and 1930s. Thus, Kashani-Sabet contended that maternalism as a political discourse facilitated women's entry into new opportunities in the workforce, including nursing.[41] As a result, women began to view themselves as contributors to the civic community and this paved the way for the emergence of a

38. Nurses in Iran today face low wages, low social status and poor working conditions. Some working nurses are forced to work overtime and their salaries are sometimes withheld. Nurses in Iran have a long history of voicing discontent through public strikes, although this has not yet been extensively analyzed. Zahra Farsi et al., "Nursing Profession in Iran: An Overview of Opportunities and Challenges," *Japan Journal of Nursing Science* 7 (2010): 9-18; Iran Focus, "Nurses Protest Working Conditions in Iran," Iran Focus: News and Analysis, August 29, 2017, https://www.iranfocus.com/en/index.php?option=com_content&view=article&id=31944:nurses-protest-working-conditions-in-iran&catid=4&Itemid=109; Sousan Valizadeh, Hadi Hasankhani, and Vahid Shojaeimotlagh, "Nurses' Immigration: Causes and Problems," *International Journal of Medical Research & Health Sciences* 5, 9S (2016): 486-491, www.ijmrhs.com/medical-research/nurses-immigration-causes-and-problems.pdf.

39. Kashani-Sabet, *Conceiving Citizens*, 37.

40. Ibid., 39.

41. Ibid., 4.

"diversely skilled professional female citizenry."[42] She also noted the role of Presbyterian missionaries in establishing the first nursing schools in the country, but her discussion of midwifery and nursing education is limited to less than ten pages. This dissertation adds to emerging scholarship on women's paid and professional work in Iran.

The study of nurses as historical actors not only adds to existing scholarship, it provides new perspectives on existing narratives of medicine that are based solely on the study of physicians. Historian Cyrus Schayegh argued that biomedical science played a central role in the emergence of the modern Iranian middle class. In the late nineteenth and early twentieth century, many Iranian men pursued medical education in Europe and returned to Iran with modern scientific knowledge.[43] Schayegh documented their efforts to secure their professional interests and dominate the medical market. They did so by denigrating traditional healthcare workers and lobbying for the regulation of foreign medical personnel. Between 1911 and 1950, five laws were passed which regulated medical licensing and restricted the practice of foreign physicians, including missionaries.[44] Through this body of legislation, the Iranian government restricted missionary medical work.[45] Focusing on missionary nurses, however, reveals that the Iranian

42. Ibid., 145.

43. Schayegh, *Who Is Knowledgeable Is Strong*, 1.

44. These laws protected the interests of modern physicians and restricted the practice of traditional and foreign physicians. For example, in 1933, a law was enacted that required foreign medical personnel to obtain a license in order to work in Iran. To be licensed, a foreign physician had to prove that they had graduated from an approved school and had already practiced medicine for a minimum of five years. Licensing and legislation also enabled the state to control the work of foreign physicians. These regulations impacted American missionary physicians who were required to obtain and practice according to the license issued to them. Sometimes the license specified where they could work (city) and the type of medical or surgical work they could do. Schayegh, *Who Is Knowledgeable Is Strong*, 54.

45. Schayegh's argument is not entirely borne out by mission records. This legislation did pose additional barriers for missionary physicians, but evidence exists of close working relationships between Iranian physicians and missionary physicians in all of the major cities where missionaries operated hospitals. Iranian physicians often called on missionary physicians for consultations and missionary physicians referred patients to Iranian physicians. Missionaries often pointed out their collaborative relationship with Iranian physicians and contrasted that with the experience of other foreign physicians in Iran. Furthermore, the Iranian government frequently utilized missionary

government actually mobilized American nursing knowledge and manpower in its construction of state medical services. In 1936, it employed missionary nurses to start the first government nursing schools in the country. The association between the government and missionary nurses was short lived, but it provides an opportunity to explore how the Iranian government used missionary medicine, not just restricted it, in its effort to shape the modern Iranian state.

United States-Iran Relations

This dissertation sheds light on the foundations of the United States-Iran relationship. Scholars who have written about the history of U.S.-Iran relations typically mark the Second World War as the defining period of U.S. involvement in Iran. Political scientist Richard Cottam, for example, argued that the "period of intense U.S. involvement in Iran extends from 1941 to 1979."[46] Likewise, historian Shaul Bakhash minimized the influence of American missionaries in the country and contended that "the United States' real engagement with Iran dates only from WWII."[47] Many scholars considered the Central Intelligence Agency's involvement in the 1953 overthrow of elected Prime Minister Mohammad Mossadeq as a pivotal turning point in the

physicians in its institution of formalized medicine. For example, the government passed a law requiring foreign physicians to take a special examination and obtain a permit to practice. Yet, local officials asked missionary physician John Frame to sit on the local board of examiners. Since the request came from the Ministry of Education, Frame felt that the government was not as hostile to foreigners as some of the laws might suggest. This provides further evidence of how the government mobilized mission medicine in its development of professional medicine in Iran. Furthermore, the Iranian government hired missionary physician Edward Blair to teach in a medical school and it had to pass a special act of parliament to enable him do so. Missionary and Iranian physicians in Tehran also met weekly to discuss medical cases. American missionary physicians were the only foreign doctors allowed to attend. When missionary physician Philip McDowell passed away in 1947, the Iran Medical Association arranged a service in honor of his services to Iran. Prominent physicians, including Dr. Amir A'lam, spoke about McDowell at this gathering. Iranian physicians also wrote a poem about his service to Iran which was given to his wife. Philip McDowell, "Annual Report of Teheran Medical Work," 1929, Presbyterian Historical Society (hereafter PHS), Record Group (hereafter RG) 91, Box 1, Folder 22 (hereafter I refer to PHS sources by RG-Box-Folder); John Elder to Sarah McDowell, May 17, 1947, PHS RG 189-1-2.

46. Richard Cottam, *Iran and the United States: A Cold War Case Study* (Pittsburgh: University of Pittsburgh Press, 1988), 8.

47. Shaul Bakhash, "The U.S. and Iran in Historical Perspective," *Foreign Policy Research Institute*, September 28, 2009, https://www.fpri.org/article/2009/09/the-u-s-and-iran-in-historical-perspective/

relationship between the two countries and analyzed this event against the backdrop of the U.S. interest in Iranian oil, rising anti-American sentiment in Iran, the 1979 Revolution and the 1979-80 hostage crisis.[48] The title of historian Ervand Abrahamian's book – *The Coup: 1953, The CIA, and the Roots of Modern U.S.-Iranian Relations* – reveals the weight that he gave to this event in understanding contemporary U.S.-Iran relations. By focusing on official U.S. economic and political interests and interventions in Iran after the Second World War, these scholars miss the significance of a much longer history of relations between American missionaries and Iranians.

American missionaries had an uninterrupted presence in Iran from 1832 until 1979. They were active in the country for more than fifty years before the first U.S. diplomatic representative was appointed to Iran in 1883.[49] Historians Ahmad Mansoori and Kaymar Ghaneabassiri suggested that it was the existence of missionaries in Iran that led to the establishment of diplomatic relations in the first place.[50] Prior to the arrival of American troops in Iran in 1942, missionaries were the largest American presence in the country. Long before the U.S. had any

(accessed on March 10, 2018).

48. Cottam, *Iran and the United States*; James F. Goode, *The United States and Iran: In the Shadow of Mussaddiq* (New York: St. Martin's Press, 1997); Ervand Abrahamian, *The Coup: 1953, The CIA, and The Roots of Modern U.S.-Iranian Relations* (New York: The New Press, 2013); Penelope Kinch, *The US-Iran Relationship: The Impact of Political Identity on Foreign Policy* (London, UK: I.B. Tauris, 2016); Mark J. Gasiorowski and Malcolm Byrne, eds., *Mohammad Mossaddeq and the 1953 Coup in Iran* (Syracuse, NY: Syracuse University Press, 2004); Shahram Chubin and Sepehr Zabih, *The Foreign Relations of Iran: A Developing State in a Zone of Great-Power Conflict* (Berkeley: University of California Press, 1974).

49. Michael Zirinsky, "American Presbyterian Missionaries at Urmia During the Great War," http://www.iranchamber.com/religions/articles/american_presbyterian_missionaries_zirinsky.pdf (accessed March 10, 2018), 3. The U.S. and Persia signed a Treaty of Commerce and Friendship in 1856 but they did not have diplomatic relations until 1883. See Kamyar Ghaneabassiri, "U.S. Foreign Policy and Persia, 1856-1921," *Iranian Studies* 35, no. 1/3 (Winter-Summer, 2002): 152.

50. The U.S. and Iran government has previously tried to establish diplomatic relations. Ohio State Representative Rufus R. Dawes, whose sister and brother-in-law were missionaries in Iran, urged the U.S. government to try and secure protection for American citizens in Iran. In 1883, the first U.S. representative Samuel G. W. Benjamin, was appointed as the U.S. Minister to Persia, argued that a representative was needed for the protection of missionaries. Iran had previously sent an ambassador, Mirza Abolhasan Shirazi, to Washington D.C. in 1856. Ahmad Mansoori, "American Missionaries in Iran, 1834-1934" (PhD diss., Ball State University, 1986), 44-46, ProQuest Dissertations & Theses Global.

official interest in Iran, American missionaries laid the groundwork for the U.S.-Iran relationship. Yet, few scholars consider the significance of this history and its foundational role in the development of formal relations between the two countries.

There are few published studies that focus explicitly on U.S.-Iran relations before World War Two. I have encountered only a few published studies that explore this relationship in the nineteenth century. Most of these scholars mentioned missionaries, but they stress the significance of official diplomatic and political relations in their works.[51] For example, Kamyar Ghaneabassiri viewed missionaries as one relatively minor group among many who, intentionally and unintentionally, fostered an image of America as a sympathetic and benevolent nation.[52] He suggested that the U.S. government did the same, even though it had "no intention of assisting Persia."[53] In his estimation, this hypocrisy and deception "left Persia vulnerable to future neo-imperial actions of the United States."[54] In his work, missionaries and, more importantly, American financial advisor Morgan Shuster were the foils against which he evaluated the subsequent actions of the U.S. government. At times, Ghaneabassiri conflated missionary interests with other American interests in Iran. American missionaries did indeed have ulterior – religious – motives behind the founding of their charitable initiatives, but they also delivered tangible social services which shaped specific encounters between Iranians and

51. Abraham Yeselson and Kamyar Ghaneabassiri both discuss missionary activity in Iran in relation to the development of U.S.-Iran relations in the late nineteenth century. However, their focus is on official U.S. relations in Iran. This is evident in the starting point of their studies. Yeselson begins his study in 1883, when the American legation was established in Tehran, and Ghaneabassiri begins his study in 1856, when the U.S. and Iran signed a Treaty of Commerce and Friendship. Abraham Yeselson, *United States-Persian Diplomatic Relations, 1883-1921* (New Brunswick, NJ: Rutgers University Press, 1956); Ghaneabassiri, "U.S. Foreign Policy and Persia, 1856-1921," 145-175.

52. Ghaneabassiri, "U.S. Foreign Policy and Persia," 150.

53. Ibid., 161.

54. Ibid., 175.

Americans. I suggest that Ghaneabassiri simplified the complex motivations behind missionary activity in Iran and underestimated the significance of the educational and medical work of the mission in his assessment of the factors that shaped the early stages of the U.S.-Iran relationship. Mission historian Michael Zirinsky has noted the significance of missionaries in establishing early U.S.-Iran relations.[55]

In his unpublished dissertation, historian Matthew Davis made a compelling case for the importance of considering American missionaries in relation to the origins of the Iranian-American relationship.[56] Much like Ghaneabassiri, he documented some the ways that male missionaries like Howard Baskerville, William Shedd and Samuel Jordan cultivated a positive image of "America" in Iran, although he only briefly discussed mission medical work. Missionaries were clearly aware of their role in fostering an image of America. BFM Secretary Robert Speer wrote that the "character and spirit and unselfishness of the Mission gives shape to the Persian conception of America."[57] As secretary of the BFM, he was invested in presenting a positive account of mission work in Iran, but his words are also borne out to some extent by some Iranians. In her memoir, Sattareh Farman Farmaian, the daughter of a Qajar prince and the renowned founder of social work in Iran, who attended a Presbyterian mission school in Tehran, commented on the betrayal she felt following the U.S.-backed overthrow of Mossadeq in 1953. She stated: "At first I did not want to believe that the same nation that had produced my

55. Michael Zirinsky, "Blood, Power, and Hypocrisy: The Murder of Robert Imbrie and American Relations with Pahlavi Iran, 1924," *International Journal of Middle East Studies* 18, no. 3 (1986): 275-292; Michael Zirinsky, "A Panacea for the Ills of the Country: American Presbyterian Education in Inter-War Iran," *Iranian Studies* 26, no. 1-2 (1993): 119-37.

56. Matthew Mark Davis, "Evangelizing the Orient: American Missionaries in Iran, 1890-1940" (PhD diss., Ohio State University, 2001), 2, ProQuest Dissertations & Theses Global.

57. Robert F. Speer and Russel Carter, *Report on India and Persia of the Deputation Sent by the Board of Foreign Missions of the Presbyterian Church in the U.S.A. To Visit These Fields in 1921-1922* (New York: Presbyterian Missions Board, 1922), 342.

cherished American friends and teachers … could have done such a thing … The way we felt about the United States would never be the same again."[58]

This dissertation confirms the importance of understanding the long history of missionary activity in Iran and the impact of that relationship on future political developments. This work contributes to the discussion because it demonstrates how nursing was a means through which some Iranians came to understand Americans and vice versa. Thousands of people received treatment in mission hospitals on a yearly basis during the time period covered by this study. These medical encounters were not insignificant. Certainly, medical missionaries represented a particular image of America to their patients, but they also delivered tangible medical care to thousands of people. The actual delivery of mission medicine likely influenced Iranian patients more than missionaries' constructions of America as a benevolent nation or bastion of freedom did. Missionary nurses played an important role in these medical encounters. As such, they had a share in shaping the ideas that Iranian nurses and patients developed about America as a nation during this period. Greater understanding of these medical encounters can help to create a more complicated picture of the rise of anti-American sentiment in Iran after the Second World War.

58. Sattareh Farman Farmaian with Dona Munker, *Daughter of Persia: A Woman's Journey from Her Father's Harem Through the Islamic Revolution* (New York: Anchor Books, 1992), 201. The U.S. government also acknowledged that American missionaries had fostered a positive image of the United States. Secretary Welles commented in a letter to the United States Minister to Iran Louis Dreyfus: "An ever present source of friction is the presence of American troops on Iranian soil … It appears evident that the Iranians, basing their ideas of Americans on the few missionaries and government officials they have known, are surprised at the poor conduct of some of the members of the American forces in Iran. Perhaps, having tended to look upon us in recent years in an idealistic light, they are shocked to find we are human beings. Part of our military men, I am afraid, have adopted the typical and unfortunate attitude of the casual foreign observer that the Iranians are corrupt and backward race not worthy of help." Sumner Welles to Louis Dreyfus, March 13, 1943, quoted in Mohammad Gholi Majd, *Iran Under Allied Occupation in World War II: The Bridge to Victory & A Land of Famine* (Lanham, MD: University Press of America, 2016), 424.

Nursing and Internationalism

American nurses have a long history of crossing borders to pursue nursing work and promote professional nursing. They have worked in other nations as missionaries, civil service employees, army nurses and international aid nurses. Yet, scholarship on American imperialism rarely considers nurses. Recently, nurse historians have started to consider the ways that nurses informed, mediated and legitimized regimes of control, surveillance and violence.[59] In her exploration of American army, colonial and missionary nurses in Puerto Rico and the Philippines in the early decades of the twentieth century, nurse historian Winifred Connerton suggested that nurses actively participated in upholding colonial power.[60] They executed American policies while working for the colonial administration, they cared for American workers and they represented and disseminated specific understandings of health and illness.

American nurses also influenced nursing practice and professionalism internationally. In the interwar period, international nursing became a site of struggle. Susan McGann documented the conflict between American and British nursing leaders as they struggled to control the direction of international nursing education. British leaders promoted hospital-based training programs as the best method for training nurses, while American leaders contended that college-based education was a necessary step for nursing professionalization.[61] Nurse historian Jaime

59. J. Howell, AM. Rafferty, R. Wall and A. Snaith "Nursing the Tropics: Nurses as Agents of Imperial Hygiene," *Journal of Public Health* 35, no. 2 (June 2013): 383-341; Helen Sweet and Sue Hawkins, eds., Colonial Caring: A History of Colonial and Post-Colonial Nursing (Manchester, UK: Manchester University Press, 2015).

60. Winifred C. Connerton, "Have Cap, Will Travel; U.S. Nurses Abroad 1889-1917" (PhD diss., University of Pennsylvania, 2010), ProQuest Dissertations & Theses Global.

61. Susan McGann, "Collaboration and Conflict in International Nursing, 1920-39," *Nursing History Review* 16, no. 1 (2008): 29-30. Also see Anne Marie Rafferty, "Internationalising Nursing Education during the Interwar Period," in *International Health Organisations and Movements, 1918–1939*, ed. Paul Weindling (New York: Cambridge University Press, 1995), 266–282.

Lapeyre showed that American nursing leaders also debated the direction of international standards for public health education.[62]

New scholarship has started to unpack the ways that nursing internationalism became a project of cultural imperialism in particular locations.[63] Whether they worked for the World Health Organization, Rockefeller Foundation, American Red Cross or a mission board, American nurses brought ideas about nursing with them to other countries. Historian Julia Irwin demonstrated that American Red Cross nurses spread ideas about professional nursing, public health and sanitation in Eastern Europe during the interwar period.[64] These nurses were committed to elevating the status of professional nursing worldwide and viewed American nursing as a way to uplift women and improve the health of people around the world.[65] Likewise, historian Madelaine Healey argued that American nurses who worked in India with international aid agencies after World War Two attempted to promote nursing professionalism by advocating for degree education for nurses, promoting public health nursing and encouraging Indian nurses to pursue overseas education programs.[66] They considered standard education, autonomy and

62. Jaime Lapeyre, "'The Idea of Better Nursing': The American Battle for Control over Standards of Nursing Education in Europe, 1918-1925" (PhD diss., University of Toronto, 2013), ProQuest Dissertations & Theses Global.

63. Barbara Brush, "The Rockefeller Agenda for American/Philippines Nursing Relations," *Western Journal of Nursing Research* 17, no. 5 (2009): 540-555; Catherine Ceniza Choy, *Empire of Care: Nursing and Migration in Filipino American History* (Durham, NC: Duke University Press, 2003). For work that looks at international nurses from other countries see, Susan Armstrong-Reid, *Lyle Creelman: The Frontiers of Global Nursing* (Toronto: University of Toronto Press, 2014); Lydia Wytenbroek, "Negotiating Relationships of Power in a Maternal and Child Health Centre: The Experience of WHO Nurse Margaret Campbell Jackson in Iran, 1954-56," *Nursing History Review* 23, no. 1 (2015): 87-122; Patricia D'Antonio, Julie Fairman and Jean Whelan, eds., *Routledge Handbook on the Global History of Nursing* (Oxon, UK: Routledge, 2013); Susan McGann and Barbara Mortimer, eds., *New Directions in Nursing History: International Perspectives* (Oxon, UK: Routledge, 2005).

64. Julia Irwin, "Nation Building and Rebuilding: The American Red Cross in Italy during the Great War," *Journal of the Gilded Age and Progressive Era* 8, no. 3 (2009): 407–439; Julia Irwin, "Nurses Without Borders: The History of Nursing as U.S. International History," *Nursing History Review* 19, no. 1 (2011): 78-102.

65. Irwin, "Nurses Without Borders," 81.

regulation to be the hallmarks of nursing professionalism. Through their work overseas, American nurses facilitated the global expansion of American nursing and American power.

This dissertation considers missionary nurses' efforts to promote nursing standards in Iran by considering the broader issues of professionalization, nursing internationalism and the relationship between nursing and medicine. Missionary nurses were committed to promoting the nursing profession. They worked to foster a common professional nursing identity among women from various regional, linguistic, class and social backgrounds. They believed that creating new professional and educational opportunities for women could lead Iran toward greater development, health and prosperity. This dissertation explores missionary nurses' role in promoting nursing internationalism and explores their influence on nursing in Iran during the interwar period. They exercised power in advancing nursing's professional agenda within the physician-dominated field of mission medicine.

Background

The Overseas Missionary Context

The United States foray into overseas missions in the nineteenth century was an outgrowth of the revivals of the Second Great Awakening. In the first half of the nineteenth century, intense religious revivalism swept across the United States. Itinerant preachers led emotionally charged revivals that focused on inner belief and individual conversion, rather than religious dogma. They preached that anyone could achieve salvation through personal faith and devotional service. This differed from traditional Calvinist theology which taught that salvation

66. Madelaine Healey, "'Seeds That May Have Been Planted Take Root': International Aid Nurses and Projects of Professionalism in Postindependence India, 1947-65," *Nursing History Review* 16, no. 1 (2008): 58-90; Madelaine Healey, *Indian Sisters: A History of Nursing and the State, 1907-2007* (New Delhi: Routledge, 2013).

was predetermined by God.[67] These revivals had an egalitarian thrust that appealed to ordinary people.[68] For example, Methodist and Baptist denominations, which were particularly successful in the U.S. west, did not require their clergy to have formal education. The Baptist denomination also rejected ecclesiastical hierarchy and allowed each congregation to choose its own minister. Large numbers of Americans were converted to Protestant Christianity and church membership grew rapidly. African American and Indigenous peoples also engaged with the Christian faith. Historian Linford Fisher revealed that some Indigenous communities in southern New England participated in revivals as one means of addressing the sociopolitical challenges of the time. They often formed separate Indigenous churches.[69] The success of these religious revivals owed much to the political, social and economic instability of the newly-formed nation.[70] In the face of dislocation and turbulence wrought by rapid population growth, western expansion, an altered economy and the lack of a strong central government, many Americans found stability, unity and community in religion.[71]

The Second Great Awakening, unlike the revivals of the First Great Awakening in the mid eighteenth century, led to the rise of social reform movements including abolition,

67. Barry Hankins, *The Second Great Awakening and the Transcendentalists* (Westport, CT: Greenwood Press, 2004), 1-7.

68. Derek Chang, *Citizens of a Christian Nation: Evangelical Missions and the Problem of Race in the Nineteenth Century* (Philadelphia: University of Pennsylvania Press, 2010), 23; Sandy D. Martin, *Black Baptists and African Missions: The Origins of a Movement, 1880-1915* (Macon, GA: Mercer University Press, 1989), 7; Mark Noll, *A History of Christianity in the United States and Canada* (Grand Rapids, MI: Wm. B. Eerdmans Publishing Co., 1992), 112.

69. Linford Fisher, *The Indian Great Awakening: Religion and the Shaping of Native Cultures in Early America* (Oxford, UK: Oxford University Press, 2012).

70. David W. Kling, "The New Divinity and the Origins of the American Board of Commissioners for Foreign Missions," in *North American Foreign Missions, 1810-1914: Theology, Theory and Policy*, ed. Wilbert Shenk (Grand Rapids, MI: William B. Eerdmans Publishing Co., 2004), 15.

71. Ibid.

temperance, prison reform and women's rights. In 1840, prominent northern Baptists spoke against slavery at the American Baptist Anti-slavery Convention arguing that it undermined the idea that all people were free moral agents.[72] The democratic impulse of the American Revolution informed religious notions about the individual's ability to choose salvation. In turn, believers argued that they had an active role to play in the work of salvation and the betterment of society.[73] Salvation was conceived as available to all, thus evangelical Protestants felt that they had a duty to share the Christian message with non-believers on the American continent and overseas. It was during this era of religious revival that volunteer associations for charitable, reformatory and missionary purposes were founded. Some of the earliest missionary societies focused on spreading the gospel among Indigenous people and African Americans, enslaved and free.[74] Other missionary societies were subsequently founded to spread the gospel outside the United States.

The American Board of Commissioners for Foreign Missions (ABCFM) was one such organization. It was created in 1810 at the height of the Second Great Awakening and was the first foreign missionary society to be established in the United States. It was a cooperative mission organization dominated by Congregationalists. The goal of the organization was to "preach the pure gospel" to all nations.[75] The ABCFM viewed the "entire world as a mission

72. Chang, *Citizens of a Christian Nation*, 23.

73. Mehmet Ali Doğan, "From New England into New Lands: The Beginning of a Long Story," in *American Missionaries and the Middle East: Foundational Encounters*, ed. Mehmet Ali Doğan and Heather Sharkey (Salt Lake City: The University of Utah Press, 2011), 4-5.

74. Fisher, *Indian Great Awakening*, 200.

75. Cemal Yetkiner, "After Merchants, Before Ambassadors: Protestant Missionaries and Early American Experience in the Ottoman Empire, 1820-1860," in *American Turkish Encounters: Politics and Culture, 1830-1989*, ed. Nur Bilge Criss, Selçuk Esenbel, Tony Greenwood and Louis Mazzari (Newcastle upon Tyne, UK: Cambridge Scholars Publishing, 2011), 12.

field" and "considered propagating the Gospel to be the highest priority, with Bible translation an important complement to preaching."[76] Between 1812 and 1840, ABCFM missionaries started working in India, Sri Lanka, Hawaii, East Asia, the Middle East and Africa. Throughout much of the Middle East, including Iran, the Ottoman Empire prohibited missionaries from proselytizing to Muslims, which limited their evangelistic field to religious minorities. As a result, missionaries in the Ottoman Empire and Iran initially focused on "reforming" Orthodox Christians. The ABCFM believed that Christians in the Middle East had been negatively influenced by Islam and practiced a "degenerate" form of Christianity. This notion was a manifestation of American perceptions of "the Orient" as spiritually and culturally weak and in need of enlightenment.[77]

American mission work in Iran also reflected the ideologies of exceptionalism and destiny that gave rise to U.S. territorial expansion in the nineteenth century. The notion of manifest destiny – America's providential destiny to expand – was used to defend the annexation of western lands, the U.S. war with Mexico from 1846 to 1848 and American Indian policy (including war, forced migration, and the relocation of Indigenous people onto reservations).[78] Its proponents argued that Americans had a moral and divine duty to spread their superior political and religious institutions. In the late nineteenth century, the ideology of manifest destiny

76. Donald Philip Corr, "'The Field Is the World': Proclaiming, Translating, and Serving by the American Board of Commissioners for Foreign Missions, 1810-1840" (PhD diss., Fuller Theological Seminary, 1993), 3, ProQuest Dissertations & Theses Global.

77. Thomas S. Kidd, *American Christians and Islam: Evangelical Culture and Muslims from the Colonial Period to the Age of Terrorism* (Princeton, NJ: Princeton University Press, 2009), 38.

78. Shane Mountjoy, *Manifest Destiny: Westward Expansion* (New York: Chelsea House, 2009), 12; Amy Greenberg, *Manifest Manhood and the Antebellum American Empire* (New York: Cambridge University Press, 2005), 21-22; Wendy Deichmann Edwards, "Forging an Ideology for American Missions: Josiah Strong and Manifest Destiny," in *North American Foreign Missions, 1810-1914: Theology, Theory and Policy*, ed. Wilbert Shenk (Grand Rapids, MI: William B. Eerdmans Publishing Co., 2004), 168-9.

was also used to justify American imperial expansion overseas. The U.S. colonial ventures in Puerto Rico, Guam, Cuba and the Philippines were aided by ideas about America's duty to "civilize" and "Americanize" overseas territories.[79] Christian missions were likewise inspired by the idea of manifest destiny. Protestant Americans viewed mission work as a way to spread the Christian message and "civilize" non-Christian nations. However, missionaries were not formal representatives of the U.S. government and missionaries in Iran did not always align themselves with U.S. interests in the country.[80] They proclaimed that they were "not representing the American government" but were "a simple spiritual Mission of Christian love and Christian witness to the people of Persia."[81]

As the largest American presence in Iran prior to World War Two, missionaries embodied an image of "America" to Iranians and promoted American culture and modernity. Locally, the mission hospitals and schools were referred to as American hospitals and schools.[82] One missionary nurse reported that a young girl with a wrist injury arrived at the mission

79. Hilde Eliassen Restad, *American Exceptionalism: An Idea that Made the Nation and Remade the World* (New York: Routledge, 2015), 41-2.

80. An exception is when missionary pastor William Shedd became the U.S. Consul in Urumia in January 1918 during the First World War. Zirinsky, "American Presbyterian Missionaries at Urmia During Great War," 13. Missionaries sometimes acted against U.S. consular advice. For example, in 1923, American Minister in Tehran Joseph Kornfeld wrote a telegram asking the mission to exercise caution in Zanjan, where missionary physicians Vanneman and Ellis and missionary evangelist Pittman had gone to work for a six-month period. The U.S. Foreign Office had received complaints from Muslim clerics regarding their work. Pittman responded to Kornfeld stating that they did not plan to withdraw from Zanjan. They included the translation of a petition that stated that the "general public is appreciative" of the work. It was signed with the seals of thirty-three men including merchants, officials, the Chief of the Municipality, the Chief of Police, the Postmaster, the Chief of Tax Administration and the Chief of the Department of Justice (who was a pupil and teacher at the mission school in Tabriz). "Station Letter from Tabriz, 1923-1924," PHS RG 91-19-19.

81. Speer and Carter, *Report on India and Persia*, 342.

82. For example, Nicholson indicated in her personal report for 1927 that she was stationed at the "American Hospital" in Rasht. In 1937, missionary physician Rolla Hoffman wrote: "In the Iranian language, our hospitals should be called 'Bimaristan Amrikai,' instead of the old term, 'Mareezkhaneh Amrikai,' to conform to modern Iran language reform." Ellen Nicholson, "Personal Report," July 1, 1927," PHS RG 360: Ellen Nicholson; Rolla Hoffman, "Report of Medical Secretary, 1936-1937," PHS RG 91-7-25.

hospital in Tehran and wondered if the hospital "must be America itself."[83] Missionaries were aware of their formative role in shaping Iranian conceptions of the United States. As a result of their encounter with missionaries, many Iranian students who had trained in mission schools pursued education in the United States and U.S. citizenship. Missionaries encouraged and facilitated this migration. Likewise, missionaries presented an image of "Iran" to Americans through their voluminous letters and reports and through public-speaking engagements while they were in the United States on furlough. Historian Heather Sharkey argued that "missionaries shaped many of the underpinnings of American Orientalism–American modes of imagining, speaking about, portraying, and behaving toward the Islamic world."[84] On a broader scope, they also "provided new models of American public philanthropy in the 'developing world.'"[85]

Establishing an American Mission in Iran

It was during this era of evangelical revival and overseas missionary expansion, that the ABCFM undertook mission work in Iran. In 1830, the ABCFM asked two missionaries from its Turkish mission to travel throughout the Middle East and assess the feasibility of opening new mission stations in the region. After they completed an exploratory tour, they recommended that the ABCFM establish a mission to Assyrian Christians of the Church of the East in Urumia, a town located in the province of Azerbaijan in northwest Iran.[86] They argued that the extant

83. Mira Sutherland, "Personal Report, 1914-1915," PHS RG 91-1-6.

84. Sharkey, *American Evangelicals in Egypt*, 2.

85. Ibid.

86. Davis "Evangelizing the Orient," 43.

Assyrian Church was "in a perishing state" and practiced "a corrupt form of Christianity."[87] Assyrians had lived in Iran since the first century CE or earlier and they had initially all belonged to the ancient Church of the East.[88] By the time ABCFM missionaries arrived in northwest Iran in 1830, large parts of the Church of the East had converted to Chaldean Catholicism. This prompted the ABCFM to initiate a permanent mission in Iran. In 1835, ABCFM missionaries Rev. Justin Perkins and Dr. Asahel Grant founded a "Mission to the Nestorians" in Urumia. The goal of the mission was to revive the Church of the East so that Assyrian Christians, through American-missionary tutelage, would evangelize the rest of Iran and Asia more broadly.[89]

Urumia was a strategic location for the mission because it was the cultural and political hub for Assyrians in Iran.[90] Historian Adam Becker estimates that there were between twenty-five thousand and forty thousand Assyrians living on the Urumia plain when American missionaries arrived in Iran.[91] They lived in towns and villages alongside other linguistic, religious and ethnic groups. Some villages had an exclusively Assyrian population while other villages had a mixed Assyrian, Azeri Turkish and/or Armenian population.[92] Assyrians on the

87. Eli Smith, *Researches of the Rev. E. Smith and Rev. H. G. O. Dwight in Armenia: Including a Journey through Asia Minor, and Into Georgia and Persia, with a visit to the Nestorian and Chaldean Christians of Oormiah and Salmas.* (Boston, MA: Crocker and Brewster, 1833), 330, 335.

88. The Church of the East was a multiethnic, transnational ecclesiastical community that traced its origins to St. Thomas, one of the twelve apostles. Arianne Ishaya, "Settling Into Diaspora: A History of Urmia Assyrians in the United States," *Journal of Assyrian Academic Studies* 20, no.1 (2006): 3, 4; Arianne Ishaya, "From Contributions to Diaspora: Assyrians in the History of Urmia, Iran," *Journal of Assyrian Academic Studies* 16, no.1 (2002): 55-76; Eden Naby, "The Assyrians of Iran: Reunification of a 'Millat,' 1906-1914," *International Journal of Middle East Studies* 8, no. 2 (April 1977): 239.

89. Davis, "Evangelizing the Orient," 93; *A Century of Mission Work in Iran (Persia), 1834-1934* (Beirut, LBN: American Press, 1936), 2; Justin Perkins, *A Residence of Eight Years in Persia, Among the Nestorian Christians* (Andover, MA: Allen, Morrill & Wardwell, 1843), 31.

90. Davis, "Evangelizing the Orient," 64.

91. Adam H. Becker, *Revival and Awakening: American Evangelical Missionaries in Iran and the Origins of Assyrian Nationalism* (Chicago, IL: The University of Chicago Press, 2015), 45.

92. Ishaya, "Settling into Diaspora," 4.

Urumia plain were sharecropper tenants who were subject to local Muslim landlords. Although Shi'a Islam was the state religion, Assyrians and other religious minorities acquired legal and civil status as *dhimmis* (recognized non-Muslim communities). According to Islamic law, they were entitled to protection, but they also lived under various restrictions.[93] ABCFM missionaries made much of Assyrians' subordinate status, but Assyrian Christians had a great deal of autonomy over their own affairs.[94] Throughout the nineteenth century, ruling Qajar monarchs had limited control over the provinces which enabled local communities to maintain their own organizational structures. The absence of a strong central Qajar government was also advantageous for ABCFM missionaries who were able to carry out their mission work with minimal government intrusion.

The ABCFM prioritized evangelism above all else, and this shaped the initial agenda of the mission in Iran.[95] ABCFM Secretary Rufus Anderson (1832-1866) argued that the goal of mission work was to develop native churches that would be self-supporting, self-governing and self-propagating.[96] In line with this principle, the earliest missionaries assigned to Iran attempted to focus exclusively on teaching and preaching the Bible, but they encountered two challenges with this approach: few Assyrians were literate and the common language of modern Syriac did not exist as a written language. As a result, they undertook translation and education work so that

93. Becker, *Revival and Awakening*, 46, 49-51; Arianne Ishaya, "Ethnicity, Class, and Politics: Assyrians in the History of Azerbayjan, 1800-1918," *Journal of Assyrian Academic Studies* no. 4 (1990): 5.

94. Becker, *Revival and Awakening*, 45-46, 49-51; Ishaya, "Ethnicity, Class, and Politics," 5.

95. Davis, "Evangelizing the Orient," 49, 64.

96. Paul Harris, *Nothing but Christ: Rufus Anderson and the Ideology of Protestant Foreign Missions* (New York: Oxford University Press, 1999), 4; *Manual of the Board of Foreign Missions* (1922), 6.

Assyrian Christians could read and study the Bible.[97] They created a syllabary for modern Syriac, translated the Bible into modern Syriac, opened a number of schools for children and started a seminary for men.[98] They considered this work essential to the overall objective of reviving the Assyrian Church. Thus, ABCFM missionaries in Iran undertook educational and social service projects, but they valued this work because of its usefulness in cultivating Assyrian pastors and evangelists.

Medical work was not considered essential to the growth of the Assyrian Church and thus took a backseat to the evangelical work of the mission. The ABCFM never intended to initiate medical work for evangelistic purposes, although it was "anxious to associate a physician"[99] with the mission so that there would be someone to look after the health and medical needs of American missionaries in the country.[100] The ABCFM had observed that missionaries who were sent to other mission fields often fell ill and/or died soon after they arrived overseas, and it hoped to prevent this by sending a missionary physician to Iran.[101] Grant's primary task as a physician was to care for the expanding missionary community, but he periodically opened a makeshift dispensary in his home and treated both Christian and Muslim patients.[102] He realized that

97. Perkins was the first to convert modern Syriac to writing. He translated portions of the Bible into modern Syriac. Eventually a printing press was sent to Iran in 1840. John Elder, comp., *A Brief History of the Iran Mission of the Presbyterian Church in the U.S.A.*, 4; Davis, "Evangelizing the Orient," 65-6; *Century of Mission Work in Iran*, 19.

98. *Century of Mission Work*, 19.

99. Perkins, *Residence of Eight Years*, 30.

100. S. G. Wilson, *Persia: Western Mission* (Philadelphia: 1896), 261; Sarah McDowell, "A Century of Medical Work in Iran," comp. David M. McDowell, McDowell Family Archives, in the author's possession, 1.

101. Wilson, *Persia*, 261; McDowell, "Century of Medical Work," 1.

102. Asahel Grant, *The Nestorians; or, The Lost Tribes; Containing Evidence of Their Identity; An Account of Their Manners, Customs, and Ceremonies* (London, UK: 1841), 56, 64; Judith Campbell, *Memoir of Mrs. Judith S. Grant* (New York: 1847), 104, 111; Asahel Grant to Mother and Sister, May 11, 1836, in Asahel Grant, *Memoir of Asahel Grant, M.D.: Missionary to the Nestorians* (New York: 1847), 52, 55; Grant, *Nestorians*, 81-2, 68; Grant, "Appeal to Pious Physicians," in Grant, *Memoir of Asahel Grant*, 208-9.

medical work was an effective way to advance the religious aims of the mission because a physician was "less an object of suspicion than a clergyman."[103] Despite his views on the usefulness of medicine to the missionary enterprise, Grant spent most of his time engaged in non-medical work: preaching, establishing a school and teaching.[104] His commitment to preaching and teaching reflected the ABCFM view of medicine as nonessential mission work. The board manual noted that the missionary physician "should be prepared to make his professional knowledge and skill all *directly subservient to the furtherance of the gospel*."[105] Thus, it is not surprising that preaching the gospel took precedence over medical work at the time.[106]

Turning Point: Geographical and Ideological Expansion

In the late nineteenth century, American mission work in Iran underwent a period of transition and change in leadership which led to the emergence of medical care as a key component of mission work in Iran. The turning point occurred in 1871, when the ABCFM transferred its mission and missionary personnel in Iran to the Presbyterian Board of Foreign Missions (BFM).[107] Unlike the ABCFM, the BFM wanted to evangelize the majority Muslim

103. Grant, "Pious Physicians," 205.

104. Perkins, *A Residence of Eight Years*, 245; Grant, *Memoir of Asahel Grant*, 66; Asahel Grant to William, February 25, 1836, in Grant, *Memoir of Asahel Grant*, 52; Asahel Grant to Mary, January 9, 1837, in Grant, *Memoir of Asahel Grant*, 66.

105. *ABCFM Manual for Missionary Candidates: and for Missionaries before entering their fields* (Boston: 1853), 6.

106. Early histories of the mission rarely mentioned the medical work that was undertaken by physicians. Instead, they detailed the extensive preaching, translation and education work that was carried out during the formative years of the mission. For example, after Perkins reviewed various facets of mission work in Urumia, he stated: "In this hasty sketch of our various labors, I have not made specific mention of the medical practice of our physicians." He then briefly mentioned their role caring for other missionaries. Justin Perkins, *Missionary Life in Persia: Being Glimpses at a Quarter of a Century of Labors among the Nestorian Christians* (Boston: 1861), 127.

population in the country. The BFM's interest in developing work to reach Muslims led to the geographical expansion of the mission (see fig. 1.1).[108] It renamed the enterprise the "Mission to Persia" and opened new stations in Tehran (1872), Tabriz (1873), Hamadan (1881), Rasht (1902), Kermanshah (1911) and Mashhad (1911).[109] Due to the geographical distance separating the various stations, the BFM created two separate missions. The West Persia Mission contained the stations in Urumia and Tabriz, and the East Persia Mission contained all of the other stations.[110] Missionaries in Urumia and Tabriz worked primarily with Christian minorities. In 1900, forty-five percent of the 300,000 people who lived in Azerbaijan were Christians, so it is not surprising that missionaries of the West Persia Mission continued to focus on Assyrian

107. The date of transfer varies according to different sources. In 1870, Presbyterians withdrew from the ABCFM, which became a Congregationalist mission organization. The ABCFM continued its work in the Ottoman Empire and the BFM took over the work in Iran. PCUSA established its own denominational mission board in 1837. It was supported by the "Old School" faction, while the "New School" faction continued to support the ABCFM until the two factions were reunited in 1870. At that time, the BFM assumed responsibility for the ABCFM's work in Iran. Arthur Judson Brown, *One Hundred Years: A History of the Foreign Missionary Work of the Presbyterian Church in the U.S.A.* (New York: 1936), 158.

108. The location of new stations was constrained by an agreement that the BFM made with the British Church Missionary Society (CMS) in 1895 to "divide" Iran into an American-mission sphere of influence and a British-mission sphere of influence. There is some evidence of collegial relations between the two organizations. For example, Presbyterian missionary physician Edward Blair assisted CMS missionaries to obtain permits and supplies. Philip McDowell, "Report of Tehran Medial Work, 1934-1935," PHS RG 91-19-11. Also see Zirinsky, "American Missionaries at Urmia," 4.

109. The dates for when stations were established vary slightly between sources. I have used the dates recorded in official mission histories over those found in secondary literature. The West Persia Mission seemed to have included stations in Salmas and Mosul as per official published histories (Basset, *Eastern Mission*, 3), but these stations were not mentioned in mission documents. It is possible that they were established as outstations. *A Century of Mission Work*, 5; James Bassett, *Persia: Eastern Mission, A Narrative of the Founding and Fortunes of the Eastern Persia Mission, with a Sketch of the Versions of the Bible and Christian Literature in the Persian and Persian-Turkish Languages* (Philadelphia: 1890), 75; Zirinsky, "A Panacea for the Ills of the Country," 119-37; Michael Zirinsky, "A Presbyterian Vocation to Reform Gender Relations in Iran: The Career of Annie Stocking Boyce," in *Women, Religion and Culture in Iran*, ed. Sarah Ansari and Vanessa Martin (Surrey, UK: Curzon Press, 2002), 51.

110. In 1900, Urumia had a population of 35,000, Tehran had a population of 200,000, Tabriz had a population of 200,000, Hamadan had a population of 50,000, Rasht had a population of 40,000, Kermanshah had a population of 60,000 and Mashhad had a population of 75,000. Hooshang Amirahmahdi, *The Political Economy of Iran under the Qajars: Society, Politics and Foreign Relations 1799 to 1921* (London, UK: I.B. Tauris, 2012), 19.

Christians.[111] Missionaries who worked in the East Persia Mission directed their attention to Muslims. The opening of a new station in Mashhad, a city in northeastern Iran close to the Afghan border, was emblematic of this shift. Mashhad was a predominantly Muslim city and the site of the Imam Reza Shrine, an important pilgrimage site for Shi'ites. Until the First World War (FWW), the West Persia Mission was the larger and more prosperous mission.[112] This changed after the war when the East Persia Mission superseded the West Persia Mission as the dominant mission. The two missions were eventually reunited in 1931.

Figure 1.1. Map of Iran showing location of mission stations.
Source: Map adapted from Peter Fitzgerald, 2009, Wikimedia Commons accessed May 1, 2018 https://commons.wikimedia.org/wiki/File:Iran_regions_map.png#filelinks.

111. Ishaya, "Settling Into Diaspora," 4.

112. Zirinsky, "A Panacea for the Ills," 123. By the turn-of-the century, American missionaries and Assyrian evangelists in Urumia had established a printing press, a hospital, a medical school, two colleges and fifty churches and 117 schools in the villages surrounding the town.

The events of the First World War (FWW) devastated the station in Urumia. Between 1914 and 1918, Ottoman and Russian armies periodically occupied parts of northwest Iran. When the Ottoman army occupied Azerbaijan for five months in the winter of 1914-1915, 15,000 Assyrians and Armenians sought refuge in the walled missionary compound in Urumia.[113] They fled their homes to avoid massacre by Kurdish forces who preceded the invading Ottoman army. After the Russian army regained control of Azerbaijan in 1915, Assyrian and Armenian soldiers took revenge on local Muslims for plundering their property. Missionaries condemned this violence, which led 1,000 Muslims to take refuge in the mission compound.[114] Until 1917, when the United States entered the war against Germany and Austria-Hungary, American missionaries were able to offer protection and relief to Christians and Muslims under the flag of a neutral nation. They pursued various types of relief work during the war. When the Ottoman Empire regained control of Azerbaijan in 1918, it no longer respected the mission compound as a neutral sanctuary and deported the missionaries to Tabriz where they were interned for the duration of the war.[115]

The weakened position of the station in Urumia after the war enabled the East Persia Mission to emerge as the largest and most important of the two missions. Although American missionaries returned to Urumia in 1923 to rebuild their mission, the station never regained its former prominence. By the end of the war, all of the mission property had been demolished and

113. The hostility was not one-sided. As early as 1914, armed Assyrians and Armenians plundered Kurdish villages. In 1917, when Russia withdrew from the war, an Assyrian council took control of Urumia. Assyrians and Armenians also joined together to form their own militia and sided with the entente. This army was eventually defeated and many Assyrians fled to British refugee camps in present-day Iraq. Davis, "Evangelizing the Orient," 224; Ishaya, "Ethnicity, Class, and Politics," 14.

114. Davis, "Evangelizing the Orient," 233.

115. Zirinsky, "Great War," 16.

one-third of missionaries from the West Persia Mission had died, mostly from epidemic diseases, which were rampant during the war. Furthermore, two-thirds of the Assyrian community perished, and the local Muslim population resented the missionaries because they had sided with Christian minorities during the war.[116] American missionaries established new schools and rebuilt the hospital, but their activity was greatly reduced compared to former years. Bitter debate also developed between the two missions over the allocation of funding. Missionary physician John Frame of the East Persia Mission wrote: "For years I believe Urumia has been a hindrance rather than a help to the evangelization of Moslems [*sic*] in Persia."[117] The BFM began to allocate more personnel and funding to the East Persia Mission because it wanted to foster the work with Muslims.[118]

In siding with Christian minorities during the war, missionaries incited ethnic conflict which led to the eventual termination of mission work in Urumia. When Reza Shah Pahlavi ascended to the throne in 1926, he implemented legislation intended to develop and foster national unity among the heterogeneous population that lived within Iran's borders. He banned non-Persian languages in official documents, closed all non-Persian printing presses, developed a new Persian military lexicon and instituted a state-run education system that used Persian as the language of instruction. Historian Michael Zirinsky argued that the Iranian government was

116. Davis, "Evangelizing the Orient," 240. The missionary presence in Urumia during the war had incited religious and ethnic conflict, which was likely a factor in the termination of the work. Missionary physician Harry Packard was directly responsible for a renewed outbreak of violence when he attempted to re-establish an American presence at Urumia in 1919. A crowd overpowered the Kurdish guards and ambushed the mission, killing 270 of 900 remaining Christian refugees who had taken refuge there. After the war, the government did not allow Packard to return to Urumia. Foreign Minister Mohammad Mossaddeq feared that his return to Urumia might "renew past difficulties." Michael Zirinsky, "Render Therefore Unto Caesar the Things Which Are Caesar's: American Presbyterian Educators and Reza Shah," *Iranian Studies* 26, no. 3/4 (Summer-Autumn, 1993): 340-42.

117. John Frame to Robert Speer, July 10, 1920, PHS RG 91-3-17.

118. Davis, "Evangelizing the Orient," 71, 243; *A Century of Mission Work*, 5, 9, 10.

worried that the missionary presence in Urumia was encouraging a distinct Assyrian identity and thereby hindering the government's nationalization agenda and its attempt to foster a unified Iranian identity. In 1934, Reza Shah ordered American missionaries to leave Urumia. This ended missionary work in Urumia and terminated work that had specifically targeted Assyrian Christians. From that point on, Presbyterian missionaries focused on evangelizing the Muslim population in Iran.

The BFM also adopted a broader vision of mission work than the ABCFM which led to the expansion of mission medicine. The ABCFM had focused strictly on evangelism, but the BFM embraced social reform projects. BFM Secretary Robert Speer (1891-1937) had a key role in shaping Presbyterian mission theology.[119] He maintained that the overall objective of mission work was evangelism, but he argued that there were four methods to achieve this spiritual aim: medicine, education, literary work and women's work.[120] Within this framework, each of these areas were important to the work of the mission. For example, he wrote that medicine contributed to the work of the mission by "securing friendship, removing prejudice, representing the helpful, unselfish spirit of Christianity, contributing to the preaching of Christ and the revelation of Him."[121] Thus, these methods were considered valuable even if they were not directly evangelistic. In line with this new policy, American missionaries in Iran embraced extensive social reform projects.

119. Robert Speer was hired as a BFM secretary in 1891. He was senior secretary of the BFM from 1929 until his retirement in 1937. John Piper, *Robert E. Speer: Prophet of the American Church* (Louisville, KY: Geneva Press, 2000), 150.

120. Kristin L. Gleeson, "Healer's [*sic*] Abroad: Presbyterian Women Physicians in the Foreign Mission Field" (PhD diss., Temple University, 1996), xvi-xvii, ProQuest Dissertations & Theses Global.

121. Gleeson, "Healer's Abroad," xvii.

The BFM's interest in social service projects was influenced by the social gospel movement, a religious movement that arose in the mid nineteenth century that applied Christianity to social issues. Proponents of the social gospel argued that Christians should express their piety through social service initiatives aimed at eradicating social problems, such as poverty, illness and illiteracy. Social service work was viewed as a way to "reconstruct" societies and "civilize" non-Christian nations. In 1926, for example, Speer argued that the founders of the modern missionary movement had paired their message of individual salvation with efforts to transform the political, economic and social institutions of other societies.[122] This redefinition of mission work with its emphasis on social service projects gave credence to mission medical work and its efforts to create healthy citizens and communities.

"Medical Work Assumes Large Proportions"

Missionaries increasingly valued medicine as a useful evangelistic tool as they attempted to reach Muslims. From the mid to late nineteenth century, missionary physicians offered medical care through dispensaries, which functioned as medical clinics. They examined and treated patients for a variety of medical conditions, such as pneumonia, fungal infections and skin lacerations.[123] At the turn-of-the twentieth century, forty to fifty percent of missionary physicians in Iran were single women and they played an important role in the medical work of the mission through gynecological and maternity care.[124] This work gave them access to Muslim

122. Piper, *Robert E. Speer*, 324.

123. Mary Zoeckler, "Report of Medical Work for Women, 1920-21," PHS RG 280-1-10.

124. Davis, "Evangelizing the Orient," 130. Between 1888 and 1929, the BFM appointed thirteen women physicians to Iran. Six of these women were appointed before 1900, five were appointed between 1900 and 1911, and two were appointed after 1911 (one in 1915 and one in 1929). While there were some women physicians appointed to Iran after 1940, the number of women missionary physicians in Iran dramatically declined after World War Two. Gleeson, "Healer's Abroad," 279.

women that their male colleagues did not have.[125] Patients who visited a dispensary were usually exposed to the Christian message in some form. Missionary physicians either talked to their patients about Christianity or they worked alongside evangelists who shared literature and Christian teachings with patients while they waited to be seen by the physician.[126] Medical care was considered an important means of achieving the evangelistic goals of the mission because it was a "key to open doors into non-Christian communities."[127] According to BFM Secretary Speer, it was the only aspect of the mission work that had "gained any extensive influence over [Muslims]."[128]

Missionary physicians' desire to undertake surgical work led to the establishment of mission hospitals. On occasion, missionary physicians performed minor operations, like cataract surgery, in their dispensaries, but they rarely performed major operations as they did not have the facilities, assistants or equipment to do so. In 1879, missionary physician Joseph Cochran made an appeal for the construction of a mission hospital in Urumia.[129] He wrote that he was "obliged to decline nearly all [surgical] cases" because he felt it was "folly" to perform an operation and

125. This was the argument that the BFM made, although it did not always hold up in the field. Women physicians in Iran saw male and female patients. One report mentioned that male physician Dr. Funk "was so much the more popular of the two that there was constant quarreling among the women for a chance to see him, and at times Miss Murray had great difficulty keeping order" ("Report of Medical Work"). Although women patients did not usually see men physicians for maternity care, they did see male physicians for other conditions. In 1921, missionary physician Charles Lamme wrote: "We need a lady physician. To be sure many [Muslim] women are treated in our dispensary and hospital now and yet much of medical attendance that these women need, they do not have, because in their greatest needs they do not come to our men doctors." "Report of Medical Work, 1924-1925," PHS RG 280-1-10; Charles Lamme, "Tabriz Hospital Report," 1921, PHS RG 91-4-11.

126. For example, during a medical-evangelistic itineration trip in 1925, one missionary physician wrote that many people "stayed to listen to the Gospel message." Mary Zoeckler, "Report of Medical Work, 1925-1926," PHS RG 280-1-10.

127. *A Century of Mission Work*, 55.

128. Ibid., 56

129. Joseph P. Cochran to Board, "A Hospital for Persia," 1879, in Robert Speer, *"The Hakim Sahib"; The Foreign Doctor: A Biography of Joseph Plumb Cochran, M.D. of Persia* (New York: Fleming H. Revell, 1911), 61.

then "send the patient home for after-treatment."[130] On the rare occasions when he did operate, he engaged a servant or schoolboy to administer the chloroform, but he had to put down his scalpel regularly in order to feel for the patient's pulse. He wrote: "It is an injustice to [the patients] and to myself and to the cause of Missions to treat serious cases in the way I have hitherto done."[131] The BFM approved and secured funding for construction of the hospital, which was opened in 1883. By 1915, missionaries were operating seven mission hospitals in Iran (one in each station) and began to write that they had acquired a reputation for surgery.

Nurses Join the Mission: "A hospital without a nurse is no hospital"

The establishment of mission hospitals created a place and space for nursing to emerge as a valuable component of mission work. The modern mission hospital required skilled workers, novel technology, diagnostic tools and laboratory services. Without trained personnel, surgeons could not perform complex surgeries because they risked patients dying from postoperative complications, and they felt this would have drastic implications for their medical work and the mission's reputation as a whole. In the late nineteenth century, missionary physicians lobbied the BFM to assign professionally qualified nurses to Iran, suggesting that "a hospital without a nurse is no hospital."[132] It was within the context of an increasingly complex hospital system and a growing demand for mission medical services that missionary nurses were sent to Iran. The first single trained nurse was assigned to Iran in 1907. Missionary nurses were part of a new era of mission medicine in Iran characterized by the delivery of modern scientific medicine and innovative surgery via hospital-centric care.

130. Ibid.

131. Ibid.

132. Rolla Hoffman, "Report of Medical Work in Khorasan, 1919-1920," PHS RG 91-1-17.

Chapter Outlines

This dissertation follows both a chronological and thematic organization. Chapter one explores missionary nurses' motivations for entering missionary service. It argues that they emphasized their Christian upbringings and religiosity in their applications. Once they arrived in Iran, missionary nurses privileged professional narratives in their letters and reports. Chapter two focuses on nurses' work in the hospital and demonstrates the primacy of their nursing work over evangelistic activities. It argues that nurses secured areas of nursing control within mission medicine. Chapter three explores nurses' educational work and reveals their increasing commitment to promoting professional nursing. Their dedication to nursing professionalism was especially evident in their attempts to replicate American nursing standards and foster higher levels of nursing education in Iran. Both chapter two and three reveal that nurses experienced continuing tensions between the evangelical thrust of the mission, their faith and their profession even as they increasingly pursued professional goals.

With chapter four, attention turns to Iranian student and graduate nurses who trained and worked in mission schools and hospitals. It argues that Iranian women used nursing education and nursing practice as a means of geographical, financial and social mobility. Some Iranian women went on to cultivate prominent nursing careers. Chapter five looks at missionary nurses' efforts to establish an institute of higher nursing education, which put them at odds with missionary physicians. Missionary nurses were ultimately successful at securing nursing administrative and financial control over this school. The conclusion considers why missionary nurses were active in Iran after the closure of mission hospitals. It emphasizes an overall argument of this dissertation, which is that American missionary nurses inadvertently nursed Iranian nationalism through their promotion of professional nursing.

Chapter 1

Nurses on the Move: Motivations for Joining and Leaving the Mission

The rise of the hospital as the primary site of mission medicine created a space for nurses within the medical mission. The emergence of scientific medicine, discussed in the introduction, transformed the hospital from a site of custodial to therapeutic care. Hospitals started to educate and employ nurses, trained in asepsis and aseptic technique, to carry out many science-based surgical and medical therapies. There was a proliferation of hospital nursing schools in the United States in the late nineteenth century as the trained nurse came to be regarded as vital to the provision of biomedical care. Between 1880 and 1900, the number of hospital nursing schools increased from fifteen to 432.[133] Students carried out the bulk of the nursing care within these institutions. Trained nurses distinguished themselves from untrained female care providers by claiming an expertise in medical science and skilled techniques. They also embodied particular characteristics – loyalty, discipline and obedience – which influenced their position within a gendered hierarchical medical system. The appointment of trained nurses to the mission in Iran signalled the increasing professionalization of mission medical care. By the early twentieth century, mission medicine had become the preserve of the professionally qualified missionary doctor and nurse.[134]

133. Patricia D'Antonio, *American Nursing: A History of Knowledge, Authority, and the Meaning of Work* (Baltimore: Johns Hopkins University Press, 2010), 29.

134. Rosemary Fitzgerald, "Rescue and Redemption: The Rise of Female Medical Missions in Colonial India During the Late Nineteenth and Early Twentieth Centuries," in *Nursing History and the Politics of Welfare*, ed. Anne Marie Rafferty, Jane Robinson and Ruth Elkan (London, UK: Routledge, 1997), 64-79; Rosemary Fitzgerald, "A 'Peculiar and Exceptional Measure': The Call for Women Medical Missionaries in India in the Later Nineteenth Century," in *Missionary Encounters: Sources and Issues*, ed. Robert Bickers and Rosemary Seton (Surrey, UK: Curzon Press, 1996), 174-196; Rosemary Fitzgerald, '"Clinical Christianity": The Emergence of Medical Work as a Missionary Strategy in Colonial India, 1800–1914," in *Health, Medicine and Empire: Perspectives on Colonial India*, ed. Biswamoy Pati and Mark Harrison (London: Sangam Books, 2001), 88–136.

This chapter probes the personnel records and applications of twenty-one missionary nurses who worked in Iran between 1907 and 1947 for what they reveal about the factors that propelled nurses in to and out of mission work. It considers their stated and unstated motives for pursuing and terminating mission work and emphasizes the complexity of their decisions. I argue that these nurses pursued employment with the BFM for diverse reasons beyond merely a religious calling. Despite their variant motivations, the goal of their applications was the same: they wanted the BFM to select them for missionary work overseas. In order to increase their chance of being appointed, they emphasized their religious upbringing and activities and minimized references to their professional qualifications and work. In their applications, they strategically narrated their life stories by stressing the qualities that the BFM was looking for in a candidate.

Personnel Files: Locating Missionary Nurses in the Sources

Determining the precise number of American women who worked as missionary nurses in Iran was challenging because missionary nurses were obscured in records and reports written by male physicians and mission secretaries as well as in the system that the Presbyterian Historical Society (PHS) used to classify and index foreign missionaries. For example, two missionary nurses assigned to Iran were classified as evangelistic workers in the PHS catalogue, even though they worked as nurses in mission hospitals in Iran in the early twentieth century.[135] This misclassification likely denotes the primacy of evangelistic work within the mission at the time that they were appointed. When one of them applied to the BFM in 1912, she was told: "the openings for nurses are … limited."[136] The BFM suggested that it could find her a place in a

135. Mira Sutherland and Flora Bradford were classified as evangelistic workers in the PHS catalogue.

136. WH to Mira Sutherland, March 29, 1912, PHS RG 360: Mira Sutherland Bird.

mission if she was willing to enlarge her purpose so that she "could be utilised in the evangelistic work as well as in nursing."[137] The designation of these nurses as evangelistic workers also reflected the tenuous position that the earliest missionary nurses occupied as professionals within the mission community in Iran. At least one woman physician who worked as a missionary doctor in Iran was classified as an evangelist and not a physician in the PHS's index of foreign missionaries. Yet it was still relatively easy to identify her as a physician because the professional title "M.D." followed her name in the BFM's annual published reports during her tenure as a missionary.[138] Physicians were the only individuals identified by profession on the list of missionaries who were assigned to Iran.[139] Missionary nurses were not identified by professional titles, such as R.N., which made it more difficult to identify them as nurses within institutional records.

Between 1907 and 1947, the BFM appointed at least twenty-three missionary nurses to Iran. It kept personnel files for each appointed missionary which typically contained the individual's application, reference blanks, medical records, furlough dates, death notices and correspondence between the candidate and the BFM about their appointment. Sometimes the file also included copies of their letters and annual reports. The volume of documentation present in each file varied considerably. For example, the file for Mabel Nelson, who worked in Iran for fifteen years, contained only one letter to supporters and a summary of her application. In contrast, the file for Frances Wooding, who worked in Iran for thirty-one years, contained her application, reference blanks, correspondence with the BFM and a combination of thirty annual

137. WH to Mira Sutherland, March 29, 1912, PHS RG 360: Mira Sutherland Bird.

138. In the 1889 Annual Report, "M. E. Bradford, M.D." is listed as a member of the station in Tabriz. Presbyterian Church in the United States of America, *The Fifty-Second Annual Report of the Board of Foreign Missions of the Presbyterian Church in the United States of America* (New York, 1889), 74.

139. "Iran (Persia) Missionaries," PHS RG 360-1-11: Missionary Lists – Iran, 1849-1946.

reports and letters to supporters. This chapter explores the personnel files of twenty-one of these missionary nurses.[140]

Applying to the BFM

Women who were interested in pursuing employment as missionary nurses had to commit to an extensive application process. Prior to 1922, when the BFM forcibly amalgamated the Women's Board of Foreign Missions, single women were encouraged to apply for appointment through their local women's board or society.[141] Whether they applied through a women's branch or directly to the BFM, they were required to complete and submit an application form, secure numerous testimonials, undergo a thorough medical exam and, when possible, meet with a secretary for an interview. The application form asked questions about a candidate's personal qualities and character, motivation for seeking missionary appointment, family background, religious activities, educational level and religious beliefs. Applicants also had to provide a detailed "life sketch." The number of reference forms in each file varied from five to nineteen. Candidates asked a range of individuals to complete these reference forms on their behalf, including Sunday school teachers, family friends, school friends, former nursing

140. Although I know of twenty-three nurses who were appointed to Iran during this time period, I could not find the personnel files for two known missionary nurses (Mary Burgess and Faye Fisher). Of the twenty-one personnel files that I located and reviewed, three files (Jean Wells Packard, Mabel Nelson and Estella Chambers) did not contain the candidate's application form or life sketch.

141. There were seven regional women's foreign mission boards which recruited, appraised and recommended candidates for appointment. Each regional board contained a network of local women's organizations and mission societies from individual Presbyterian churches. In 1920, these autonomous women's foreign mission boards merged together to form the Women's Board of Foreign Missions of the Presbyterian Church. Frederick Heuser estimates that forty-four percent of women who were appointed by the BFM between 1870 and 1920 received full or partial financial support from women's boards. Frederick John Heuser, "Culture, Feminism and the Gospel: American Presbyterian Women and Foreign Missions, 1870-1923," (PhD diss., Temple University, 1991), 21, ProQuest Dissertations & Theses Global. For more information on women's foreign mission boards, see Patricia Hill, *The World Their Household: The American Woman's Foreign Mission Movement and Cultural Transformation, 1870-1920* (Ann Arbor: University of Michigan Press, 1985); Lois A. Boyd and R. Douglas Brackenridge, *Presbyterian Women in America: Two Centuries of a Quest for Status*, 2nd ed. (Westport: Greenwood Press, 1996).

instructors and doctors with whom they worked. Each person who completed a reference questionnaire had to indicate whether or not they thought the applicant was an appropriate "fit" for missionary service.

Most women were likely aware of the qualities and characteristics that the BFM was looking for in a candidate before they submitted their application. The BFM publicized this information in a manual that was intended to help guide applicants who were interested in becoming missionaries.[142] The manual outlined the application process and noted that "candidates for appointment to the missionary force should be of fine Christian character and culture, with deep conviction as to the fundamentals of the Faith and a strong desire to serve Christ, already made evident by Christian work at home."[143] The BFM made it clear that it would only appoint candidates that evidenced "spiritual qualifications."[144] Even physicians and nurses were informed that they were expected to "sound the inspiring note of fervent loyalty to the Lord Jesus Christ."[145] Although it is impossible to know how many nurses might have read the manual prior to completing their application, it seems likely that most of them would have had some awareness about the types of responses that the BFM was looking for. When one woman contacted the BFM for information on applying, the BFM Secretary sent her a booklet, called "Call and Qualifications," which he said would "make clear the characteristics which we require."[146] If candidates were aware of the qualities that the BFM was looking for in a missionary, it seems likely that they would have emphasized those qualities in their applications.

142. *Manual of the Board of Foreign Missions of the Presbyterian Church in the U.S.A.* (New York, Presbyterian Building: 1922), 3.

143. Ibid., 10-11.

144. Ibid., 11.

145. Ibid., 9.

Application forms varied over time and reflected the BFM's increasing interest in the professional qualifications of potential recruits. There were eight different versions of the application form among the eighteen applications that I was able to locate. The application initially asked very little about an applicant's professional work. The earliest application forms had only one question that asked candidates about their employment in four distinct areas: teaching, medicine, business and church work. The question on medicine referred specifically to physicians and did not mention nurses. In 1923, this question was replaced by one that asked about professional experience. A list of different professions was attached to the question and nursing was included on the list.[147] By the mid-1940s, nurses who applied to the BFM had to complete an additional professional application that was specific to nursing.[148] This was a two-page form that asked detailed questions about their education, specialized training, supervisory experience, public health work and teaching experience. The introduction of a professional application form suggests that the BFM regarded missionary nursing as a career and/or calling that required professional expertise. Applicants were encouraged to have specialized nursing training and experience which reveals the increasing professionalization of mission work.

Demographics: Age, Region, Class

Missionary nurses who worked in Iran tended to be single women. Their ages at the time of appointment ranged from twenty-three to fifty, with the average age being thirty (see appendix). The BFM officially noted that it typically did not appoint anyone who was over thirty

146. Stanley White to Mira Sutherland, March 29, 1912, PHS RG 360: Mira Sutherland Bird.

147. For example, see Ellen Nicholson's application. Ellen Nicholson, "Application Form," April 10, 1923, PHS RG 360: Ellen Nicholson.

148. Four applicants - Eunice Baber, Dorothy Cochran, Anna Klerekoper and Elizabeth Muller - completed a professional application form.

years of age, but seven of the appointed women were over this age limit.[149] The majority of these women had long careers in Iran, lasting twenty years on average. They mostly trained in hospital training schools, but a few obtained university degrees. Four women were married prior to their appointment and went to Iran with their husbands (two of whom were pastors and two of whom were physicians). Five women married while they were in Iran (two of their husbands were missionary pastors, two of their husbands were missionary physicians and one husband was an Iranian hospital administrator). Once they were married, they tended to devote little time to nursing work. For example, Anna Klerekoper was married when she was appointed and does not appear to have engaged in any nursing work while she was in Iran. When she sailed for Iran with her husband, she was forty-one years old and they brought their four children with them, including triplets who were only ten months old.[150] Her letters detail her work "running the house" and caring for children.[151] Some women did continue to assist with hospital work after they were married, but usually in supportive roles, such as managing the kitchen or laundry.

The geographical and class background of the applicants varied. Most applicants were born in the United States, but two women were born in Iran to missionary parents, one woman was born in Korea to missionary parents, and three were born in Germany, Belize and Canada respectively (see appendix). Within the United States, two applicants were born in the South (Kentucky and Texas), two applicants were born in the Northeast (New York and Connecticut), six applicants were born in the Midwest and five applicants were born in the West. Applicants also came from a range of family backgrounds. Some came from well-to-do families. One

149. *Manual of the Board of Foreign Missions of the Presbyterian Church in the U.S.A.* (New York: Presbyterian Building, 1922), 12.

150. Anna Klerekoper, "Record of Anna M. Bruen Klerekoper," August 30, 1945, PHS RG 360: Anna Bruen Klerekoper; "File card for Mrs. Frederick (Anna Bruen) Klerekoper," PHS RG 360: Anna Bruen Klerekoper.

151. Rev. and Mrs. F. G. Klerekoper to Friends, August 18, 1948, PHS RG 360: Anna Bruen Klerekoper.

applicant's father was a contractor and builder and a reference noted that she belonged to a "highly respected New England family."[152] Another candidate's father was a justice of the peace and a real estate agent.[153] Other women came from working-class and agricultural families. One applicant grew up on a farm.[154] Another applicant noted that she grew up "in one of the poorer sections of Los Angeles" where her parents had a small grocery store.[155] The occupation of an applicant's father's did not always indicate an applicant's social position and class background. For example, one applicant's father was "often out of work and sick," so she took on "the burden of looking after the family" by working as a private secretary for a manufacturing chemist and general office manager for a fancy stock breeder. She reported making a good wage. Thus, her own occupational history serves as a better indication of her socioeconomic status than that of her father.[156] All of the single applicants were either student or employed nurses when they applied to the BFM.

Christian Upbringing and Church Involvement

The majority of women who became missionary nurses in Iran were raised in Christian homes by church-going parents. Fourteen women indicated that their parents were Presbyterian, two women indicated that their parents were Baptist and two women indicated that one of their parents was Presbyterian.[157] Only one woman noted that her father and stepmother did not show

152. Margaret Carrington, "Candidate Reference Blank: Frances Wooding," March 25, 1927, PHS RG 360: Frances Wooding.

153. Lewis B. Hillis, "Candidate Reference Blank: Gertrude Winkelman," May 1, 1937, PHS RG 360: Gertrude Winkelman.

154. Jeannette Jones, "Personal Report," May 8, 1920, PHS RG 360: Jeannette Jones.

155. Esther Harvey, "Life Sketch," April 11, 1938, PHS RG 360: Mary Harvey.

156. Ellen Nicholson, "Life Sketch," March 20, 1923, PHS RG 360: Ellen Nicholson.

"any spiritual tendencies" and "never went to church."[158] Applicants documented their parents' involvement in church and mission work and they highlighted their fathers' leadership positions. Three women had fathers who had been ministers and another woman had a brother who was a Presbyterian pastor.[159] Two women had fathers who had been church elders, one woman's father had been a deacon, and two women had fathers who had been Sunday-school superintendents.[160] Many applicants also noted that their mothers had been involved in church activities, but spoke about their involvement in general terms. For example, one woman wrote that her mother had been "devoted to her church work, and missionary work."[161] Six women also had family members who were, or had been, missionaries.[162] The applications reveal that most of the candidates were raised by parents who valued church attendance and church work.

157. Flora Bradford and Frances Wooding attended Baptist churches as children and identified their parents as Baptist. Emma Degner attended Sunday school at a Lutheran church as a child. Nancy Murray attended a Methodist church when she was a child as it was the only Protestant church in the small mining town in Arizona where her family lived. Eunice Baber identified her mother as Catholic and her father as an Anglican turned Presbyterian. Jeannette Jones identified only her mother as Presbyterian. The fourteen applicants who identified their parents as Presbyterian were Mira Sutherland, Grace Taillie, Helen Easton, Blanche Bussdicker, Wilma Pease, Gertrude Winkelman, Ellen Nicholson, Janet Fulton, Estella Chambers, Esther Harvey, Dorothy Cochran, Anna Klerekoper, Nancy Murray and Elizabeth Muller.

158. Emma Degner, "Life Sketch," December 31, 1940, PHS RG 360: Emma Degner.

159. Three candidates – Wilma Pease, Janet Fulton and Helen Easton – had fathers who were ministers. Mira Sutherland's brother was a Presbyterian pastor.

160. Mira Sutherland's father and Blanche Bussdicker's father were church elders, Frances Wooding's father was a deacon, Frances Wooding's father and Eunice Baber's father were Sunday-school superintendents.

161. Grace Taillie to the Foreign Missionary Board of the Presbyterian Church, December 10, 1918, PHS RG 360: Grace Taillie; Albert May, "Candidate Reference Blank: Grace Taillie," January 1, 1919, PHS RG 360: Grace Taillie.

162. Helen Easton and Dorothy Cochran were born in Iran to Presbyterian missionary parents. Anna Klerekoper was born in Korea to missionary parents. Nancy Murray's great aunt had been a missionary in China for thirty-eight years. Janet Fulton and Wilma Pease both had sisters who were missionaries. Wilma Pease's sister Harriet Pease was already working as a missionary teacher in Iran when Wilma applied to the BFM. She specifically requested to be assigned to Iran so that she could be in the same country as her sister.

Having parents who were active in church life likely influenced some of these women to consider mission work as worthwhile and legitimate Christian service. The reference for one applicant suggested this when he wrote that the applicant had "from childhood been encouraged to give herself to some kind of religious work."[163] Historian Jane Hunter found that women who chose to take up mission work in China at the turn-of-the twentieth century often had parents who were involved in organized religious work and encouraged their daughters' missionary aspirations.[164] The extent to which the parents of missionary nurses in Iran might have promoted mission work as appropriate or "heroic" work for their daughters, as was the case for missionary women in China, is unknown. Some versions of the application did ask the applicant if their immediate family was "in sympathy" with their desire to become a foreign missionary, to which many applicants responded affirmatively. One candidate, who did not have a close relationship with her father, mentioned that he disproved of her decision to take up mission work.[165]

Women who became missionary nurses in Iran also had a long history of participation in religious work prior to their appointment. The BFM expected missionaries to be regular churchgoers and requested that candidates ask their pastor for a letter of support. They all reported attending church, although some women were not able to attend regularly due to their training and employment obligations.[166] However, they purposefully drew attention to their

163. Dr. G. H. Craig, "Candidate Reference Blank: Frances Wooding," March 22, 1927, PHS RG 360: Frances Wooding.

164. Jane Hunter, *The Gospel of Gentility: American Women Missionaries in Turn-of-the-Century China* (New Haven, CT: Yale University Press, 1984), 32-35.

165. Gertrude Winkelman, "Personal Information Blank," April 6, 1937, PHS RG 360: Gertrude Winkelman.

166. Fifteen applicants attended Presbyterian churches: Flora Bradford, Grace Taillie, Jeannette Jones, Wilma Pease, Blanche Bussdicker, Janet Fulton, Ellen Nicholson, Estella Chambers, Esther Harvey, Gertrude Winkelman, Eunice Baber, Emma Degner, Elizabeth Muller, Anna Klerekoper and Nancy Murray. Frances Wooding attended a Baptist church. Helen Easton and Dorothy Cochran attended Congregational churches. Three

history of participation in church work. The most popular activities that they were involved with were Sunday school and Christian Endeavour (CE), a non-denominational evangelical youth society that "trained young people in the activities of Christian life."[167] The first CE society was founded in 1881 in Portland, Maine, but the organization expanded rapidly. Tens of thousands of CE societies were established by the early twentieth century. In their effort to reach youth to work for Christ, CE societies created publications for youth, founded youth programs and held youth events. Ten women wrote that they had past experience as Sunday school teachers. Two of them had worked their way up to administrative positions: one had become the Sunday school secretary at her church and the other had held various district Sunday school positions.[168] Six women had participated in Christian Endeavour. Two women held leadership positions within CE societies before they began to train as nurses.[169] Several women had belonged to church choirs, one woman had been a director of her church's orchestra and a Cradle Roll superintendent, while another had been the leader of her church's Junior Missionary Society.[170] Women documented their extensive involvement with the institutional church in their applications. Of course, they emphasized their religious upbringing and background in their applications in order to demonstrate their potential as mission workers.

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applicants – Ellen Nicholson, Jeannette Jones and Blanche Bussdicker – had been attending their church since childhood.

167. Hunter, *Gospel of Gentility*, 30.

168. Janet Fulton to Sirs, August 10, 1929, PHS RG 360: Janet Fulton; Ellen Nicholson, "Life Sketch," March 20, 1923, PHS RG 360: Ellen Nicholson.

169. "Summary of Appointment: Nelson, Mabel Florence," PHS RG 360: Mabel Nelson; Esther Harvey, "Personal Record," May 23, 1938, PHS RG 360: Esther Mary Harvey.

170. Maitland Alexander, "Candidate Reference Blank: Flora Bradford," PHS RG 360: Flora Bradford; Esther Harvey, "Personal Record," May 23, 1938, PHS RG 360: Esther Mary Harvey; Frances Wooding, "Life Sketch," February 3, 1927, PHS RG 360: Frances Wooding.

Application forms reveal that candidates were interested in holding leadership positions within the church. In the early twentieth century, there were limited opportunities for religious women to assume leadership positions. It is telling that a number of women held leadership positions in church ministries that were aimed at children and youth which was considered suitable church work for women. Also significant is the high number of women who were involved in Christian Endeavour, which promoted gender equality in its organization and practice. Women were expected to speak publicly at meetings, lead in prayer, chair committees, organize meetings and share equally in the leadership of the organization alongside men.[171] Historian Christopher Coble notes that CE societies were "a vehicle for introducing progressive ideals that challenged traditional gender roles and opened opportunities for women … within Protestant churches."[172] Many of these applicants had occupied the upper leadership positions available to women within the institutional church before they applied to the BFM. Missionary work was a logical "next step" for women seeking greater leadership and autonomy within a religious milieu.[173] It also offered single women an opportunity to pursue paid work within the realm of acceptable women's religious work.

171. Christopher Coble, "The Role of Young People's Societies in the Training of Christian Womanhood (and Manhood), 1880-1910," in *Women and Twentieth-Century Protestantism,* ed. Margaret Lamberts Bendroth and Virginia Lieson Brereton (Urbana: University of Illinois Press, 2002), 81.

172. Ibid., 88.

173. Other scholars have also found that overseas missionary work offered women opportunities for greater leadership and independence. See Mary Taylor Huber and Nancy C. Lutkehaus, eds., *Gendered Missions: Women and Men in Missionary Discourse and Practice* (Ann Arbor: University of Michigan Press, 1999); Lydia Huffman Hoyle, "Nineteenth-Century Single Women and Motivation for Mission," *International Bulletin of Missionary Research* (April 1996): 58-64.

Religiosity as a Marketing Strategy

Missionary nurses employed a narrative of religiosity as a marketing strategy in order to negotiate a place in the missionary force. They emphasized their religious activities and outlook in their applications in order to highlight their commitment to Christianity. When they were asked to detail their Christian experience, they typically began their narratives by mentioning their Christian upbringing. For example, one woman began her life sketch as follows: "I was born and brought up in a Christian home" with parents who have "the highest ideals and lead consistent Christian lives."[174] Two women drew attention to the fact that their fathers were ministers. One woman wrote: "My father being a minister I have always had Christian influence and know that I am a Christian."[175] The other woman stressed her close affiliation with the Presbyterian Church, stating: "I am the daughter of a Presbyterian minister."[176] The BFM was clearly interested in an applicant's family background as it specifically asked references to comment on the candidate's family. Individuals who wrote letters of support often wrote about the religiosity of the applicant's family members. In support of an applicant, one reference wrote that the applicant's father was "a very pious man … and had much to do in moulding her character."[177] In their narratives, applicants located themselves within Christian homes and suggested that they had been religiously inclined from a young age. They presented themselves as members of devout Christian families in order to secure appointment with the BFM.

174. Frances Wooding, "Life Sketch," February 3, 1927, PHS RG 360: Frances Wooding.

175. Wilma Pease to Frances Hughes, [July 21, 1919?], PHS RG 360: Wilma Pease.

176. Janet Fulton to Sirs, August 10, 1929, PHS RG 360: Janet Fulton.

177. Laura B. Cline, "Candidate Reference Blank: Mira Sutherland," June 10, 1912, PHS RG 360: Mira Sutherland Bird.

Women also demonstrated that they were suitable candidates by suggesting that they had been devoted to mission work from childhood. Eight women pointed out that they had decided to become a missionary from a young age. For example, one applicant wrote that she had cherished three dreams as a child: "to play the violin, to be a nurse, and a missionary."[178] Another candidate wrote that she had "grown up with the idea in mind of going to a foreign field as a missionary nurse.'"[179] Some women referenced a religious calling as a way to establish divine authority for their appointment. For example, one woman reported that God had told her to become a missionary when she was twelve years of age after she had heard some missionaries talk about their mission work. She wrote: "I felt at that time that the Lord was definitely calling me to give my life to the foreign field." From that point on, she "wanted to be a missionary and a nurse – and planned on it" but she said "very little about it" to other people.[180] Another applicant wrote: "I want to follow God's guidance which seems to call me to foreign service."[181] The BFM gave credence to these types of statements. In a summary statement about one missionary nurse, the BFM emphasized the applicant's calling, stating: "Lulu Blanche Gillis saw the missionary vision as a child and planned her life so that she could be ready when appointment was possible."[182] Applicants legitimized their desire to become missionaries by suggesting that they were pursuing a lifelong religious calling.

178. "Summary of Appointment: Nelson, Mabel Florence," PHS RG 360: Mabel Nelson.

179. Janet Fulton to Sirs, August 10, 1929, PHS RG 360: Janet Fulton.

180. Elizabeth Carpenter, "Application for Missionary Service," July 7, 1944, PHS RG 360: Elizabeth Carpenter Muller.

181. Janet Fulton, "Personal Information Blank," June13, 1931, PHS RG 360: Janet Fulton.

182. "Summary of Appointment," March 1954, PHS RG 360: Lulu Blanche Gillis Bussdicker.

Validating their call was particularly important given that the majority of applicants were also single, professionally-minded women who had pursued training and, often, employment as nurses before they applied to become missionaries. As trained nurses, they embodied contradictions between profession and service. Nine applicants noted that they purposefully chose to study nursing because they felt that it would enhance their missionary ambitions.[183] For example, one woman wrote that she had decided to train as a nurse because she wanted "to prepare herself for definite work in the mission field."[184] Through these types of statements, they presented their professional pursuits as religiously informed. Some women articulated an interest in combining work as a nurse with service as a missionary. For example, one applicant noted that nursing was a useful background to have as a missionary. She stated: "It has always been my supreme desire to do foreign missionary work, and thinking that it would be an advantage to become a nurse in that I could be of more service, I took up that line of work. Now if I could be used in this work … in connection with missionary work, I shall be glad."[185] Her pastor confirmed her desire to use "her professional skill … in Christian nursing service."[186] She was

183. The applicants who mentioned that they decided to pursue nursing because they felt this would be useful for mission work were: Nancy Murray, Mira Sutherland Flora Bradford, Blanche Bussdicker, Frances Wooding, Mabel Nelson, Janet Fulton, Esther Harvey and Elizabeth Muller. For example, Murray wrote: "I felt that I might be able to serve more as a missionary if I became a nurse." Nancy Lounsberry, "Life Sketch," July 28, 1946, PHS RG 360: Nancy Lounsberry Murray. Harvey wrote that she decided to pursue "full time Christian service" in high school and "this purpose led me to the field of nursing which seemed to offer so many more opportunities than music afforded." Esther Harvey, "Life Sketch," April 11, 1938, PHS RG 360: Esther Mary Harvey. Bussdicker wrote that she had wanted to become a missionary for years and "it was with this one aim in view that I started the nurses' training course." Blanche Gillis to Mrs. Howell, November 14, 1919, PHS RG 360: Lulu Blanche Gillis Bussdicker. Bradford "entered Training School at the age of nineteen … with the thought of preparing myself for the foreign field." Although she was "not a college woman," she felt that she had "succeeded in acquiring a good all-round training in lines valuable to a foreign missionary" through nursing training. Flora Bradford, "Application," November 28, 1906, PHS RG 360: Flora Bradford.

184. "Summary of Appointment: Nelson, Mabel Florence," PHS RG 360: Mabel Nelson.

185. Mira Sutherland to Stanley White, March 13, 1912, PHS RG 360: Mira Sutherland Bird.

186. Dr. L. Haines to Dwight H. Day, February 26, 1912, PHS RG 360: Mira Sutherland Bird.

clearly interested in practicing as a nurse, but she provided a missional motivation for her interest in nursing. By doing so, she narrated her life sketch in a way that appealed to the BFM.

Not all women framed their interest in nursing in this way. Dorothy Cochran and Eunice Baber, who applied to the BFM in the 1940s, wrote that they had wanted to become nurses since childhood.[187] They emphasized their professional aspirations in their applications and did not link this to a missionary calling or service. Baber wrote: "my mission is nursing the sick."[188] She argued that her nursing work "should serve as an expression of Christian principles in a practical manner."[189] The BFM was concerned about statements both women made in their applications, but in the end, it appointed them both as missionaries. This decision hints at the increasing professionalization of mission medicine closer to the mid-twentieth century. In the post-war period, the BFM was in great need of trained nurses to staff the mission hospitals in Iran and it did not have the luxury of turning down professionally-qualified applicants. Yet, the BFM's deliberation over the two candidates, discussed later on in this chapter, also indicated that the BFM was less likely to appoint a candidate who did not evidence particular motivations or pious commitment to mission work.

When submitting an application to the BFM, honesty was not always the most advantageous policy. Women who did not evince extensive commitment to the church and/or routine religious practices faced greater scrutiny. Although one applicant supported the evangelistic aims of the mission, she was criticized for not having a long history with the faith.[190]

187. Dorothy Cochran, "Life Sketch," August 5, 1945, PHS RG 360: Dorothy Cochran Romanossian; Eunice Baber, "Life Sketch," September 7, 1945, PHS RG 360: Eunice Baber.

188. Eunice Baber, "Life Sketch," September 7, 1945, PHS RG 360: Eunice Baber.

189. Eunice Baber, "Life Sketch," September 7, 1945, PHS RG 360: Eunice Baber.

190. Gertrude Winkelman, "Application for Missionary Service," April 30, 1937, PHS RG 360: Gertrude Winkelman.

References testified to her "Christian fitness."[191] Her pastor, for example, wrote: "she is a devoted Christian and a faithful member of our church."[192] Yet, she disclosed in her application that in previous years she had not always sought daily "communion with Christ."[193] Referring to her first year in university, she wrote: "I did not attend Church or feel any need for religion in my life."[194] It was only after she entered nursing school that she reportedly began to attend church regularly and read the Bible daily. Executive members of the BFM debated her suitability for mission work. One member felt her religious experience was too recent and she was too shy and overweight to qualify for appointment. As a result, he wrote: "I am inclined to question whether she can meet the requirements of a *missionary* nurse."[195] Other executive members agreed that she was spiritually immature.[196] A physician who had previously met her was consulted and he voiced an alternative opinion. He felt that she would do "a hard, earnest piece of work." Given that the mission was "desperately in need of nurses," he felt that she would "fit the Iran situation."[197] The BFM appointed her to Iran, but she was required to take a year of coursework at a theological institute before they sent her overseas.

191. "Summary of Appointment: Gertrude Winkelman," PHS RG 360: Gertrude Winkelman.

192. Francis Downs to Herrick B. Young, February 25, 1941, PHS RG 360: Gertrude Winkelman.

193. Gertrude Winkelman, "Supplement to Questions," April 30, 1937, PHS RG 360: Gertrude Winkelman.

194. Gertrude Winkelman, "Life Sketch," April 30, 1937, PHS RG 360: Gertrude Winkelman.

195. J. L. Dodds, "Miss Winkelman," December 26, 1940, PHS RG 360: Gertrude Winkelman.

196. Irene Sheppard to Miss Elliot, [1940?], PHS RG 360: Gertrude Winkelman.

197. Dr. Wysham, "In Re: Miss Gertrude Winkelman," December 20, 1940, PHS RG 360: Gertrude Winkelman.

Faith as a Motivating Factor

Applicants emphasized that they had a personal faith which influenced their pursuit of mission work. They all responded positively to questions asking if they agreed with basic theological and scriptural tenets. For example, they replied affirmatively to questions that asked if they believed that the Old and New Testaments were the "Word of God."[198] The BFM was interested in an applicant's religious beliefs and practices and asked questions about their personal Bible study and prayer habits. All applicants expressed a belief in God and the Bible, but not all applicants acknowledged rigorous religious practice in their personal lives. Seven candidates mentioned reading the Bible daily.[199] Some candidates mentioned that they tried to read the Bible habitually, but found this challenging because of their "irregular hours of study and sleep" as students and/or working nurses.[200] Other women talked about their approach to Bible study and did not directly answer the question. It is possible that applicants who might not have read the Bible regularly commented on their approach to studying the Bible so as to provide a response that indicated that they valued Bible study. Dorothy Cochran was the only applicant who responded atypically. When asked what her personal habits of prayer and devotional Bible study were, she responded: "nothing regular."[201] As discussed later on, the BFM was concerned by the comments Cochran made in her application, but it appointed her as a short-term missionary because of her familial connection to missionaries in Iran.

198. Grace Taillie, "Application," December 10, 1918, PHS RG 360: Grace Taillie.

199. These applicants were: Flora Bradford, Helen Easton, Grace Taillie, Mira Sutherland, Blanche Bussdicker, Frances Wooding and Ellen Nicholson.

200. Nancy Lounsberry, "Personal Information Blank," June 17, 1946, PHS RG 360: Nancy Lounsberry Murray.

201. Dorothy Cochran, "Personal Information Blank," July 9, 1945, PHS RG 360: Dorothy Anne Cochran.

The degree to which faith influenced these women to pursue missionary work is difficult to determine. The application questions were designed to assess a candidate's religious commitment and missionary motive, but they were worded in a way that encouraged the desired answer. Until the mid-1930s, the BFM used mostly polar questions that required only a yes or no response. For example, questions asked: "Do you believe that in every form of mission work the paramount duty of every missionary is to make Jesus Christ known as Savior, Lord and Master?" and "Is it your purpose to make this the chief aim of your missionary service, no matter what special duties may be assigned to you?"[202] The questions were leading and applicants always replied affirmatively, usually by writing "yes." The BFM eventually developed open-ended application questions that required a more substantial answer, likely because the previous format of the questions had elicited the same, uniform responses. Most missionary nurses were well versed in religious discourse because they had grown up in religious institutions, but they tended to write about their faith in general, nonspecific terminology. They did not refer to Presbyterian doctrine or make complicated theological arguments in favour of evangelism. Rather, they indicated that they derived meaning from their church work and presented their religious activities as evidence of their Christian faith.

Tensions between Profession and Religion

Despite the fact that applicants emphasized their religiosity, their applications also reveal that they faced tensions between their professional and religious work even before they joined the mission. Most applicants discontinued their church work when they entered nursing school because of the demands of their training. One candidate wrote: "My life in the christian [*sic*] experience has been full until … I entered the Hospital for nurses training. Of course I attended

202. Janet Fulton, "Application," August 10, 1929, PHS RG 360: Janet Fulton.

services as much as was possible during those years."[203] Another applicant wrote that it was not "possible to participate in many outside activities or carry on much active church work"[204] as a nurse. Yet, she attempted to persuade the BFM that she was still pursuing a missional life. She wrote: "my efforts have been limited to hospital patients and nurses in personal work and testimony."[205] This sentiment was echoed by other candidates. One woman wrote: "I have tried to reflect Christ in my work as a nurse, and to witness whenever possible to my associates and patients of what Christ has meant to me, and to invite them to church."[206] Another woman, who was still a student when she submitted her application, informed the BFM that she planned to return to active church work after she graduated. She stressed how important church work was to her, though, when she stated: "during these years of training my church work has of necessity been very limited, but this winter I will have a little more opportunity for such things. That was one of the hardest things during the whole three years, that I had to give up the religious work that I had been so much interested in."[207] Many missionary nurses already faced tensions between their profession and their religious activities as a result of their intensive training and work as nurses.

Missionary nurses also let the BFM know that they valued their nursing education and training by subtly inserting their professional qualifications into the application. The earliest

203. Jeannette Jones to Miss Hughes, November 15, 1919, PHS RG 360: Jeannette Jones.

204. Esther Harvey, "General Skills," April 11, 1938, PHS RG 360: Esther Mary Harvey. Sutherland also commented: "I have been attending school and doing nursing and have not been able to do regular church work." Mira Sutherland to W. B. Jacobs, June 5, 1912, PHS RG 360: Mira Sutherland Bird.

205. Ellen Nicholson, "Life Sketch," March 20, 1923, PHS RG 360: Ellen Nicholson.

206. Gertrude Winkelman, "Supplement to Questions," April 30, 1937, PHS RG 360: Gertrude Winkelman.

207. Blanche Gillis to Mrs. Howell, October 10, 1919, PHS RG 360: Lulu Blanche Gillis Bussdicker.

versions of the application form had only one question that asked candidates to provide information about their work experience in four very specific areas: teaching, medicine, business and church work. The question about medicine pertained specifically to physicians. Some nurses left the question blank, one answered by including information only about her employment as a church worker, while others modified the medical subquestions and included information about their nursing employment. One nurse crossed out the word "physician" and typed "nurse" above it. She then supplied answers to the sub-questions regarding hospital experience and independent practice based on her experience as a graduate and private duty nurse. Under business experience, she wrote that she had been an assistant matron of a women's reformatory.[208] Other nurses responded in a similar way. Some referenced their private duty work under the physician subsection, while others referred to their private duty work under the business subsection.[209] Although most applicants wrote very little about their nursing work and experiences in the application, some applicants clearly felt that their professional credentials and employment history were important enough (and as important as medicine) to be captured on the application form. While they narrated their religiosity in their life sketches, many also made sure to document their professional qualifications on the application form.

Furthermore, applicants clearly wanted to work as nurses in Iran. While they did not emphasize their professional training and education in their applications, they fully expected to engage in nursing work. One applicant wrote that she was interested in going to Iran because she had "heard from missionaries from the Persian field of the very great need for trained nurses."[210]

208. Helen Easton Hoffman, "Application," March 3, 1920, PHS RG 360: Mrs. Rolla E. Hoffman (Helen Easton).

209. Jeannette Jones, "Application," November 15, 1919, PHS RG 360: Jeannette Jones; Flora Bradford, "Application," November 28, 1906, PHS RG 360: Flora Bradford.

210. Grace Taillie, "Application," December 10, 1918, PHS RG 360: Grace Taillie.

Another candidate noted: "Since I feel nursing is my work I would like to serve in that field."[211] Sometimes they wrote of their interest in both medical and religious work. One applicant wrote: "My desire is that I go … as a trained nurse doing all in my power to help there in a medical way at the same time helping religiously."[212] Another applicant made the argument that medical work was religious work. She stated: "Medical work to be most successful, must be essentially Christian in character, wherever it is done."[213]

One applicant provided information about her professional aspirations only after the BFM had appointed her as a missionary. She was interested in teaching nursing students. After she learned that some missionaries carried out work "training native workers," she "aspired and worked toward that goal." She wrote that she had "deliberately selected a nurses' training school where I would get the maximum amount of executive work and general hospital regulation duty, therefore I have trained for hospital or clinic work, rather than that of visiting nurse which I have never done or felt adapted for." She wanted to be assigned to a mission hospital, rather than "house to house or village to village nursing" because she felt she could do her "best work in a hospital or clinic with a permanent base."[214] It is telling that she provided so much information about her professional interest only after she was appointed to the missionary force. Although they did not often comment on their professional aspirations in their applications, some women viewed mission nursing as an opportunity to find professional fulfilment.

211. Gertrude Winkelman, "Supplement to Questions," April 30, 1937, PHS RG 360: Gertrude Winkelman.

212. Jeannette Jones to Miss Hughes, November 15, 1919, PHS RG 360: Jeannette Jones.

213. Frances Wooding, "Life Sketch," February 3, 1927, PHS RG 360: Frances Wooding.

214. Ellen Nicholson to Ann Reid, April 26, 1923, PHS RG 360: Ellen Nicholson.

Independence and Adventure

Some women likely pursued missionary nursing because it offered them adventure and a chance to travel. Historians have noted that single missionary women who worked in other mission fields during this period often expressed a sense of adventure.[215] Few of the nurses who went to Iran talked about these motivations in their applications, however. The BFM tried to weed out applicants who might have pursued missionary work for these purposes and thus applicants likely avoided discussing these issues. On some forms, references were specifically asked whether or not they felt the candidate's decision to become a missionary was influenced by "a desire for travel, adventure or cultural development."[216] Usually references denied that the applicant had any interest in these non-religious incentives by writing, for example, "no."[217] But a reference for one applicant wrote: "It is probable that the candidate does have a desire for travel and she certainly is of the type to accept adventure."[218] Yet, he stressed that she also had a passion to serve others.

Mission nursing was also a means to achieving greater independence. Ellen Nicholson was forty-one years of age when she applied to the BFM as a missionary nurse in 1923. For much of her life until that point, she had shouldered the responsibility of providing for her family. Her father passed away when she was twenty-four years of age and for years prior to his death he had been sick and out of work. Nicholson, the eldest of five children, "assumed the

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215. Hunter, *Gospel of Gentility*, 51, 223; Myra Rutherdale, *Women and the White Man's God: Gender and Race in the Canadian Mission Field* (Vancouver: UBC Press, 2002), 60-64, 80.

216. Rev E. A. Odell, "Candidate Reference Blank: Eunice Baber," September 25, 1945, PHS RG 360: Eunice Baber.

217. Howard Burkher, "Candidate Reference Blank: Anna Klerekoper," April 23, 1945, PHS RG 360: Anna Bruen Klerekoper.

218. Rev E. A. Odell, "Candidate Reference Blank: Eunice Baber," September 25, 1945, PHS RG 360: Eunice Baber.

responsibility" of looking after the family.[219] She did so by working as a private secretary and general office manager for almost ten years. She wrote: "I earned a fair salary and after seeing my youngest brother through High School and one year at University, had the firm conviction that I had done my immediate share. I then turned toward the profession in which I had for a long time believed the Lord could best use me."[220] After she graduated from nursing school, she worked as a technician and assistant roentgenologist in the x-ray department at Washington Boulevard Hospital. In her application, she indicated that her mother was partly dependent on her earnings.[221] It is possible that Nicholson saw mission work as an opportunity to break away from family responsibilities and pursue her own interests.

Salaried Work and Stable Employment

Some applicants may have found mission work financially rewarding. The BFM did not publicize its salary scale, which differed by country due to variations in cost of living. It paid missionaries a uniform amount, though, while they were on furlough in the United States. In 1927, single missionaries who were on furlough were paid a set amount of 1,200 dollars for the year. This was relatively consistent with the amount a private duty nurse would have made at the time.[222] Some nurses in more prestigious positions in the U.S. would have received a higher salary. For example, white public health nurses in Georgia were paid 200 dollars per month in

219. Ellen Nicholson, "Life Sketch," March 20, 1923, PHS RG 360: Ellen Nicholson.

220. Ibid.

221. Ellen Nicholson, "Application," April 10, 1923, PHS RG 360: Ellen Nicholson.

222. In the late 1920s, private duty nurses made six to seven dollars for a twelve-hour shift. Jean Whelan, "'A Necessity in the Nursing World': The Chicago Nurses Professional Registry, 1913-1950," in *Nurses' Work: Issues Across Time and Place*, ed. Patricia D'Antonio, Ellen D. Baer, Sylvia D. Rinker and Joan E. Lynaugh (New York: Springer Publishing Company, 2007), 121.

1925.[223] Until the 1940s, when the BFM began to struggle financially, it was able to offer fairly competitive wages. It also offered a number of fringe benefits. The BFM paid all travelling expenses, an outfit allowance of 250 dollars which a missionary could use to purchase necessary equipment or items for furnishing their new home and it supplied housing accommodations.[224] Unmarried men and women were paid the same salary. For some women, employment as a missionary nurse could provide financial security. During the Great Depression, for example, private duty nurses in particular faced high rates of unemployment which may have pushed some nurses to seek a paid position as a missionary nurse.[225]

Missionary nursing may have offered some applicants stable employment. Grace Taillie was thirty-nine years old when she applied to the BFM in 1918. She had spent much of her life until that point taking care of her family. She wrote: "when [mother] was taken ill, I gave up my high school work, having been in it for 1½ years, and came home to help her, for I had Father and two brothers."[226] When she was seventeen years of age, her mother died and she "became the house keeper for the family."[227] Her father passed away eight years later at which point "the home was broken."[228] She then entered Rochester General Hospital Training School for Nurses. When she applied to the BFM, she was living with one of her brothers. Mission work provided

223. D'Antonio, *American Nursing*, 120.

224. *Manual of the Board of Foreign Missions of the Presbyterian Church in the U.S.A.* (New York: Presbyterian Building, 1927), 61.

225. Barbara Brodie, "Nurses' Struggles During the Great Depression: Prelude to Professional Status," *Windows in Time: The Newsletter of the University of Virginia School of Nursing Center for Nursing Historical Inquiry* 20, no. 1 (April 2012): 8.

226. Grace Taillie to the Foreign Missionary Board of the Presbyterian Church, December 10, 1918, PHS RG 360: Grace Taillie.

227. Ibid.

228. Ibid.

Taillie with an opportunity to pursue independence after she had devoted so much of her life to caring for family members. She also might have viewed missionary appointment as an opportunity to find stable nursing work. Between her graduation in 1910 and her employment with her BFM in 1919, she had held nine different jobs, not all of them nursing related: she had worked as head nurse in an operating room, a night superintendent, an office assistant, a bookkeeper for four months, a private duty nurse, a school nurse, an assistant nurse at an optical company for eight months, and on two different occasions – once during a scarlet fever outbreak and once during an influenza epidemic – she had been put in charge of emergency hospitals.[229] It is possible that missionary nursing guaranteed her a more stable, permanent paid position than she was able to find in the United States at the time.

Mission Nursing as a Form of International Nursing

Some women viewed mission work as one way that they could pursue international nursing work. While few nurses talked explicitly about their interest in internationalism, several applicants had an interest in international nursing that preceded their appointment as missionaries with the BFM. Others readily crossed institutional borders in order to pursue nursing work across national borders. Applicants who were attracted to international nursing work challenge the typical view of missionary nurses as primarily concerned with using their nursing work for the purpose of evangelism.

Mission nursing was not Grace Taillie's first choice for overseas work. She applied to the BFM in 1918 only after her opportunity to work as a military nurse fell through. In her application, she wrote that she had hoped to work abroad as a nurse with the U.S. Army as she

229. Grace Taillie, "Application," December 10, 1918, PHS RG 360: Grace Taillie.

was "anxious to do something for suffering humanity."[230] However, she became ill and required surgery at the same time that she received a notification to report to Base Hospital No. 19 in France. After she recovered, she found out that her name had been removed from the list of nurses and that she "would not be allowed to go."[231] When she wrote to the BFM to inquire about work as a missionary nurse, she stated that she would "willingly" be in France had it been possible for her to go.[232] Furthermore, Taillie made comments in her application that suggest that she was motivated to pursue mission nursing more for humanitarian reasons than religious ones. Although she agreed that evangelism was the overall objective of missions and confirmed her belief in specific religious tenets, she did not mention a religious motivation for pursuing mission nursing in her life sketch. She began her narrative by describing her parents' involvement in church work, but mostly talked about her nursing training and experiences. She noted that her reason for pursuing mission work was a "desire to do something for the poor and unfortunates, away [*sic*] over in Persia."[233] Elsewhere on the application, she indicated that she wanted to be assigned to Persia because she had heard from other missionaries in the country that there was a "very great need for trained nurses."[234] Her interest in military nursing, combined with her desire to provide humanitarian relief, indicates that she saw mission nursing as one avenue to pursue international nursing work.

230. Grace Taillie to the Foreign Missionary Board of the Presbyterian Church, December 10, 1918, PHS RG 360: Grace Taillie.

231. Ibid.

232. Ibid.

233. Ibid.

234. Grace Taillie, "Application," December 10, 1918, PHS RG 360: Grace Taillie.

Prior to her appointment with the BFM, Eunice Baber worked as an international nurse for several different agencies. In 1930, the Board for Christian Work in Santo Domingo hired Baber to work as a relief nurse at Hospital Internacional en Cuidad Trujillo in the Dominican Republic for six months in the wake of Hurricane San Zenon. After that, she was employed directly by the hospital and became director of the hospital's school of nursing from 1932 to 1945. At the tail end of the Second World War, Baber worked for the British Red Cross, although she wrote little about this work in her application.[235] She then applied to the BFM in 1945 and specifically requested that she be assigned to Iran. Before she could leave for Iran, the Presbyterian Board of National Missions asked her to fill a temporary position as Acting Superintendent of Nurses at the Presbyterian Hospital in San Juan, Puerto Rico. Thus, she spent eight months working at the hospital there before she went to Iran. Most of the institutions that Baber worked at were Christian institutions, but she considered nursing her mission. As she wrote in her application: "my lifework purpose is to nurse."[236]

Baber stands out from the other women who worked as missionary nurses in Iran because of her class background, nationality and upbringing. She was born and raised in British Honduras on a banana plantation. She linked her interest in nursing to the sense of responsibility that her parents instilled in her for her family's "labourers" and wrote that she had helped her father dress their cuts and vaccinate them against smallpox.[237] Although she was a British citizen, she purposefully chose to attend City Hospital School of Nursing on Welfare Island in New York. Commenting on her decision to attend that school, she stated: "I was told I would get the type of

235. Eunice Baber, "Application," October 9, 1945, PHS RG 360: Eunice Baber; Eunice Baber, "Personal Information Blank," September 7, 1945, PHS RG 360: Eunice Baber.

236. Eunice Baber, "Application," October 9, 1945, PHS RG 360: Eunice Baber.

237. Eunice Baber, "Life Sketch," September 7, 1945, PHS RG 360: Eunice Baber.

training that would prepare me for almost any place I chose to work in and among any kind of people."[238] When asked to explain her missionary purpose, she wrote: "To nurse the sick, and to try and keep those well healthy."[239] She spoke explicitly about her passion for challenging international nursing projects. After she built up the nursing school in Santo Domingo, she decided that "she needed to work in a place of even greater need"[240] and so she applied to the BFM to work in Iran. Her desire was to nurse in locations "where the need was greatest and facilities few."[241] Baber revealed in her application that she was primarily interested in the humanitarian objectives of international nursing work and saw mission nursing as an avenue to pursue these interests.

There were several ways that American nurses could pursue work in Iran. Prior to World War Two, there were a few non-missionary American nurses who worked in Iran as members of humanitarian relief organizations and as employees of private companies.[242] These positions were scarce, though, and most American nurses in Iran prior to WWII were missionaries. In 1937, the Iranian government directly hired two American nurses to work in government-run nursing schools.

Before she applied to the BFM, Emma Degner worked as an international nurse in Iran. In 1937, Iran's Ministry of Education hired her as the Director of Nurses at Shah Reza Hospital

238. Ibid.

239. Eunice Baber, "Personal Information Blank," September 7, 1945, PHS RG 360: Eunice Baber.

240. "Summary of Appointment: Eunice Baber," March 1948, PHS RG 360: Eunice Baber.

241. Ibid.

242. Some American nurses who worked for the Near East Relief and the American Red Cross were stationed in Iran during the First World War. One American nurse, Eleanor McClintic, published two articles about her experience as an American Red Cross nurse in Iran during the First World War. Eleanor Soukup McClintic, "With the Russians in Persia," *American Journal of Nursing* 18, no. 1 (October 1917): 34-40; Eleanor Soukup McClintic, "With the Russians in Persia (Continued)," *American Journal of Nursing* 18, no. 2 (November 1917): 102-106.

in Mashhad. She travelled to Iran with another nurse, Lorraine Setzler, who had also been hired by the Ministry of Education. News about their departure from the U.S. to Iran was published in *The American Journal of Nursing*.[243] The records do not indicate how these two specific nurses came to work for the Iranian government, but Lorraine Setzler indicated that the BFM had asked her to consider the position.[244] Degner was not under the direction of the BFM, but during her three-year contract with the Iranian government, she was "in close touch" with Presbyterian missionaries. BFM Secretary Dodd commented: "Except technically, she was very much like one of our own crowd loaned to the government."[245]

Missionaries in Iran asked her to join the mission, but Dodd reported that "at that time she was not sufficiently interested to offer herself in this capacity."[246] After she completed her contract with the Iranian government, Degner then applied to the BFM. Initially, she applied as a short-term missionary and worked at a mission-run hospital in India. Apparently, "these two experiences led her to apply for career service as a missionary nurse" and she was appointed to Iran in 1945 and worked there until her retirement in 1960.[247] In response to an application question that asked why she was considering work as a foreign missionary, she wrote: "was offered the position."[248] It was her work as an international nurse in Iran that led her to apply for work as a career missionary.

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243. "News about Nursing," *American Journal of Nursing*, 37, no. 12 (December 1937): 1402.

244. Lorraine Setzler, "In Iran: The Development of a Nursing School in Shiraz," *American Journal of Nursing* 41, no. 5 (May 1941): 520-525. See also, Lorraine Setzler, "Nursing in Iran," *International Nursing Review* 13 (July 1939), 263-266.

245. E. M. Dodd, "Confidential Information for Committee on Missionary Personnel and Board – Action on July 25, 1945," PHS RG 360: Emma Degner.

246. Ibid.

247. Marjorye Keyser, "Death of a Retired Missionary," January 9, 1975, PHS RG 360: Emma Degner.

248. Emma Degner, "Application," December 31, 1940, PHS RG 360: Emma Degner.

Estella Chambers moved fluidly between mission and non-mission organizations. The BFM first appointed her as a missionary nurse in 1936. She was assigned to the mission hospital in Kermanshah and worked there until her furlough in 1943. She had delayed her furlough by two years because she was worried about "the possibility of not being able to return to the field due to war conditions."[249] However, when she arrived in the U.S. she "felt it was her duty to join the U.S. Army Nursing Corps."[250] During her military service, she was mostly stationed in North Africa, which she wrote was "almost like Iran in every respect."[251] After her military service ended in 1946, she returned to Iran as Director of the School of Nursing at the British-owned Anglo-Iranian Oil Company (AIOC) Hospital in Abadan.[252] Thus, she was employed by a private organization, not the BFM. She held that position for four years before returning to the U.S. to undertake a master's degree in nursing from Western Reserve University.[253] After she completed her master's degree in 1953, she reapplied to the BFM and worked once more as a missionary nurse in Iran until her retirement in 1973. Chambers worked as a nurse for many different organizations: the military, a private company in Iran and the BFM. She does not explicitly state why she decided to pursue different types of nursing work. During her four-year contract with the AIOC, she established a new nursing school. Perhaps this indicates a desire to do innovating and interesting nursing work in Iran.

249. Estella Chambers, "Personal Report of Estella M. Chambers, R.N., Kermanshah, Iran, 1940-1941," PHS RG 360: Estella Chambers.

250. "Profile: Estella M. Chambers," October 1965, PHS RG 360: Estella Chambers.

251. Estella Chambers to Friends, September 16, 1943, PHS RG 360: Estella Chambers.

252. "Summary of Appointment: Estella M. Chambers, R.N.," [1965?], PHS RG 360: Estella Chambers.

253. "Record of Service: Estella M. Chambers, R.S., M.A.," PHS RG 360: Estella Chambers.

Mishkid[254] Motivations: "I was born in Iran and I would like to return"

Appointment as a missionary nurse offered applicants born in Iran to missionary parents an opportunity to return to the country and reunite with family members. Helen Easton was born to Presbyterian missionary parents in Tabriz in 1881. Her parents sent her to the United States when she was in high school to complete and advance her education. In 1910, she graduated from the New York Infirmary for Women and Children Training School for Nurses. After she completed her nurses' training, she returned to Tabriz "to keep house for her father"[255] as her mother had passed away while she was in the United States. One missionary noted that even though she was "not a member of the station," she gave "valuable assistance in the medical department."[256] Her father passed away in 1913 and she was subsequently hired by the BFM for a three-year contract to work as a nurse at the mission hospital in Tabriz.[257] It seems likely that she had been working informally at the hospital prior to her formal appointment as her father had passed away almost a year earlier. At the end of her three-year contract with the BFM, Easton returned to the United States.

She managed to return to Iran in November 1918, this time as a nurse with the American Committee for Armenian and Syrian Relief (ACASR), later re-named the Near East Relief, which was the oldest non-sectarian international development organization in the United States. The specifics of Easton's work with the organization are not known, but relief workers usually cared for orphans and refugees and developed large feeding and educational programs, so she

254. Mishkid is shorthand for missionary child. Historian Sonya Grypma has made extensive use of the term "mishkid" in her work on missionary nurses who were born and raised in China to missionary parents. See, Grypma, *China Interrupted*.

255. Loretta Van Hook, "personal report," PHS RG 91-4-10.

256. Loretta Van Hook, "personal report," PHS RG 91-4-10.

257. "Tabriz Station," [1915?], PHS RG 91-4-10.

likely would have done work along those lines. While she was in Iran, Presbyterian missionaries in the country encouraged her to "apply to the Board to become a regular missionary" and so she wrote to the BFM asking for an application.[258] Missionary physician Rolla Hoffman, her future husband, later noted that she had made an agreement with the BFM that it would hire her when her work with ACASR was done. In 1919, Easton married Hoffman, who had been stationed in Iran since 1915, and the BFM then appointed her a missionary nurse.[259]

Easton used humanitarian and mission nursing work to return to Iran so that she could reconnect with her father and remain in the place she considered home.[260] After she passed away of cancer in 1949, her husband wrote: "She was to die in her beloved Iran, where she had been born, and to which she had always come back."[261] Easton did very little direct nursing work after she was married, but she remained involved in hospital work by sewing hospital gowns, organizing supplies and managing the laundry. She spoke often of her desire to be useful. When she applied to the BFM, she wrote: "I have gone into missionary work from a desire to serve. The Persians are very dear to me, and I am very thankful for the opportunity to work here for them. I believe that the Golden Rule is the solution for this world's troubles, and the Christian Religion emphasizes this more forcibly than any other that I know of."[262] She did not mention evangelistic activities in her letters and, in fact, she did not actively try to convert her own

258. Helen Hoffman to Candidate Secretary, June 18, 1919, PHS RG 360: Mrs. Rolla E. Hoffman (Helen Easton).

259. "Summary of Appointment: Mrs. Rolla Edwards Hoffman, R.N.," PHS RG 360: Mrs. Rolla E. Hoffman (Helen Easton).

260. Loretta Van Hook to Stanley White, May 25, 1920, PHS RG 360: Mrs. Rolla E. Hoffman (Helen Easton).

261. Rolla Hoffman, "Personal Report, 1949," PHS RG 360: Dr. Rolla E. Hoffman.

262. Helen Hoffman to Stanley White, March 4, 1920, PHS RG 360: Mrs. Rolla E. Hoffman (Helen Easton).

daughters. At one point Rolla Hoffman, speaking about one of their daughters, wrote: "She has joined the church, entirely of her own doing, for Helen and I have never brot [*sic*] any pressure to bear on her to make a religious decision, tho [*sic*] we of course hope she will deliberately choose to be an active Christian, and later choose a wise work to do."[263]

Dorothy Cochran had a long familial connection to Iran which shaped her desire to return to the country as an adult. She was a third-generation mishkid, born to Presbyterian missionary parents in Tabriz in 1921. Her father was a well-respected missionary physician who had also been born in Iran, like his father had before him. As a mishkid in Iran, Cochran grew up in multilingual and multicultural spaces which shaped her unique transcultural identity. As a teenager, she attended five different schools in four different countries (Iran, Switzerland, the United States and Lebanon).[264] Dorothy and her sister Mary found their time in the United States particularly challenging. Dorothy attended a high school in Minneapolis for one year, but felt "lost" and was "glad" to return to the Middle East where she completed her high school education at a boarding school in Beirut. Although they were citizens of the United States, Mary commented that they didn't "fit in."[265] These experiences shaped Dorothy's view of mission work and her desire to return to Iran as an adult.

Cochran emphasized her desire to return to Iran in her application. One month after she obtained her Bachelor of Science in Nursing from the University of Minnesota, she applied to the BFM for work as a missionary nurse. She wrote: "I was born in Iran and I would like to

263. Rolla Hoffman to Mother, February 17, 1935, Rolla Hoffman Papers, Special Collections & University Archives, University of Oregon Libraries, Eugene (hereafter cited as RH Papers).

264. Mary Cochran Moulton, *A Mission Child in Iran* (Sandy Springs: self-pub., 1997), 68.

265. Ibid., 68.

return."[266] She reiterated this wish throughout the application. In her life sketch, she stated: "I have thought that I would like to go back to Iran, mostly because I wanted to see it again as it had been my home."[267] She noted that she was aware of the "great need" for medical personnel and felt that she could "be of some help." She also wanted to work with her father "if possible."[268] One of her references wrote that Cochran's decision to apply to the BFM was partly influenced by "her desire to be near her father and help him in a work she greatly admires."[269] While other nurses sought adventure through mission nursing work, Cochran wanted to go home. Her comments suggest that her primary reason for applying to the BFM was a desire to reunite with her father and return to Iran.

In her application, Cochran employed a professional framework to explain her life story and missionary motive. While most applicants documented their religious activities and history with the Christian faith, Cochran detailed her emerging interest in medicine. She stated: "It was when I was about ten years old that I became interested in the hospital, and from then on I always wanted to be a nurse. I used to spend quite a bit of time in the hospital with my father and with the nurses."[270] When discussing her missionary motive, she spoke of her desire "to help to improve the health of the people in Iran."[271] She felt her purpose in life was to "help to relieve some of the suffering and pain in the world" and "bring better health to the people with whom I

266. Dorothy Cochran, "Personal Information Blank," August 5, 1945, PHS RG 360: Dorothy Anne Cochran.

267. Dorothy Cochran, "Life Sketch," August 5, 1945, PHS RG 360: Dorothy Cochran Romanossian.

268. Ibid.

269. David Beach, "Candidate Reference Blank: Dorothy Anne Cochran," September 21, 1945, PHS RG 360: Dorothy Anne Cochran.

270. Dorothy Cochran, "Life Sketch," August 5, 1945, PHS RG 360: Dorothy Cochran Romanossian.

271. Dorothy Cochran, "Work Experience," 1945, PHS RG 360: Dorothy Anne Cochran.

work."[272] Although she wanted to be a missionary nurse, she gave no indication that she was interested in evangelism or in using her nursing work for religious ends.

Although Cochran entered expected responses for some of the questions about religious beliefs, she also displayed opinions that were clearly at odds with the BFM's overall objective. For example, she acknowledged a belief in God and Jesus Christ, but did not "know how effectively" she would be able to evangelize.[273] As previously mentioned, she indicated that she did not regularly read the Bible and she did not believe "that all parts of the Bible should be taken literally."[274] She reported that her church attendance was limited and she "never did very much work in the church."[275] She had attended church during the first two years of her nursing degree program, but once she started practical work in the hospital she had "very little time to go to the Sunday evening meetings."[276] The main controversy over her appointment, however, arose from her answer to a question about her attitude toward other religions. She stated: "I think there is a great deal of good in the religion of Islam, and that we should be tolerant and realize that the good [Muslim] can gain just as much happiness and satisfaction from his religion as from any other."[277]

The BFM Candidate Committee was alarmed by many of the statements that Cochran made in her application concerning her religious beliefs and practices. The majority of the individuals who voted on her appointment found problems with her application. They wrote of

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272. Dorothy Cochran, "Application," August 5, 1945, PHS RG 360: Dorothy Anne Cochran.

273. Ibid.

274. Dorothy Cochran, "Christian Message," August 5, 1945, PHS RG 36: Dorothy Cochran Romanossian.

275. Dorothy Cochran, "Life Sketch," August 5, 1945, PHS RG 360: Dorothy Cochran Romanossian.

276. Ibid.

277. Dorothy Cochran, "Application," August 5, 1945, PHS RG 360: Dorothy Anne Cochran.

her "spiritual immaturity," the inadequacy of her Christian faith and missionary motive and her problematic attitude toward other religions. In response to Cochran's statement about the positive values of Islam, one member responded: "Does she really mean that?"[278] Another member of the BFM Executive Council stated: "I cannot vote favourably for this candidate as a regular appointee – Christian motive seems lacking and I doubt her effectiveness in a [Muslim] land." However, he "would not stand in the way" if she was appointed as a short-term missionary to fill a need in a hospital "for the time being to keep things going."[279]

It was Cochran's connection to "a seasoned missionary family" that paved the way for her return to Iran.[280] The BFM felt that Cochran was not evangelically motivated for mission work, but it was also cognizant of her familial connections to mission work in the country. Her father was a renowned missionary surgeon in Iran and the Mission had specifically requested her appointment. Executive members of the BFM noted: her "parents are missionaries"[281] and the "Iran Mission requested her appointment."[282] Cochran was also strategic in her choice of references. Six of her references mentioned that her parents were missionaries in Iran. Some of her references were friends of her father who spoke highly of his qualifications and work in Iran.

278. Sam Moffett, "Voting Sheet on Missionary Candidates (For Members of the Executive Council)," PHS RG 360: Dorothy Anne Cochran.

279. [Lewis?] Anderson, "Voting Sheet on Missionary Candidates (For Members of the Executive Council)," September 11, 1945, PHS RG 360: Dorothy Anne Cochran.

280. David Beach, "Candidate Reference Blank: Dorothy Ann [sic] Cochran," September 21, 1945, PHS RG 360: Dorothy Anne Cochran.

281. "Summary of Appointment: Dorothy Anne Cochran," PHS RG 360: Dorothy Cochran Romanossian.

282. Ibid.

One reference stated: "I am sure I need not tell you of her family *background* of life in Persia."[283]

The BFM felt it could not appoint her as a full-term missionary, but it also felt that it could not turn down her appointment. In the end, it decided to appoint her for a short-term, three-year contract as a missionary nurse. The mission hospitals in Iran were in desperate need of trained nurses at the time and Cochran's training as a nurse facilitated her appointment. Even so, it is unlikely that Cochran would have been appointed, even for short-term work, had she not been connected to such a prominent mission family. It is possible that Cochran felt her appointment was somewhat guaranteed, which perhaps gave her freedom to provide answers to application questions that fell outside the typical range of acceptable responses for a prospective missionary. Her appointment reveals that a candidate was not likely to be selected to join the missionary force if she contravened certain religious tenets.

Missionary service offered Cochran a chance to reunite with her father, who was working at the mission hospital in Tabriz, and to return home.[284] Her experience suggests that missionary nursing enabled her to achieve her dream of returning to the country. Ten months after she arrived in Iran, Cochran again challenged convention by resigning from the mission to marry Tomic Romanossian, the Armenian administrator of the mission hospital in Tabriz where she was working. Romanossian and Cochran had been playmates as children and reconnected through their work at the mission hospital.[285] The BFM had little to say about Cochran's

283. Winifred Jones, "Candidate Reference Blank: Dorothy Anne Cochran," September 20, 1945, PHS RG 360: Dorothy Anne Cochran.

284. Dorothy Cochran, "Life Sketch," August 5, 1945, PHS RG 360: Dorothy Cochran Romanossian.

285. Tomic Romanossian, "unpublished autobiography," (in author's possession), 58.

marriage to an Iranian, but it did instruct the BFM treasurer to ensure that Cochran repaid the cost of her trip to Iran and her outfit allowance.[286]

Family Rupture

While some women came from missionary families or were seeking adventure and professional fulfillment, other women had more difficult pasts that propelled them toward missionary nursing. A significant catalyst for entry into mission work was the breakup of an applicant's family by death. Of the twenty applicants whose family circumstances are known, six applicants (thirty percent) had lost both parents and another six (thirty percent) had lost one of their parents prior to their submission of an application. Hunter argues that the women in her study who were moved by family rupture to pursue mission work in China, already possessed "predisposition of background, family tradition and zeal to suit them for mission work" but it "took dramatic freedom and disorientation caused by family death, or the burden of their own survival, to bring them to candidacy."[287] Similarly, a large number of missionary nurses in Iran seem to have applied to the BFM because the death of one or both of their parents caused a break in their family home, released them from caregiving responsibilities and/or required them to become self-supporting.

The absence of ties in the United States motivated some women to enter missionary service. In a supporting letter, one reference commented that the applicant seemed "very much alone in the world" as her mother had died and her father lived elsewhere.[288] Another candidate

286. "Action 46-1470: Marriage and Resignation, Dorothy Anne Cochran," PHS RG 360: Dorothy Cochran Romanossian.

287. Hunter, *Gospel of Gentility*, 42.

288. Alice Pierson, "Candidate Reference Blank: Flora Bradford," November 29, 1906, PHS RG 360: Flora Bradford.

clearly linked weak family ties to her interest in mission work. When she applied to the BFM, her parents were deceased. One of her references commented: "Her rough and tumble experience being thrown upon her own resources when quite young will enable her to endure hardship as a brave soldier."[289] Although she had two living brothers, a lawyer in Washington State and a Reverend in Washington, DC, she had not informed them that she was applying to the BFM or that she was interested in mission work.[290] In her letter of introduction to the BFM, she stated: "Foreign work appealed to me strongly, since I have comparatively few living ties, and no one depending upon me for support. For these reasons I feel free to go, while many for the opposite reasons are compelled to stay at home."[291]

In some cases, the death of a parent liberated an applicant to follow a long-standing desire to pursue mission work. A reference for missionary nurse Jeannette Jones noted that she had wanted to become a missionary for many years but "her duties were here – as she saw them – on account of her aged mother, whom she buried a year ago at this time."[292] Her father was already deceased and it seems that Jones acted as the primary caregiver for her mother until her death. When she applied to the BFM, she appeared to be living with a married sister. It seems like Jones, and possibly her other siblings, struggled financially. Her pastor wrote that she had "been able to rise above very adverse conditions of poverty in her environment."[293] While she

289. Laura B. Cline, "Candidate Reference Blank: Mira Sutherland," June 10, 1912, PHS RG 360: Mira Sutherland Bird.

290. [L. Haines?] to Dwight H. Day, February 26, 1912, PHS RG 360: Mira Sutherland Bird.

291. Mira Sutherland to Mrs. W. B. Jacobs, June 5, 1912, PHS RG 360: Mira Sutherland Bird.

292. Jane Barclay, "Candidate Reference Blank: Jeannette Jones," PHS RG 360: Jeanette Jones; Philip Fink, "Candidate Reference Blank: Jeannette Jones," November 24, 1919, PHS RG 360: Jeannette Jones.

293. Rev. Thos. Berger, "Candidate Reference Blank: Jeannette Jones," November 25, 1919, PHS RG 360: Jeannette Jones.

was in training, she lived almost entirely on the pay she received from the hospital, even though other nursing students had several hundred dollars extra. He also noted that she had "yearned for a higher place in life, but she could not see a way open," so he had suggested she pursue nursing as "a possible step in that direction."[294]

Poor relations with family may have pushed two candidates to pursue independent work. Gertrude Winkelman was not close to her father and stepmother. A reference commented that she had a "close bond" with her brother "due in part to the fact that their mother died and their father married again" to a woman who was "around the same age as the applicant, and not wholly acceptable to either children, which seemed to make their home less acceptable to them also."[295] The reference wrote that she spent "much [*sic*] of her time with her brother than with her father."[296] Another reference stated: "I think her stepmother would be perfectly willing to have her go as a foreign missionary."[297] The comment is ambiguous, but perhaps suggests that the relationship between them was strained. Winkelman was living with her married brother at the time she applied to the BFM.

Some women may have viewed mission nursing as a way to break away from family and forge new relationships. Emma Degner had a contentious relationship with her stepmother which seemed to push her into mission work. Her mother had passed away when she was very young and she subsequently lived with her paternal grandparents in Germany. When she was six years of age, her father came and collected her and brought her to the United States. In her life sketch,

294. Ibid.

295. Pearl Drack, "Candidate Reference Blank: Gertrude Winkelman," December 27, 1940, PHS RG 360: Gertrude Winkelman.

296. Ibid.

297. Lewis B. Hillis, "Candidate Reference Blank: Gertrude Winkelman," May 1, 1937, PHS RG 360: Gertrude Winkelman.

Degner spoke of a troubled and lonely childhood. She wrote: "My stepmother was very intolerant of my presence in the home and would not give me permission to attend High School after my graduation from Grammar School, she wanted me out of the house and working as soon as possible."[298] As a child, she attended Sunday school with neighbor children and found comfort in the Christian faith. She stated: "I began to realize that someone really did care for me even though my parents didn't."[299] She left the family home when she was eighteen years of age and worked in an office. She wanted to complete her high school education, but could "not afford to leave work and go to day school."[300]

Nursing training enabled Degner to become more self-sufficient. She wrote: "I … was determined to advance myself … Knowing my handicap in not having a high school education I was afraid I would not be accepted in any nurses' training school but decided to try."[301] She was admitted to St. Mary's Hospital Nurses' Training School in Rochester, due to her office experience and recommendations, and "revelled in the work." When she graduated from nurses' training school in 1926, she decided to complete her high school and college diploma "as soon as she could earn enough money" as she had no savings after her three years in nurses' training. She eventually completed her high school education in evening school, took some courses at Columbia Teacher's College and eventually obtained her Bachelor of Science degree. Degner did not want these details to be published. She wrote: "I am not proud of the fact that I was

298. Emma Degner, "Life Sketch," December 31, 1940, PHS RG 360: Emma Degner.

299. Ibid.

300. Emma Degner, "Life Sketch," December 31, 1940, PHS RG 360: Emma Degner.

301. Ibid.

almost forty years of age before I received my high school diploma … so please don't publish educational details."[302]

Women who noted their lack of ties in the United States might also have emphasized their poor relations with family in an attempt to convince the BFM that it did not have to worry that they would resign from the mission before the end of their term. The BFM was less likely to provide a financial outlay for single women missionaries if it felt that they would return home before their furlough was due. The BFM also worried that single women missionaries often married fellow missionaries "on the field," a practice which the BFM discouraged. The BFM tried to discourage this by including a notation on some applications that advised single women missionaries that they were not to marry a fellow missionary in less than three years from their date of arrival on the field.[303] Four missionary nurses married fellow missionaries in Iran. It seems plausible that some of these women, especially those with limited family ties, might have viewed the mission field as an opportunity to be part of a close-knit community. One applicant applied to work as a missionary nurse in Iran after hearing a missionary physician speak about her work in the country while she was in the U.S. on furlough. After the nurse was appointed to Iran she asked the BFM if she could make the journey to Iran with this missionary physician and her husband, who were returning to the country, as she was "very fond of them." She wrote: "It would mean a great deal to me to be able to take that journey with someone I have met and not alone or with strangers."[304] Missionaries in Iran were part of tight-knit communities and it seems

302. Ibid.

303. Grace Taillie, "Application," December 10, 1918, PHS RG 360: Grace Taillie.

304. Grace Taillie to Robert Speer, February 7, 1919, PHS RG 91-3-16.

possible that some women with few family ties might have found the communal aspect of mission life attractive.

Reconsidering the Missionary Application Form

Women who worked in Iran as missionary nurses between 1907 and 1947 were strategic about how they filled out their application forms, but most mission historians take the statements made by prospective missionaries in their application forms at face value. They typically argue that candidates' statements about their religious beliefs and practices provide direct evidence of their commitment to Christianity and the evangelistic aims of mission work. I challenge this assumption by suggesting that missionary nurses presented themselves in particular ways to improve the likelihood that they would be appointed to the missionary force. As they narrated their life stories, they emphasized their religiosity and downplayed their professional interests in a way that appealed to the BFM. The subtext of their applications suggests that their motivations for pursuing mission work were far more complex and multi-faceted. As discussed above, women pursued mission work for many reasons, including adventure, stable employment, financial remuneration, altruism, faith and professional fulfilment. This suggests that missionary nurses were adept at navigating the BFM institutional framework. After their appointment, they continued to employ tactics aimed at securing their own interests and negotiating their place within the mission.

Negotiating a Place in the Mission: Assignment, Resignation, Termination

Single professional women occupied an ambiguous position in the mission field in the early decades of the twentieth century. The BFM valued the gender-specific contributions that women made to the work of the mission, but it also deliberated over whether or not individual

women were strong enough to withstand the "rigors" of overseas mission work. It took a particular interest in the health of women candidates. At times, it used health to control the selection of women recruits. Male members of the BFM had the final say over whether or not a woman's health was adequate for appointment to the mission field. At times, they determined appointments and shaped placements by using a candidate's health to justify their decisions. Sometimes they used a woman's medical examination results to weed out "undesirable" candidates or terminate the appointment of missionaries who were underperforming and/or causing trouble in the field. At the same time, women also used gendered ideas about health to control where they were stationed and/or escape untenable working conditions and return to the United States.

The BFM scrutinized an applicant's health in order to determine whether or not she would be able to withstand the demands of the mission field. One month after Flora Bradford applied to work as a missionary nurse, her appointment was accepted and endorsed by the Women's Presbyterian Board of Missions of the Northwest. Yet, the BFM deliberated about her health for six months before it finally decided to appoint her as a missionary nurse in 1907. Although the women's board recommended her appointment, the BFM would not appoint her until its own medical examiner reviewed her medical certificate.[305] After studying her medical history, the medical examiner wrote that it would be a "risk" to appoint her. He doubted her "ability to stand the life of a missionary and do hard work" and argued that "it would be best not to accept her."[306] He did not justify his recommendation with concrete reasons, but Bradford had reported having a "nervous breakdown" with "good recovery" six years prior, which he may

305. Office of Secretary to Flora Bradford, January 25, 1907, PHS RG 360 Flora Bradford.

306. David Bovaird to Dr. Halsey, January 23, 1907, PHS RG 360 Flora Bradford.

have found concerning. One of her references also commented that she was "very delicate in health."[307] However, when she applied to the BFM she was working as a head nurse at Allegheny General Hospital and she was an instructor in the hospital's training school. She mentioned that she was able to carry out her duties and responsibilities as a nurse in a demanding work environment.[308]

The subsequent discussions about Bradford's physical ability to work as a missionary nurse reveal less about her actual health than about how male authority operated within the BFM. A number of men weighed in on whether or not Bradford should be sent to Iran. Secretary Robert Speer was out of the country when Bradford applied to the BFM and other executive members wanted to "wait and obtain his opinion" because he had been to Iran and knew "exactly the work" that would be "required" of her.[309] When Speer returned to New York, he forwarded Bradford's medical records to John Wishard, a missionary physician working in Tehran. Wishard had never met Bradford, but he was tasked with making the final decision about her appointment. Wishard sent a long letter to the BFM with his thoughts on her health. He noted that her pulse rate was eighty-six beats per minute at the time of her medical examination and would likely increase if she were in Tehran due to the higher altitude. He went on to state,

> Persia is not a good place for nervous people. I now recall not less than six missionary women, three single and three married, who have gone home completely broken down nervously since I first came to Persia. The cause in each case was thought to be the altitude. This you will see is an average of one every three years … The question to be determined, it seems to me, is whether or not Miss B. can overcome these apparent difficulties and do her work.[310]

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307. Alice Pierson, "Candidate Reference Blank: Flora Bradford," December 1, 1906, PHS RG 360 Flora Bradford.

308. Flora Bradford, "Application," November 28, 1906, PHS RG 360: Flora Bradford.

309. Office of Secretary to Flora Bradford, January 25, 1907, PHS RG 360 Flora Bradford.

310. John Wishard to Robert Speer, March 20, 1907, PHS RG 360: Flora Bradford.

Wishard had "serious doubt" about her ability to cope in Iran, even though he acknowledged that working as a nurse in a mission hospital in Iran was likely easier than private duty nursing in the United States as it involved regular hours and periods of rest. Ultimately, he did not feel he could make the final decision on her appointment. He stated to Speer: "As I have nothing to guide me but these papers … I feel that you with your experience, knowledge of this country and of the candidate are in the best position to decide the question."[311]

Speer's decision to consult Wishard is telling because a woman missionary physician had already assessed Bradford's health and found her suitable for work in Iran. When Bradford learned that the BFM had concerns about her health she arranged to have Mary Bradford (no relation), a missionary physician from Iran who was on furlough in the United States, evaluate her health and assess her "ability to stand the work at Teheran."[312] Mary Bradford examined Flora Bradford and advocated for her appointment. However, the BFM still wanted Wishard to make the "final and conclusive judgement"[313] even though he had never examined Flora Bradford in person. Mary Bradford had twenty-one years of experience working as a missionary physician in Iran and she physically assessed Flora Bradford in person. Yet, the BFM valued Wishard's opinion over hers. Furthermore, the women's board had already recommended Flora Bradford for appointment after considering her initial medical examination. This suggests that male opinions were valued over female opinions when determining the appointment of missionaries to the field.

311. Ibid.

312. Flora Bradford to Dr. Halsey, February 13, 1907, PHS RG 360 Flora Bradford.

313. Office of Secretary to Flora Bradford, February 6, 1907, PHS RG 360: Flora Bradford.

At times, individual nurses also attempted to manipulate the circumstances of their appointment. Flora Bradford did just that. The BFM had instructed Flora Bradford to write to Wishard in Iran and tell him about herself so that he could evaluate her fitness for the work, but she never did this.[314] Instead, she pursued a different course of action and sought Mary Bradford's opinion because she could not "wait so long for a reply."[315] She was in a difficult position. The BFM had left her in limbo waiting for a decision about her appointment, which prevented her from "considering work at home."[316] She was twenty-eight years old, her mother had died when she was a child and the correspondence suggests that she needed employment to support herself. She wrote that waiting for Wishard to make a decision about her appointment would be "very tiresome" and might pose "an obstacle to something here, or plans I might choose to make."[317] It appeared that she attempted to speed up the process herself by seeking assistance from Mary Bradford.

Fifteen months after Bradford was appointed, she resigned from the mission. The BFM Annual Report for 1909 stated that she was "unable to endure the strain of acclimatization,"[318] but it was more likely the heavy demands of the work that motivated her resignation. Little is known about Bradford's work and experience in Iran. She was the first missionary nurse appointed to Iran and became the "matron nurse" of the mission hospital in Tehran.[319] During her

314. Office of Secretary to Flora Bradford, February 6, 1907, PHS RG 360: Flora Bradford.

315. Flora Bradford to Dr. Halsey, February 13, 1907, PHS RG 360: Flora Bradford.

316. Ibid.

317. Flora Bradford to Robert Speer, February 23, 1907, PHS RG 360: Flora Bradford.

318. Ibid.

319. *The Seventy-First Annual Report of the Board of Foreign Missions of the Presbyterian Church in the U.S.A.* (New York: 1908), 338.

first year in Iran, the mission hospital in Tehran received the "largest number of patients it had ever seen."[320] Many of the patients were left "to the care of their friends,"[321] which suggests that the hospital may not have employed many assistants at the time. As the sole missionary nurse at the hospital, Bradford must have been very busy. Her resignation may have indicated that she found it challenging to meet the demands of the work. This also reveals that some women did not enjoy their work or experiences as missionary nurses after they were appointed.

Other missionary nurses also mobilized ideas about health in their attempts to negotiate their assignment. Eunice Baber, who was born in Belize and had worked in Puerto Rico before joining the mission, was one of these individuals. Little is known about her work in Iran. The only documents in her file pertain to her dissatisfaction and irritation with the BFM over the details of her appointment. Recall that Baber was primarily interested in pursuing challenging nursing work. Baber "wanted to be in Tehran" and was annoyed that the BFM had assigned her to Rasht.[322] She elaborated: "I enjoy foreign service [*sic*] but I also like an active social life and did not want to be in a province."[323] As a result of her placement in Rasht, Baber requested that she be downgraded from a full-time missionary (five-year term) to a short-term missionary (three-year term). She argued that she could not remain in Rasht on account of her "health." She reported that she had "started to cough" three weeks after she arrived in Rasht and had "done so

320. Ibid., 342.

321. Ibid.

322. Eunice Baber to Dr. Dodds, November 5, 1947, PHS RG 91-11-17.

323. Ibid.

every [*sic*] since."[324] Furthermore, she disliked the climate in Rasht, writing: "I loathe the cold."[325]

She was adept at navigating the institutional politics of the BFM and advocated for her own interests. Once she decided to resign from the mission, Baber focused her efforts on petitioning the BFM for adequate financial remuneration. She was not afraid to criticize and threaten the BFM. She felt that she had not been adequately compensated for her mission nursing work as the cost of living in Iran was so high. She wrote that missionaries would "continue to worry and have nervous breakdowns" if the BFM did not provide more adequate salaries. She elaborated: "Fortunately I am a fanatic about nursing especially in out of the way places in spite of high costs."[326] She wanted to remain with the mission until at least one class of nursing students completed their program.[327] The BFM typically covered the cost of a missionary's return trip to the United States at the end of their term. However, Baber was not an American citizen and she wanted to travel in the Middle East after she left the mission. So she demanded that the BFM give her the equivalent of a return trip to the United States in cash. She wrote that she did not want to "become the loser."[328] She stated: "I will ask for my immediate release if the Board does not see its way clear to grant this request."[329] Her threat was effective. The BFM made a special provision and agreed to pay her "an out-and-out allowance (at the rate prevailing

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324. Ibid.

325. Ibid.

326. Eunice Baber to Mr. Payne, July 21, 1947, PHS RG 91-11-17.

327. Eunice Baber to the Executive Committee, August 22, 1948, PHS RG 91-11-17.

328. Eunice Baber to Dr. Dodds, September 15, 1948, PHS RG 91-11-17.

329. Ibid.

when her resignation becomes effective) for travel from Iran to the U.S."[330] In addition, it confirmed that she did not have to repay her outfit allowance even though she did not complete her five-year term.[331]

Other nurses also resigned before the completion of their first term. Three women resigned from the mission less than three years after they were appointed. This suggests that not all women found work as a missionary nurse fulfilling. Faye Fisher resigned seventeen months after she arrived in Iran. She claimed that she was unable to carry out her work due to the "climatic conditions" in the country, but her subsequent comments suggest that her reasons for resigning were more complex.[332] Her personal report suggests that she found it challenging to manage the onerous workload. She was responsible for the nursing care at the hospital in Tehran and she also inaugurated the nursing school in 1916. She wrote that she had been "unable to do the hospital work and give proper time to language study."[333] She also mentioned that she was "not able to do very much evangelistic work."[334] She hoped that if another nurse was appointed after her, the next missionary nurse would have more time to devote to studying the language. She had started to train a group of student nurses and she hoped they would be "of great help" with the hospital work.[335] It is possible that the heavy workload played a role in her resignation.

330. "Iran Mission Letter," January 13, 1949, PHS RG 91-9-10.

331. Ibid.

332. Fisher sent her resignation to the Board in October 1916, ten months after arriving in Iran, to take effect in May 1917. Faye Fisher, "Personal Report, 1916," October 13, 1916, PHS RG 91-1-7; Rolla Hoffman, "Report of the Medical Department, Teheran Station, East Persia Mission, 1915-1916," PHS RG 91-1-7.

333. Faye Fisher, "Personal Report, 1916," October 13, 1916, PHS RG 91-1-7.

334. Ibid.

335. Ibid.

Politics played a role in a missionary nurse's termination on at least two occasions. Although official personnel records do not suggest that any of the nurses were terminated, the BFM sometimes asked candidates to resign and thus the forced termination appears as a resignation on their file. Such was the case for Grace Taillie, who was appointed to work in Iran as a missionary nurse in 1919. When she applied to the BFM, she was thirty-eight years of age and both of her parents were deceased. One of the voting council member noted that "her age" was the only "possible objection" to her appointment.[336] However, she cleared her medical examination and the BFM decided to send her to Iran. Her first year in Iran must have required a great deal of fortitude as she was transferred twice that year and worked at three different hospitals in three different cities (Rasht, Hamadan, and Tehran). Each move required her to get to know new missionaries and hospital staff, adjust to a new hospital set-up and treat diverse patient populations in different languages. She indicated that she found the nursing work demanding. At one point, she wrote to BFM Medical Secretary Dodd and requested that he send another missionary nurse to Tehran as the hospital staff were overwhelmed and unable to cope with the demands of the work.[337]

The intense workload led Taillie to tender her resignation in 1930. The BFM noted that she had decided to resign because she did not "feel strong enough" to meet the growing demands of the mission hospital.[338] Although she officially resigned, she never left the country. The records are unclear about why she did not return to the United States. Perhaps she intended to remain in Iran, independent of the mission. It is also possible she used her resignation to resist

336. [B. Schauffler?], "memorandum," January 8, 1919, PHS RG 360: Grace Taillie.

337. Grace Taillie to E. M. Dodd, February 19, 1929, PHS RG 360: Grace Taillie.

338. "File Card: Grace Taillie," PHS RG 360: Grace Taillie. See also, Grace Taillie to Irene Sheppard, October 3, 1931, PHS RG 91-10-1.

the mission's plan to reassign her to another station. Nine months later, she withdrew her resignation and the BFM back paid her salary, which indicated that she never stopped working at the mission hospital in Tehran.[339] Her reasons for withdrawing her resignation are also not on file.

Missionary nurses used what leverage they had to control their assignment. Taillie was dead set against the mission's plan to transfer her to a hospital in another station and she did her best to thwart this agenda. When she left for her furlough in 1932, she was aware that the mission planned to assign her to the hospital in Tabriz on her return to Iran so that she could cover for another missionary nurse who was also due for furlough. She was vehemently opposed to this plan and wanted to return to her work in Tehran. In a letter to one of the BFM secretaries, she laid out five reasons why she was not "anxious to go to Tabriz" and noted that they were "only" for him.[340] It is possible that she was not fond of the other missionaries stationed in Tabriz as she stated: "I have never cared about being a member of Tabriz station. Explanation is not necessary."[341] In Tabriz, she would be required to teach student nurses, something that she did not particularly enjoy. Although she had previously taught students in Tehran, she preferred to do "real nursing work."[342] In her letter opposing the idea, she never mentioned that the change in station might negatively impact her health. In fact, she reported that her general health had improved and her blood pressure was down.[343]

339. "Board Minute: July 29, 1931," PHS RG 360: Grace Taillie; Cady Allen to Robert Speer, May 25, 1931, PHS RG 91-13-1.

340. Grace Taillie to E. M. Dodd, January 20, 1933, PHS RG 360: Grace Taillie.

341. Grace Taillie to E. M. Dodd, January 20, 1933, PHS RG 360: Grace Taillie.

342. Ibid.

343. Ibid.

While she was on furlough, Taillie pursued conversations and correspondence with influential men connected to the mission in an attempt to solicit their support for her to remain in Tehran. She met with BFM Medical Secretary Dodd in New York and discussed her reassignment with him and she also travelled to Ohio to discuss the situation with missionary physician Philip McDowell, who was there on furlough. Following these two meetings, she wrote a letter to Cady Allen, the Secretary of the Persia Mission, and presented her case for remaining in Tehran. She referenced her meetings with Dodd and McDowell in her letter and suggested that she could not go to Tabriz "from the standpoint of health."[344] There is no record that Allen responded to Taillie, but her letter prompted an extensive private conversation between Allen, Dodd and McDowell. It is evident that Taillie attempted to leverage her connections to prominent mission men and that she mobilized ideas about her health in an effort to control her assignment. Dodd wrote to McDowell about Taillie: "It seems she quoted me to [Allen] as against Tabriz because of altitude," but he noted he had only "ventured a very tentative opinion."[345] He felt the possible objections to her going to Tabriz were "more a matter of new adjustments, and perhaps a more strenuous job than the matter of a thousand or so more extra elevation."[346] Taillie had not previously mentioned altitude as a reason why she could not go to Tabriz. This implies that she attempted to use the idea of ill health in her favour. Thus, she is an example of a missionary nurse who attempted to leverage an idea of "fragile" health in order to influence her assignment.

344. E.M. Dodd to Philip McDowell, December 14, 1932, PHS RG 360: Grace Taillie.

345. Ibid.

346. Ibid.

Taillie was clearly an outspoken individual. She wrote to Dodd about her disapproval of the "whole affair." The mission's decision to reassign Taillie to Tabriz for a year, meant that there would be no missionary nurse at the hospital in Tehran. She was appalled and wrote: "I can't say that it sounds very good for a hospital doing the amount of work as it does not to have an American nurse but it seems that is not for me to question."[347] She felt it was "a shame for Tehran Hospital to be left out in the cold." She developed her own plan for where all the missionary nurses should be assigned. Toward the end of her furlough, Taillie relented and informed the BFM that she had "decided" to go to Tabriz, "but only for *one year*."[348] She wrote that "someone has got to help out if the nurses on the field won't."[349] It is possible that the BFM viewed her as difficult because she voiced criticism of both the BFM and other missionaries in Iran.

The BFM essentially terminated Taillie before she could return to Iran. Officially, the BFM told Taillie that it was cutting programs and reducing personnel as a result of financial struggles. However, Taillie was just about to leave for Iran when the BFM asked for her resignation.[350] In fact, she had already purchased supplies to bring with her for the next seven years which she noted she would have "no use for at home."[351] BFM Secretary Irene Sheppard commented that it was inadvisable for her to return to Iran because of her advanced age, lack of language proficiency and continuing high blood pressure. Furthermore, Sheppard wrote: "There is also a question in our minds as to your preparation and emphasis on evangelism in your

347. Grace Taillie to E. M. Dodd, January 20, 1933, PHS RG 360: Grace Taillie.

348. Ibid.

349. Ibid.

350. Irene Sheppard to Grace Taillie, July 1, 1933, PHS RG 360: Grace Taillie.

351. Grace Taillie to Irene Sheppard, July 8, 1933, PHS RG 91-10-10.

medical work."[352] The BFM expected missionaries to not only participate in direct evangelistic work, but to write about it as well.

Taillie attempted to justify her work in Iran. She wrote: "I realize I was older than most of the missionaries, when they are appointed, but at that time, East Persia Mission and her 5 hospitals did not have one nurse, and I was not questioned about age."[353] She also attempted to refute the comment about her lack of evangelistic zeal. She stated: "I am sure I have always tried to tell the gospel message, even though I did not have special training. My work was nursing. Where I had special training."[354] Sheppard asked Taillie to withdraw during the height of the Depression when the BFM was facing legitimate financial difficulties, but it was also possible that the BFM came to regard Taillie as "difficult" because she challenged mission decisions. After fourteen years as a missionary nurse in Iran, fifty-five year old Taillie "resigned" from the mission. The BFM gave her a three-month retirement allowance, but she struggled to find work in the United States during the Depression. The last correspondence in the file between Taillie and the BFM reveals that the BFM granted her an additional three-month retirement allowance as she had not yet found a job.[355] Ten years later, she wrote in a missionary newsletter that she was caring for and living with a cousin in Rochester.[356] The lack of documentation about missionaries after their resignation suggests that the BFM was really only interested in missionaries while they were connected to the mission.

352. Irene Sheppard to Grace Tailllie, July 1, 1933, PHS RG 360: Grace Taillie.

353. Grace Taillie to Irene Sheppard, July 8, 1933, PHS RG 91-10-10.

354. Ibid.

355. "File Card: Grace Taillie," PHS RG 360: Grace Taillie.

356. "Grace Taillie," *Del-be-del* 1, no. 2, comp. by Mrs. P. C. McDowell (May 1944), 8, PHS.

The BFM terminated Mary Burgess because her missionary colleagues in Iran felt she was a difficult personality and questioned her competency as a nurse. Missionary physicians spearheaded her termination while she was on furlough in the United States. One missionary physician informed the BFM that if Burgess were to return to Iran "there would be almost nothing for her to do" because he "would not have her in any place of responsibility."[357] He thought the BFM should "save the money" and terminate her service.[358] Executive members of the BFM discussed the situation, which was difficult because it was "not a question in one sense of inefficiency as a nurse."[359] BFM Secretary Sheppard wrote "in confidence" that Burgess was "a person, to put it rather brutally, who is exceedingly thick-skinned."[360] The BFM was under the impression that there was "now no doctor in any of the hospitals who wants to work with her."[361]

Mission life was not always harmonious. Although missionary physicians wanted Burgess to resign, other missionaries had voted in favour of her return to Iran. Before she left for her furlough, a vote by secret ballot was taken regarding her return to the field, as was customary at the time for missionaries who had competed a term. Seventeen people voted in favour of her return, while ten people voted against her return. Although Burgess technically had the backing of the mission, missionary physicians began to write to the BFM Executive calling for her resignation. They argued that the vote was not accurate as some missionaries had voted for Burgess' return only because she had announced before the vote that she planned to resign while on furlough and they did not want to hurt her feelings by voting against her return when she

357. E. M. Dodd to Robert Speer and Irene Sheppard, July 28, 1930, PHS RG 91-5-8.

358. Ibid.

359. Irene Sheppard to Mrs. Andrew Todd Taylor, March 11, 1930, PHS RG 91-5-8.

360. Ibid.

361. Ibid.

planned to resign anyway. Physicians also suggested that other missionaries had voted for her return because they were not from Tabriz, where Burgess was stationed, and they felt it should be up to missionaries in Tabriz alone to vote on her return. The BFM seemed to take these comments at face value and argued that it was in an "awkward position" because of the "lack of courage and frankness of the Mission when voting on a missionary."[362]

Physicians clearly had sway with the BFM. The BFM responded to missionary physicians' requests by writing to Burgess and urging her to resign.[363] Secretary Irene Sheppard informed Burgess that "the doctors with whom you have worked and with whom you would have to continue to work do not believe that it would be wise for you to come back."[364] Ten days later, Sheppard again wrote to Burgess stating: "technically you could return to the mission in view of this majority vote" but "your fellow medical missionaries are largely in the minority vote against your return."[365] Sheppard again advised her to resign. BFM Secretary E. M. Dodd let missionary physicians in Iran know that "pressure is definitely being brought on Miss Burgess to remain in the country" and he hoped that "with this persuasion she would resign and solve the problem."[366] He felt that these actions were "technically … undermined by the fact of the Mission vote" so there was little more they could do.[367] It was ultimately up to Burgess to decide to resign.

362. Irene Sheppard to Mrs. Andrew Todd Taylor, March 11, 1930, PHS RG 91-5-8.

363. E. M. Dodd to Charles Lamme, July 28, 1930, PHS RG 91-5-8.

364. Irene Sheppard to Mary Burgess, August 15, 1930, PHS RG 91-5-8.

365. Irene Sheppard to Mary Burgess, August 25, 1930, PHS RG 91-5-8.

366. E. M. Dodd to Charles Lamme, July 28, 1930, PHS RG 91-5-8.

367. Ibid.

Missionary physicians took matters into their own hands and wrote directly to Burgess. One missionary physician wrote that he felt he should add his voice to those who had already advised her to step down.[368] He wrote that Burgess would "not have a very happy time" in Iran because so many people were opposed to her return. He wrote of another missionary physician who had "stated openly" at a meeting in Tabriz that he would not work with her. Also, he noted that when her services were offered to Urumia for a brief period of time, several years prior, "they refused that offer."[369] Finally, he made it clear that if she returned to Iran, she would have little to do. He wrote: "your sphere at the hospital will be very much limited. You must be prepared to engage in no work in connection with the operating room, no work in the supervising of the nursing on the floors, nothing in connection with the discipline or management of the nurses in training." This left only "possible oversight of laundry and cleaning."[370]

Burgess's termination reveals that life as a missionary nurse could be tenuous. After fifteen years of working as a missionary nurse in Iran, Burgess was essentially forced to resign. She was clearly upset about the way she had been treated. Responding to Sheppard, she wrote: "You seem to have tied my hands quite effectively, as well as blocked the road at the crossing of ways. It looks as if I'm 'the goat,' doesn't it? Must I also *carve* the 'sacrifice' as well as *be* it?"[371] Although she accepted the BFM's decision, she made it clear that this was against her will as she stated: "I am not resigning."[372] The BFM "voted regretfully to terminate Miss Burgess'

368. Charles Lamme to Mary Burgess, October 26, 1930, PHS RG 91-5-8.

369. Ibid.

370. Ibid.

371. Mary Burgess to Miss Sheppard, October 19, 1930, PHS RG 91-5-8.

372. Ibid.

relation to the Board."[373] It noted that she "reluctantly consented to accept the Board's judgement."[374] Her termination suggests that missionaries on the field did not always get along. Her case reveals that she was terminated on professional grounds, not for religious reasons. In fact, Sheppard noted that Burgess's "missionary motive" was not in question.[375] By 1930, when Burgess was terminated, medical missionaries were providing complex medical care and professional competency was increasingly regarded as more important than evangelistic zeal.

The BFM had little interest in missionaries once they resigned from the mission. Although there is extensive paperwork in each personnel file pertaining to a missionary's appointment, there is typically only a date noted in the file to mark a missionary's resignation. Missionary nurses identified a number of reasons for resigning. Many applicants had long careers in Iran. Six nurses worked in Iran until they reached the parameters for formal retirement and two passed away while they were employed by the BFM. Others resigned from mission work because of poor health or because they were needed in the U.S. to care for family. Little is known about most of their lives once they returned to the United States.

Conclusion

American missionary nurses articulated diverse and varied reasons for pursuing mission work, but they all participated in an evangelizing and "civilizing" mission and understood their role as missionaries within that framework. They presumed that the work they were about to do in Iran was important, and even necessary, and they did not question the ideological roots of the

373. "Miscellaneous Actions: Miss Burgess Relationship terminated," PHS RG 91-2-10.

374. Ibid.

375. Irene Sheppard to Mary Burgess, August 25, 1930, PHS RG 91-5-8. See also Irene Sheppard to Mrs. Andrew Todd Taylor, March 11, 1930, PHS RG 91-5-8.

mission project. The nuances of their relationship with imperialism changed over time in relation to their experiences in Iran. Although they emphasized their religious motives for mission work in their applications, the subsequent chapters reveal their increasing commitment to their professional aspirations. Their applications are a stark contrast from the reports and letters that they wrote from Iran which privileged their nursing work. The following chapter considers the way that they narrated their experiences once they were actually carrying out nursing work in mission hospitals in Iran.

Chapter 2

Nurses at Work: Carving out Spaces of Autonomous Nursing Practice

When BFM secretaries visited Iran in 1921, they observed that very little evangelistic work was being carried out within mission hospitals.[376] Despite the religious motives that spurred nurses to apply to the BFM, they spent little time engaged in evangelism. They spent most of their time carrying out nursing duties: overseeing hospital services, cleaning wards, sterilizing surgical equipment, delivering babies, administering therapies and teaching students. This chapter considers nurses' contributions to the medical mission and the ways that they chose to narrate their experiences through their annual reports to the BFM and their letters to home churches in the United States.[377] It argues that missionary nurses were increasingly committed to a medical agenda. They used medical markers, rather than evangelistic ones, to demonstrate their contributions to mission medicine and their role in the provision of healthcare in Iran.

Presbyterian Mission Hospitals in Iran

The hospital was the primary site of mission medicine in the twentieth century. By 1915, American missionaries were operating seven mission hospitals in Iran. The hospitals were fairly small institutions, ranging in size from ten inpatient beds to seventy inpatient beds. The number of beds fluctuated year to year based on staff availability. Each hospital had a dispensary where patients would be examined and treated for medical conditions. Patients were admitted to the inpatient ward if surgery, or extensive medical therapy, was required. In some hospitals, the dispensary was open for three days each week and operations were scheduled for the days when

376. Speer and Carter, *Report on India and Persia*, 504.

377. Missionaries were required to write an annual report to the BFM, but they did not always do so.

the dispensary was closed. In other hospitals, the dispensary was open every morning and surgeries were performed every afternoon. There were higher volumes of outpatient visits in comparison to inpatient admissions, as evident in table 1.

Table 1. Mission hospital statistics, 1925 and 1947

		1925			1947		
Mission hospital	**Year Opened**	**Beds**	**Inpatients**	**Outpatients**	**Beds**	**Inpatients**	**Outpatients**
Urumia	1882	15	224	13,350	-	Closed (1934)	
Tehran	1892	45	265	3,563	-	Closed (1942)	
Hamadan	1900	27	122	4,669	35	620	3,877
Rasht	1905	13	199	4,056	30	261	2,799
Kermanshah	1907	25	229	2,195	55	1,638	5,135
Tabriz	1914	70	366	14,356	53	767	5,227
Mashhad	1915	25	431	7,088	58	1,500	6,224

Source: Data from John Frame, "Resht Medical Report, 1924-1925," PHS RG 91-1-20; "Statistical Sheet, American Hospital," 1925, PHS RG 91-1-20; Rolla Hoffman, "Medical Report, Meshed, 1924-1925," PHS RG 91-1-20; W. Ellis, "Annual Report of Medical Work, Urumia," June 30, 1925, PHS RG 91-20-7; Charles Lamme, "Report of Tabriz Hospital," August 1926, PHS RG 91-4-15; "Statistical Sheet: L. R. Holt Memorial Hospital," June 30, 1925, PHS RG 91-1-20; "Statistical Summary," September 1925, PHS RG 91-2-8; "Statistical Summary," December 1925, PHS RG 91-4-17; "Statistical Summary," June 30, 1947, PHS RG 91-9-3.

The BFM typically financed the construction of mission hospitals, but it did not provide enough funds for the ongoing provision of medical care. Thus, missionaries had to find ways to recoup the operating costs of the hospitals. Sometimes prominent Iranians donated money to the hospitals.[378] Commonly, patients were charged a fee according to what the hospital staff thought

378. For example, the wife of the Amin ed Dowleh donated money for the construction of the women's ward at the hospital in Tehran in 1906. In 1928, the wife of the new Amin ed Dowleh donated funds that were used to erect a tuberculosis ward and a nurses' residence in Tehran. In 1937, the Farman Farmah donated $1000 to have the hallways and ramp covered with asphalt at the hospital in Tehran. Sarah McDowell, "Historical Sketch of Teheran Medical Work," PHS RG 91-19-11; "Annual Report, Tehran American Hospital," June 30, 1937, PHS RG 91-19-11; "Report of Medical Work, Tehran, 1937-1938," PHS RG 91-19-11.

they could afford. Individuals who could not pay were not initially turned away. This changed in the 1930s when patient demand outstripped the hospital staffs' ability to accommodate everyone. Missionaries then devised various ways to deal with the high volume of individuals who were seeking medical care. Sometimes they instituted a "ticket" system that functioned like a lottery, sometimes they treated patients on a first-come first-serve basis and sometimes they only treated patients who could afford to pay for surgeries and treatments.

The Iranian government increasingly regulated mission medicine over the course of the twentieth century. Although Qajar officials did not consider Presbyterian missionaries benign, they tolerated the mission to varying degrees. Qajar monarchs were embroiled in larger governing issues, leaving missionaries to carry out their mission work with little official state interference.[379] When Reza Shah Pahlavi (1925-1941) came to power, he initiated a number of health care reforms in his effort to expand and modernize the state. He nationalized healthcare institutions, built more hospitals, undertook a new system of public health, regulated the medical profession through legislation, undertook sanitary reforms and established a Ministry of Health with provincial offices.[380] His "aim in establishing new institutions was to expand his control by expanding his state's power into all sectors of the country."[381] He also introduced legislation to

379. Qajar officials took an interest in the mission medical work at times. During a cholera epidemic in Urumia in 1879, the Shah sent 500 tomans to the mission to be used for relief (food and medical aid). In 1888, a missionary physician accompanied the Persian Envoy Extraordinary Plenipotentiary to Washington. The Shah visited the mission compound in Tehran in 1889 and asked to see the woman physician. In the story often recounted in official mission histories, the Shah held out his hand to the woman doctor and told her to check his pulse and tell him the state of his health. McDowell, "Century of Mission Work in Iran," 7; *Century of Mission Work in Iran*, 7, 45.

380. Cyrus Schayegh, "'A Sound Mind Lives in a Healthy Body': Texts and Contexts in the Iranian Modernists' Scientific Discourse of Health, 1910s-40s," *International Journal of Middle East Studies* 37, no. 2 (May 2005): 168; Byron Good, "The Transformation of Health Care in Modern Iranian History," in *Modern Iran: The Dialectics of Continuity and Change*, ed. Michael Bonnie and Nikki Keddie (Albany: State University of New York, 1981), 59-82.

381. Abrahamian, *History of Modern Iran*, 70.

regulate foreign physicians. Under these laws, missionary physicians were required to obtain a license in order to practice medicine in Iran. During the Pahlavi era, medicine became an important symbol of the modern Iranian nation. The significance of modern medicine to Reza Shah's modernization agenda is evident in the large number of stamps that were issued during his reign depicting a medical theme.[382] Despite the expansion of medical infrastructure during Reza Shah's reign, historian Ervand Abrahamian argues that cities outside of Tehran saw little modern medicine or sanitation reforms, such as piped water and medical facilities.[383] In the interwar period, missionaries commented that their hospitals were in high demand, especially outside the capital where there was less access to modern medicine.

Although missionary physicians faced greater restrictions on their work, Reza Shah tolerated mission medicine. It is telling that he nationalized Presbyterian mission schools in 1940, but allowed the mission hospitals to continue operating. Historian Afshin Marashi argued that Reza Shah initially "sought to appropriate the practical advantages of the mission schools, with their modern style of education, while situating them within the new national project."[384] In 1927, for example, he issued a decree that required missionaries to adopt Persian names for their schools. Marashi suggested that Reza Shah's main concern at that time was not the content of the education. Rather, he wanted the modern education taught at the schools to be seen as Iranian. When the state acquired the infrastructure to provide universal primary education, it no longer had any use for the mission schools and nationalized them.[385] Mission hospitals also adopted

382. During the Pahlavi period (1935-1979), sixty-nine stamps were issued with a medical theme. The first stamp was issued in 1935 and featured one of the country's state hospitals, the Sakhtsar Sanatorium. Afshar, "Medical History through Commemorative Postage Stamps," 161.

383. Abrahamian, *History of Modern Iran*, 90.

384. Afshin Marashi, *Nationalizing Iran: Culture, Power, and the State, 1870-1940* (Seattle: University of Washington Press, 2008), 93.

Persian names. In 1935, one missionary nurse commented: "we are being asked to give all our schools and hospitals Persian names instead of calling them "American."[386] The continuation of the mission hospitals after the nationalization of the mission schools suggests that mission medicine fit with the modernist objectives of the state.

Surgical Work

By the early twentieth century, surgery had become a prominent feature of Presbyterian mission medicine in Iran. A 1905 report on the medical work in Tehran noted: "A large proportion of the patients admitted were surgical cases."[387] Ten years later, a missionary physician in Tehran stated that "practically all the cases admitted were surgical and operative."[388] Initially, missionary physicians were cautious to operate only on cases where the success of the surgery was certain in order to win the "confidence" of the people.[389] Over time, the demand for operations grew. One missionary commented that it used to be "very difficult to persuade a person to have a major operation but now it is very different, and … one finds many who, having seen others relieved by surgery, demand that intervention for the relief of their own ailments."[390] Hospital reports noted surgical accomplishments. For example, when missionary physician Cora Carpenter performed the first caesarean section in Tabriz in 1909, this was noted in the hospital

385. Marashi, *Nationalizing Iran*, 95.

386. Jean Wells to Friends, March 4, 1935, PHS RG 360: Jean Wells Packard.

387. *The Sixty-Eighth Annual Report of the Board of Foreign Missions of the Presbyterian Church in the United States of America* (New York: 1905), 273.

388. Rolla Hoffman, "Report of the Medical Department, Teheran, 1915-1916," PHS RG 91-1-15.

389. Speer, *Hakim Sahib*, 66.

390. Hartman Lichtwardt, "Annual Report of the Medical Work at Meshed," July 10, 1929, PHS RG 91-20-1.

report.[391] When an Iranian physician brought a patient with obstructive jaundice to the mission hospital in Tehran in 1933, both the Iranian and missionary physician operated on the patient and found that the obstruction was "due to liver fluke." As far as they were aware, this was "the first time that this condition has been reported in Persia."[392]

Advancements in diagnostics and surgical equipment enhanced the surgical work. Medical missionaries credited local and spinal anesthetics for contributing to the popularity of surgery.[393] Laboratory work was initiated in the 1920s. After the mission hospital in Tehran purchased an x-ray machine in 1931, staff used it to diagnose forty-eight cases of duodenal ulcer and one case of gastric ulcer. Eighty-five percent of those who were diagnosed with an ulcer agreed to undergo an operation to treat the condition.[394] In 1935, a missionary physician started microscopically examining tissue samples from many of the tumors that were removed during surgery. He shared these sections with other doctors in the city as there was "no pathological work done in Tehran" and he hoped to "stimulate an interest in what is really one of the fundamentals of modern medicine."[395]

Medical missionaries claimed that they focused on surgery to avoid "competition with Persian medical work."[396] There were hundreds of Iranian physicians in the country who had studied medicine in France and Beirut in the late nineteenth and early twentieth centuries and

391. Mrs. S. G. Wilson, "History of Tabriz Station, 1873-1923," PHS 91-14-11.

392. Edward Blair, "Annual Report of Teheran Hospital," June 30, 1933, PHS RG 91-19-11.

393. Hartman Lichtwardt, "Annual Report of the Medical Work at Meshed," July 10, 1929, PHS RG 91-20-1.

394. Philip McDowell, "Report of the Medical work, Tehran," June 30, 1932, PHS RG 91-19-11.

395. Ibid.

396. "Medical Report," PHS RG 91-1-5.

were trained in biomedical medicine, but missionaries reported that Iranian physicians rarely practiced surgery. One missionary commented that there were "a great many Persian doctors in Tabriz, but there is not one of them who does major surgical work."[397] A missionary physician stationed in Rasht reported: "surgery is our great specialty as there is practically no one else in the community undertaking it."[398] A woman physician commented that she was leery of doing a lot of surgical work as she was "alone for both diagnosis and the actual technical part of the operation," but, "I felt it necessary to do as much surgery as I possibly could, for surgeons in Resht [*sic*] as [*sic*] scarce."[399] It is possible that the Muslim ban against human dissection may have deterred Iranian physicians from entering the field of surgery.[400] In Cyrus Schayegh's review of a daily newspaper in Tehran, he discovered 225 first-time advertisements placed by physicians between 1927 and 1939. Only eight of these physicians referenced a specialty in surgery. The most popular specialties listed were gynecology, internal medicine and pediatrics.[401] In any case, medical missionaries believed that their focus on surgery enabled them to carve out a unique sphere of influence within the field of medicine in Iran and that they acquired a "reputation" for surgery.[402]

397. Robert Speer and Russell Carter, *Report on India and Persia of the Deputation sent by the Board of Foreign Missions of the Presbyterian Church in the U.S.A. to visit these fields in 1921-22* (New York: 1922), 506.

398. John Davidson Frame, "Resht Medical Work, 1924-5," PHS RG 91-1-20.

399. Adelaide Frame, "Personal Report," June 30, 1941, PHS RG 91-7-5.

400. During his rule, Reza Shah ordered the medical college to ignore the Muslim taboo against human dissections. Abrahamian, *Iran Between Two Revolutions*, 141.

401. Schayegh, *Who Is Knowledgeable Is Strong*, 199-211.

402. Rolla Hoffman to Friends, November 4, 1953, RH Papers.

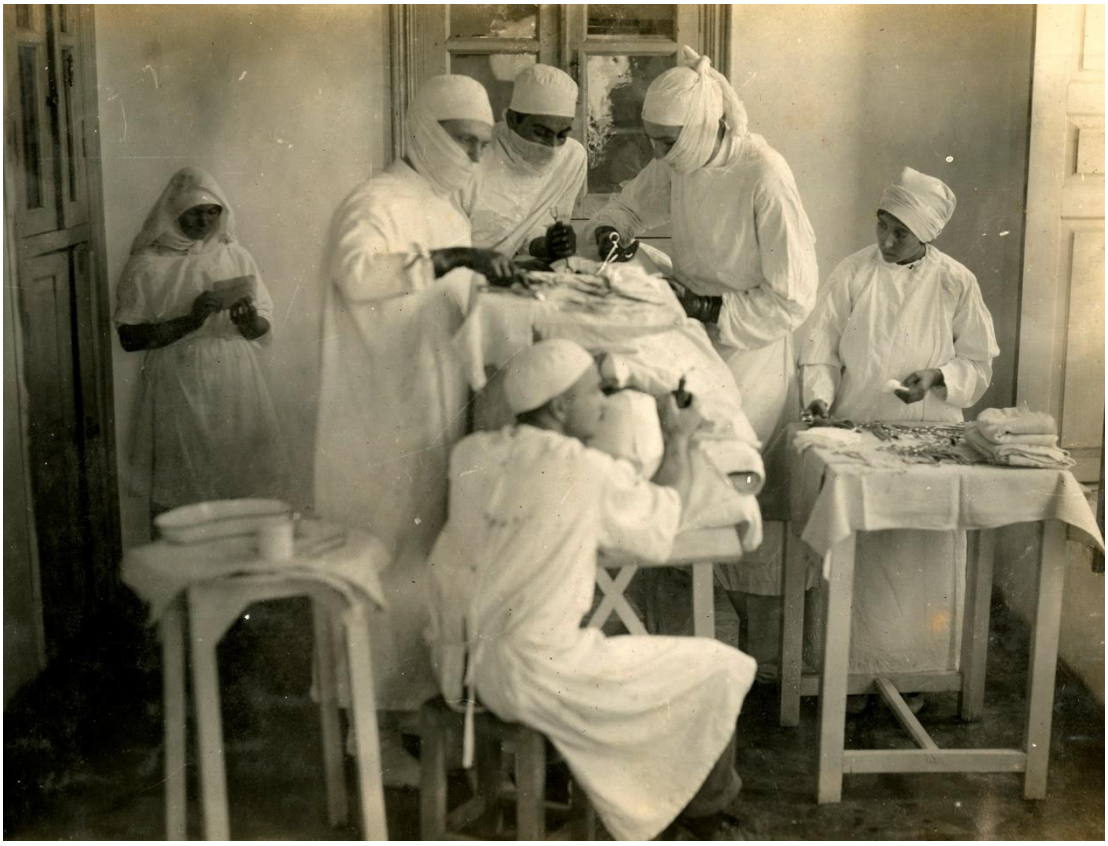

Figure 2.1. Staff at mission hospital in Mashhad performing a laparotomy, ca. 1922. Used with permission from Harriet Hoffman and Margie Frame.
Source: Rolla Hoffman, *untitled*, Presbyterian Historical Society, Record Group 231, Box 3, Philadelphia.

At the turn-of-the twentieth century, surgery was the most influential and prestigious medical speciality in the United States. The focus on surgery also gave missionaries a lot of cultural power in Iran because its effects were impressive and often curative. Unlike most medicine, the results of surgery were "clearly demonstrable." One missionary physician commented that when people were treated with medicine, they were "apt to doubt whether treatment with medicine alone has been responsible for a 'cure,'"[403] but this was not the case with surgery. The most dramatic surgery in the late nineteenth century and early twentieth

403. Rolla Hoffman to Friends, November 4, 1953, RH Papers.

century was cataract surgery because it could restore sight. A patient who was blind or had limited vision could visit the hospital, undergo a quick procedure, and leave the hospital that day with the ability to see. Curing blindness through cataract and other eye surgeries seemed to lend itself well to religious metaphors about spiritual darkness. After writing that a number of successful eye operations had been performed, one nurse wrote that it was "gratifying" to watch patients come to the mission "totally in the darkness" and leave with their "sight restored." But she hoped that "a spark had been kindled in their souls which would enable their perpetual light to shine."[404] Missionaries hoped that their ability to radically transform health through surgery would cause some of their patients to pursue the Christian faith.

The Centrality of the Hospital to Nursing Work

The hospital was the hub of missionary nurses' work and activities. They spent the majority of their time managing hospital services, organizing and educating staff and students, and delivering direct patient care. Typically, there was only one single missionary nurse assigned to a hospital. Nurses did not usually specify the number of hours they spent at work in the hospital, but one nurse wrote: "I am at the hospital to get night nurses' report and plan work for the day by or before 7 AM six days and sometimes seven a week."[405] Nurses described their duties as "limitless."[406] Reflecting back on her work in Iran, one nurse commented that she had spent "years alone" with a "heavy unshared load."[407] For some nurses, the "pressure of the work" was "too great."[408] Recall that two of the earliest appointed nurses, Flora Bradford and Faye

404. Faye Fisher, "Personal Report, 1916," October 13, 1916, PHS RG 91-1-7.

405. Ellen Nicholson to Supporters, January 21, 1937, PHS RG 360: Ellen Nicholson.

406. "Recommendations and Actions of Nurses' Conference," July 17-18, 1944, PHS RG 91-8-3.

407. Janet Fulton, "Personal Report, 1953," PHS RG 360: Janet Fulton.

Fisher, resigned sixteen months and seventeen months respectively after arriving in Iran.[409] As previously discussed, the heavy demands of the work played a role in their decisions to resign.

Nurses often reported that their nursing work kept them very busy. One nurse stated: "work in the hospital is confining enough to prevent my doing much outside its daily routine."[410] Another nurse indicated that her activities over the past year were "confined entirely to work in the hospital."[411] Sometimes their hospital duties were so extensive that they were forced to forgo other activities. The BFM required all missionaries to learn the local language and take and pass a language exam every year for four years, but several nurses found that their work in the hospital prevented them from devoting "the proper time to language study."[412] One nurse gave up her language study entirely as her hospital work was "full time."[413] Another nurse said she was unable to attend church regularly because she was so busy with the hospital work.[414] Given the amount of time that nurses spent in the mission hospital, it is not surprising that they stressed the centrality of their hospital work to their missionary experience. They did not indicate how many hours per day or week that they spent in the hospital, but they wrote that they spent most of their time carrying out nursing work. There was typically only one missionary nurse and one or two missionary physicians assigned to a hospital. Although their numbers were small, they

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408. "Recommendations and Actions of Nurses' Conference," July 17-18, 1944, PHS RG 91-8-3.

409. Faye Fisher was appointed in January 1916 and resigned in May 1917. Flora Bradford left for Iran on August 3, 1907 and resigned November 2, 1908. Flora Bradford, "Personal Record," May 31, 1907, PHS RG 360: Flora Bradford; Faye Fisher, "Personal Report," October 30, 1916, PHS RG 91-1-7.

410. Jean Wells, "Personal Report, 1921-1922," PHS RG 91-4-11.

411. Ellen Nicholson, "Personal Report, June 1941," PHS RG 91-7-5.

412. Faye Fisher, "Personal Report, 1916," October 13, 1916, PHS RG 91-1-7. See also, Jeannette Jones, "Personal Report, 1921-1922," PHS RG 91-1-7; Jeannette Jones, "Personal Report, July 1922-1923," PHS RG 91-1-8.

413. Esther Harvey, "Personal Report, July 29, 1938-June 30, 1939," PHS RG 91-7-5.

414. Jeannette Jones, "Personal Report, 1921-1922," PHS RG 91-1-7.

managed to carry out an impressive amount of medical work which indicates that they likely did spend the majority of their time working within the mission hospital. Missionary nurses pursued virtually no public health work.[415] This was probably due to their small numbers. The hospital required patients to come to them, whereas public health work required nurses to go out into the community, something that missionary nurses did not have the manpower to do.

Missionary nurses fulfilled numerous roles within the hospital. The earliest missionary nurses managed all aspects of patient care. Although missionaries employed staff to work in the kitchen, laundry and dispensary, missionary nurses oversaw all inpatient services. One nurse wrote: "Our hospital staff being small, it fell to my lot not only to care for the patients, wards and operating room, but also to oversee the serving of trays and the work in the kitchen and laundry."[416] After missionary nurses opened nursing schools, they relinquished much of the direct patient care to student nurses, but they also assumed new tasks involved with operating nursing schools. They balanced the administrative and teaching responsibilities of training nurses with other hospital work. One missionary nurse held various supervisory positions in the hospital: she was director of the nursing service, director of the school of nursing and matron of the housekeeping department.[417] Sometimes missionary nurses also kept track of hospital statistics and kept a record of the hospital finances.[418]

For the most part, missionary nurses described their nursing activities as both universal and routine. One nurse connected her work in Iran with a globalized understanding of nursing

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415. During outbreaks of epidemic diseases in the nineteenth century, missionary physicians had carried out public health work (giving vaccinations, producing hygiene pamphlets and forming or joining local sanitary councils).

416. Mira Sutherland, "Personal Report, 1914-1915," PHS RG 91-1-6.

417. Janet Fulton to Friends, August 29, 1941, PHS RG 360: Janet Fulton.

418. Ellen Nicholson to Supporters, January 21, 1937, PHS RG 360: Ellen Nicholson.

work: “hospital work is the same the world over, with in-coming patients and out-going patients, deaths, operations, treatments and general looking after things.”[419] It was not uncommon for missionary nurses to espouse the idea that nursing work was universal. This was something that they reinforced with their students as they sought to instill a vision of professional nursing that transcended local identities. Another nurse commented: “work in the hospital is in a way routine.”[420] Occasionally, missionary nurses presented more detailed and descriptive accounts of their actual activities. For example, one nurse mentioned that she spent “dispensary days treating the women patients after they have seen the doctor, washing ears, cleaning and removing sutures from eyelids, dressing sores and wounds, giving salvarsan injections to babies and small children, explaining sunlight treatment as an aid to TB, vaccinating babies, making urine analyses, examining women, arranging for in-patient operations, and doing many little things connected with dispensary.”[421] In another report, she detailed an extensive list of tasks that she performed which included: leading morning prayers, handing out supplies, counting laundry, looking at the cook’s accounts, keeping records, doing dressings, keeping a record of the hospital finances, assisting in operations, delivering babies, giving nurses practical lessons and answering patients’ calls for assistance.[422] As a result, she wrote, the days went by “very quickly.”

Single and married missionary nurses had different roles within the mission hospital. Usually a single missionary nurse was assigned to a hospital, where she taught the students, assisted in the operating room and oversaw patient care. If there was also a married missionary nurse residing in the station, then the married nurse sometimes took on a supportive role within

419. Jeannette Jones, “Personal Report, July 1924 – July 1925,” PHS RG 91-1-9.

420. Estella Chambers to Friends, July 22, 1938, PHS RG 91-11-4.

421. Mabel Nelson, “Personal Report, July 1924-1925,” PHS RG 91-1-9.

422. Mabel Nelson to Friends, December 1, 1935, PHS RG 360: Mabel Nelson.

the hospital, such as managing the kitchen and the laundry. Some nurses did not work in the hospital at all after they were married. Occasionally, a married nurse assumed greater responsibilities in the hospital if there was no single missionary nurse assigned to the station. In 1935, Jean Wells Packard, who was married with two young children, temporarily took on the nursing work at the mission hospital in Kermanshah until a single missionary nurse could be assigned for full-time work.[423] Her husband was one of the two missionary physicians who worked in the hospital. Although she "would not have deliberately chosen" to take on the nursing work, she reported: "I confess I have thoroughly enjoyed getting into the active hospital and nursing work again."[424] During the year, she taught nursing students, supervised the nursing care in the hospital and managed the kitchen and laundry departments. She was only able to do this because a nursemaid cared for her children during the day and another married nurse taught her children their school lessons.

Nurses' Surgical Work

Missionary nurses were involved in various facets of mission medical work, but surgery often took precedence over their other work. All missionary nurses assigned to Iran had to function as perioperative nurses and be versed in surgical skills. They prepared the operating room, set up surgical tools, scrubbed into surgery, handled surgical instruments, gave anesthetics, disinfected and sterilized surgical equipment, cared for postoperative patients and monitored patients for signs of postoperative complications.[425] At times, they had to put aside

423. Jean Packard, "Personal Report, 1935-36," PHS RG 91-7-3.

424. Ibid.

425. Wells, Taillie and Nicholson regularly reported administering anesthetics. In 1925, Wells noted that she had "either assisted Dr. Lamme at operations or given anaesthetic, according to the nature and exingency [*sic*] of the case, for all the operating from November until August." Jean Wells, "Personal Report, 1924-25," PHS RG 91-

other tasks so that they could scrub into surgery, especially when there was only one missionary nurse assigned to a station and/or there were no students or staff trained to assist in operations. One nurse commented that she taught hospital nurses four afternoons a week, but "when these afternoons are filled with operations, the class work has to be postponed until evening."[426] Another nurse commented that the "increased work, longer operating schedules, etc." made it "more difficult than usual to arrange the class schedules for the nurses."[427]

Missionary nurses played a vital role in the provision of surgical services within mission hospitals, yet their work was underreported and undervalued. Their important role in surgery was rarely documented in annual hospital reports written by physicians.[428] Physicians commented on the significance of asepsis, but did not usually comment on the nurses' role in maintaining it. One physician wrote: "The asepsis in the operating room is reliable, post-operative care can be depended on, dressings are done without cross-infection, and the over-worked doctors are relieved of much worry."[429] Presumably it was nurses carrying out these tasks. Only very rarely did missionary physicians mention a nurse's contribution to the surgical work. A notable exception is when missionary physician John Frame singled out an Iranian nurse for her key participation in surgery. He did not identify her by name, but wrote that "her special charge … was the operating room and preparation of sterile dressings."[430] He noted: "She was so faithful

4-8; Ellen Nicholson to Supporters, January 21, 1937, PHS RG 360: Ellen Nicholson; Grace Taillie, "Personal Report, 1931-1932," PHS RG 91-7-1.

426. Grace Taillie, "Personal Report, 1926-1927," PHS RG 91-1-10.

427. Frances Wooding to Friends, December 6, 1932, PHS RG 360: Frances Wooding.

428. For example, Bradford's contributions to the medical work in Tehran in 1907 were not documented in the annual report for that year, although the contributions of the two male physicians in Tehran were. *The Seventy-First Annual Report of the Board of Foreign Missions of the Presbyterian Church in the U.S.A.* (New York: 1908), 338-340.

429. "American Christian hospital report, 1945-1946," PHS RG 91-8-3.

that I soon had no anxiety as to asepsis and we could do an emergency operation on less than an hour's notice."[431] His comment reveals that nursing labour made safe and effective surgery possible.

While physicians often discussed the significance of maintaining surgical asepsis, nurses did not usually refer to the science that structured their nursing techniques and informed their application of medical treatments. They were more likely to comment on their efforts to "keep things clean and orderly" which was an "endless task."[432] Scientific theories underlay nursing skills, routines and therapies, but there was a greater emphasis in nurse training in the early twentieth century on strict adherence to the standardized procedures that preserved aseptic technique, rather than the science that informed those procedures.[433] Some scholars have noted that the transition from miasma to germ theory was less revolutionary for nurses than physicians. As historian Kathryn McPherson noted:

> In practice, the actual process whereby scientific theories were introduced was relatively smooth, since both approaches relied on nurses conforming to standardized method and ritualized practice. Nursing educators were able to graft the new routines demanded by the germ theory and surgical procedures onto the older uniformity and order upon which hospital life had been built.[434]

As their work was centered in the hospital, missionary nurses' engagement with medical science was largely focused on the preparation and administration of therapies and surgical asepsis. In

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430. John Davidson Frame, "Report on Resht Medical Work, 1919-20," PHS RG 91-19-9.

431. Frame, "Report on Resht Medical Work, 1919-20."

432. Mabel Nelson, "Personal Report, July 1924-1925," PHS RG 91-1-9.

433. Susan Reverby, "A Legitimate Relationship: Nursing, Hospitals and Science in the Twentieth Century," in *Enduring Issues in American Nursing*, ed. Ellen D. Baer, Patricia D'Antonio, Sylvia Rinker, Joan E. Lynaugh (New York: Springer Publishing Company, 2002), 264.

434. Kathryn McPherson, *Bedside Matters: The Transformation of Canadian Nursing, 1900-1990* (Toronto: Oxford University Press, 2006), 85.

the course of recounting a conversation with a patient, one nurse proffered some information about her work applying wound dressings. She wrote that she had complemented a patient, who had been coming to the clinic for daily dressing changes for a burn wound, "on her care of it, because she hadn't taken off my clean dressings and poured on ink as so many of my burned cases do … I promised her that it would heal quickly."[435]

Missionary nurses often downplayed their extensive involvement in the surgical work of the mission. One nurse, recalling her activities over the past year, wrote: "Three mornings a week, and sometimes afternoons, I helped in the operating room where I prepare instruments, gloves and so on for sterilization, gave anaesthetics, and did the many other little things one can not [*sic*] take time to tell about."[436] Another nurse simply commented that "unpredictable demands such as difficult surgery, treatments or sick nurses" required a great deal of her "time and effort."[437] Sometimes a nurse's role in the surgical project was evident by the tasks she listed as having performed, even if she did not explicitly refer to her involvement in operative work. For example, one nurse noted that the majority of her time was occupied by the following duties: "checking over floor supplies from the storeroom, visiting the patients with the doctor … assisting in the operating room, making up sterile solutions, keeping a watchful eye on the sterilizer from six to ten hours each week as the goods were prepared for operations, for re-dressings and for maternity cases."[438] Sterilizing supplies alone took an extensive amount of the missionary nurse's time. On another occasion, the same nurse mentioned spending from eight to

435. Wilma Pease to Friends, May 22, 1927, PHS RG 360: Wilma Pease.

436. Grace Taillie, "Personal Report, 1926-1927," PHS RG 91-1-10.

437. Ellen Nicholson, "Personal Report," June 1941, PHS 91-7-5.

438. Mary Burgess, "Personal Report, 1929," PHS RG 91-4-9.

fifteen hours per week pressure sterilizing the supplies used for operations, dressings and beside treatments.[439]

Although there were few medical missionaries assigned to a hospital at any given time, mission hospital statistics reveal that the mission treated a relatively large number of patients. In 1925, for example, the seven mission hospitals treated a combined 49,277 outpatients and 1,836 inpatients. Nursing labour was vital to much of this work. One nurse pointed out the hidden nature of nursing labour when she wrote: "a nurse"s [*sic*] report is largely included in the general hospital report."[440] In 1925, missionary nurse Mary Burgess, the sole missionary nurse assigned to the station in Tehran that year, wrote in her report that she had "scrubbed and assisted" for "practically all" of the major surgeries.[441] As per the hospital statistics, 108 major surgeries were performed that year.[442] Several years later, she again mentioned that she had assisted in "practically all the major operations … and many of the minor ones."[443] It appeared as though perioperative work was somewhat new to her as she commented that she was "not previously qualified for this special work." Yet, she found it "most interesting" and credited her "superior officer," presumably missionary physician Charles Lamme, for his "unfailing patience."[444] Mabel Nelson, stationed in Mashhad, likewise reported in 1925 that she had assisted in "nearly all major and some minor operations."[445] There were 181 major and 898 minor surgeries

439. Mary Burgess, "Personal Report, July 1927," PHS RG 91-4-8.

440. Mabel Nelson, "Personal Report, July 1924-1925," PHS RG 91-1-9.

441. Mary Burgess, "Personal Report," July 2, 1925, PHS RG 91-1-9.

442. Ibid.

443. Mary Burgess, "Personal Report, July 1927," PHS RG 91-4-8.

444. Ibid.

445. Mabel Nelson, "Personal Report, July 1924-1925," PHS RG 91-1-9.

performed in Mashhad that year.[446] The sheer volume of operations performed in mission hospitals on an annual basis signified the extensive time and effort that missionary nurses dedicated to this component of the medical work.

Iranian Engagement with Mission Medicine

Mission medicine offered tangible services that many Iranians utilized and appreciated. A large volume of patients from diverse ethnic, religious, linguistic and class backgrounds sought treatment at mission hospitals. Mission records reveal that patients accessed mission hospitals when they felt that it was in their best interests to do so. Some patients went to great lengths to receive mission medicine. One nurse commented that a woman was carried to the hospital in Rasht on a makeshift stretcher made of tree branches by twelve people from a village more than twenty-five miles away.[447] Another nurse wrote that patients who were successfully treated by surgery became "propagandists for our hospital" although she questioned "how much they fathom of the motive power behind our work."[448]

Patients were likely exposed to the Christian faith in some form, either through Bible reading, daily prayers, conversations with hospital evangelists or even a plaque with a Bible verse hanging on the wall. The specific Christian message that was promoted in dispensaries and hospitals is unclear. Muslims and Christians shared a belief in the existence of Jesus and it is not evident how patients would have understood the snippets of Christian teachings that they heard in a waiting room in relation to their own faith. What is clear, however, is that very few patients converted to Christianity through the mission medical project. When patients did take part in

446. Rolla Hoffman, "Medical Report, Meshed, 1924-5, Appendix, Statistics," PHS RG 91-1-20.

447. Ellen Nicholson to Friendly Supporters, January 21, 1937, PHS RG 360: Ellen Nicholson.

448. Ellen Nicholson, "Personal Report," July 1, 1927, PHS RG 360: Ellen Nicholson.

religious activities at the hospital it seems likely that they did so as a way to guarantee their medical care. Furthermore, many patients made multiple visits to the hospital and referred their friends and family which suggests they must have found value in some of the treatments that were offered.

Mission records provide some evidence that patients combined mission medicine and traditional medicine. Some individuals came to the hospital only after traditional treatments had failed. One nurse commented that a six-day old baby was brought to the hospital with seizures and had been "scratched deeply" in ten places in the abdomen "to let out wind or jinn in the baby."[449] On another occasion, when a mother and her newborn left the hospital, the nurse found an egg underneath the mattress of the baby's crib. There was a prayer written on the shell to "keep the baby from harm."[450] Sometimes patients had choice about the type of modern medicine they wanted to access. One missionary commented that patients sometimes came to the mission hospital in Mashhad for diagnosis, but then went to the government hospital for treatment. Other patients "first consulted" with the physicians at the government hospital, "and then came to us for operation."[451]

Sometimes missionary nurses accommodated patients' requests. When an Iranian nurse, who had trained at the nursing school in Mashhad, gave birth in the hospital, her grandmother wanted a piece of the umbilical cord so that she could bury it in a mouse hole, "so that the baby would grow wise and clever."[452] The missionary nurse obliged the request. Sometimes medical missionaries' accommodated patients' fears. After the hospital in Rasht was established, hospital

449. Mabel Nelson, "Personal Report, 1924-1925," PHS RG 91-1-19.

450. Ibid.

451. "Meshed Medical Report, 1935-1936," PHS RG 91-20-1.

452. Mabel Nelson, "Personal Report, 1925-1926," PHS RG 91-1-9.

staff ensured that new mothers were not placed next to each other within the first ten days of delivery, before they could visit the ceremonial bath, which was said to preclude the possibility of either woman having further children.[453] One missionary nurses commented that "patients as a rule try first the old remedies to counteract the influence of the evil eye … finally they try the American hospital and come saying 'First God, second you,' or 'My hand is on your robe.' They seem to us a little peculiar, but then so do we to them with our foreign ways."[454]

Some patients were suspicious of missionary medicine. On one occasion, a patient came to the dispensary in Tehran with a dislocated jaw. The missionary physician stood beside the patient while teaching two of the employed assistants, likely orderlies, how to reduce a dislocation. In the process of demonstrating the technique, the patient interpreted his hand movements as a demonstration of him cutting her throat and she "fled in terror." Her friends later persuaded her to return and the physician was able to reduce her dislocated jaw.[455] Another patient returned a drug that he had purchased from the dispensary as he had "consulted the signs and found that the medicine … was unlucky."[456] There were reports that patients frequently left the dispensary when someone sneezed only once. At other times, patients brought along a Qur'an and consulted it before accepting treatment.[457]

While many Iranians supported the mission medical work, others criticized it. Religious leaders were the most vocal in their opposition to the hospital work. In 1923, prominent mullahs in Mashhad complained that missionaries were "compelling" inpatients to attend Sunday church

453. Ellen Nicholson, "Personal Report," July 1, 1927, PHS RG 360: Ellen Nicholson.

454. Mabel Nelson, "Personal Report, 1931-1932," PHS RG 91-7-1.

455. Rolla Hoffman, "Report of the Medical Department, Tehran, 1915-1916," PHS RG 91-1-7.

456. Ibid.

457. Ibid.

services, something that the mission denied. The acting Governor responded by writing: "At first, in your hospital here, no mention was made of religion, and we were all very glad of your professional help. But now, you spoil all this good work, by mixing it with religion, and endeavoring to make converts of your patients."[458] Religious leaders were not opposed to the medical work per se, but to the religious aspect of the work. Missionaries were also blamed when surgeries did not go well. In a few instances, missionary physicians were sued by the family of patients who died during or after surgery. Although missionary physicians were acquitted in all of these cases, Iranians clearly had some power to hold medical missionaries accountable for their practice.

Resistance and opposition were sometimes tempered by effective treatment. A Muslim *sayyid* (descent of the Prophet Muhammad) who was the secretary of a prominent *mujtahid* and who had always been adverse to the mission and spoken publicly in opposition to the mission-run school, called for a missionary physician as a "last resort" to treat a sore on his back that had "[grown] worse under native treatment."[459] After he recovered under her care, he expressed his gratitude to the mission on several occasions at public meetings. In another instance, a nurse mentioned that a devout Muslim man was not averse to using the mission hospital. After his wife gave birth at the mission hospital, he immediately went to the mosque to give thanks and he ceremonially washed his hands after he left the hospital every day. Yet, he realized that the mission hospital offered "something he can't get elsewhere."[460] Medical missionaries often reported treating leading mullahs in their hospitals.[461] Even in the religious city of Mashhad,

458. Hartman Lichtwardt, "Station Letter from Meshed, 1923," PHS RG 91-19-19.

459. Mary Zoeckler, "Report of Medical Work, 1916-1917," PHS RG 280-1-10.

460. Ellen Nicholson to Friends, January 20, 1937, PHS RG 360: Ellen Nicholson.

461. Hartman Lichtwardt, "Letter for Sunday Schools," June 30, 1931, RH Papers.

missionary physicians often treated Muslim religious leaders. On one occasion, a missionary physician was called to the home of one of the leading officials connected with the Shrine of Imam Reza for consultation.[462] This suggests that patients were willing to seek out mission medicine when it offered them tangible physical benefits, even if they did not share the religious beliefs of medical missionaries.

Women's Work for Women

Gendered notions about women's work simultaneously restricted and expanded missionary nurses' activities and influence within the mission medical community and within Iran. Missionary nurses primarily practiced under the leadership of male missionary physicians, but they were able to carve out a unique and largely independent role in childbirth in the first half of the twentieth century. They argued that they should be granted greater access to women patients because social stigma prevented some women from seeking birth assistance from male physicians.[463] Their ability to play a role in obstetrical work was aided by Iranian physicians' public criticism of unskilled midwives and rising expectations for maternal and infant health.[464] Historian Myra Rutherdale argues that "domesticity and maternalism were not always limiting ideologies for women; rather, they could be used as deliberate strategic identities to extend women's influence."[465] In a similar fashion, nurses used the notion of "women's work" to validate the importance of their presence and nursing skill in the mission field.

462. Speer and Carter, *Report on India and Persia*, 505.

463. Kashani-Sabet, *Conceiving Citizens*, 104.

464. Ibid., 97-99, 106, 108.

465. Rutherdale, *Women and the White Man's God*, 15.

Nurses were proud of the autonomy they had in their obstetrical work. They often noted the number of babies that had they delivered independently. In 1925, Mabel Nelson, who was stationed in Mashhad, delivered seven babies "alone" in the hospital and in patients' homes because the "mothers … would not hear of calling in a man doctor."[466] A few years later, a physician in Mashhad noted that the nurses took care of all obstetrical cases and doctors were "called only in case of special need."[467] However, when a woman physician joined the hospital staff some years later, the situation changed. Nelson still delivered babies, but only when the woman physician was not available to do so. She wrote that she had delivered nine babies while the woman physician was away.[468] Her comment suggested that had the woman physician been present, Nelson likely would not have delivered the babies. Nelson was more qualified to deliver babies than most of the missionary nurses in Iran as she had taken an obstetrical course at a maternity hospital in the United States while she was on furlough.[469] Her remark revealed that the boundaries between designated medical and nursing tasks were more fluid when there was a lack of resources. Her comments about the number of babies she delivered revealed nurses' sense of competence, worth, and autonomy within mission medicine.

At the turn-of-the twentieth century, most women gave birth at home and many women were delivered by local midwives.[470] Missionaries remarked on the lack of Muslim women who came to hospital for prenatal and obstetrical care. In 1922, missionaries identified five of fifty

466. Mabel Nelson, "Personal Report, July 1924-1925," PHS RG 91-1-9.

467. H. A. Lichtwardt and R. E. Hoffman, "Annual Report of Medical work in Khorassan," July 10, 1929, PHS RG 91-20-1.

468. Mabel Nelson, "Personal Report, July 1933-June 1934," PHS RG 91-7-2.

469. Mabel Nelson, "Personal Report," June 30, 1929, PHS RG 91-1-11.

470. Kashani-Sabet, *Conceiving Citizens*, 99.

women who delivered at the hospital in Tabriz as Muslim.[471] All five arrived at the hospital in severe distress. Four had been under the care of local midwives for hours or days before they arrived at the hospital and all four of them died within days of giving birth. Only one Muslim woman survived as she "came in time and received the benefit of a Caesarean."[472]

Nurses stressed the importance of crossing boundaries between public and private and entering the homes of Iranian women to provide them with prenatal, obstetrical and postnatal care. Sometimes they were able to establish an independent obstetrical practice. Wilma Pease started a "public health scheme" in Urumia in 1930. She visited women in their homes and offered prenatal and postnatal teaching and delivered babies. She mostly visited Muslim women "of the higher class" and the "army people, who want better care than their native midwives are able to give, but who are still not willing to come into the hospital to be cared for by our doctor."[473] She followed up with each case for the first ten days, teaching and "supervising" the mother in the care of her newborn.[474] Thus, they had a degree of medical mobility that their male colleagues did not have. Interestingly, Iranian nurses had a degree of mobility that missionary nurses did not. On one occasion, an Iranian nurse employed by the hospital in Mashhad was called to the home of "a very hard baby case, the little mother 15 years old." When the nurse wanted to send for a medical missionary for assistance, the family would not let her do so as they did not want to have "an unclean foreigner" in their home.[475]

471. "Report of the American Hospital, Tabriz, 1919-1920," PHS RG 91-4-14.

472. "Report of the American Hospital, Tabriz, 1919-1920."

473. Wilma Pease, "Personal Report, 1927-28," PHS RG 91-4-9.

474. Ibid.

475. Mabel Nelson, "Personal Report, 1925-1926," PHS RG 91-1-9.

Sometimes nurses were also able to generate revenue for the mission medical project through their independent nursing work. Grace Taillie started a private obstetrical practice in Tehran in 1930. She wrote that delivering babies was the "one work" which she "best loved."[476] Her patients were from "every walk in life and from every station in society" and included the wives of hospital "servants" and the "Queens [*sic*] sister."[477] The income she generated from this work provided "material benefit in helping the hospital to weather its financial storms."[478] Her important financial contribution to the medical work was noted by missionary physician Philip McDowell in his report on the medical work in Tehran in 1932, but Taillie does not mention it in her own personal report for that year. She simply wrote that she "delivered forty five [*sic*] babies, including one set of twins."[479] Despite McDowell's praise, the BFM asked Taillie to resign the next year, partly due to declining mission donations during the Depression. Yet, it was Taillie's obstetrical work in Iran that actually generated revenue that was vital to the hospital's ability to subsist.

Nurses took advantage of gendered social divisions and modesty to stress the value of their contribution to mission medicine. For example, Taillie commented about her obstetrical work: "I have a waiting list all of the time and most of them are Persian women who are so happy they can come to the hospital and have a woman attend them."[480] On another occasion, she wrote: "The Persian women were very willing to come to the hospital when their babies were

476. Grace Taillie, "Personal Report, 1931-1932," PHS RG 91-7-1.

477. Philip McDowell, "Report of the Medical Work, July 1, 1931 – June 30, 1932," PHS RG 91-19-11.

478. Ibid.

479. Grace Taillie, "Personal Report, 1931-1932," PHS RG 91-7-1.

480. Grace Taillie to Irene Sheppard, October 3, 1931, PHS RG 91-10-1.

born, if a woman would deliver them."[481] Another nurse commented that women "look to me for assurance that all will be well."[482] They used these statements to argue that they had a unique role to play in providing care to Muslim women in particular. They presented a monolithic image of "the Iranian woman" that drew on the trope of the "secluded" Muslim woman and ignored the ways that Iranian women's seclusion practices varied by class or region. One nurse wrote that a women's ward was needed so that Muslim women patients could be kept "away from the men's part thus keeping them in seclusion from the men (a custom in this land)."[483] "They will come," she argued, "if we have the proper facilities to care for them."[484] Although their labour was vital to all aspects of hospital work, nurses stressed their role in the provision of obstetrical care. This was likely due to the fact that they were able to carve out a unique role for themselves within this field. The rhetoric of women's work for women enabled missionary nurses to make a claim for their unique and full participation in mission medicine.

By the 1930s and 1940s, more women were delivering at certain mission hospitals, especially the one in Tehran, and nurses' role in childbirth declined as they devoted more of their time to teaching student nurses. In 1926, a midwifery institute opened in Tehran and leading Iranian physicians were pushing for better maternal care.[485] Missionaries noted an increase in the "hospitalization of obstetrical cases" at the mission hospital in Tehran, a trend that was "growing all over the city."[486] The statistics for the hospital reveal an increase in the number of births

481. Grace Taillie to Irene Sheppard, July 8, 1933, PHS RG 91-10-10.

482. Ellen Nicholson, "Personal Report, 1936-1937," PHS RG 360: Ellen Nicholson.

483. Jeannette Jones, "Personal Report, July 1922-1923," PHS RG 91-1-8.

484. Ibid.

485. Kashani-Sabet, *Conceiving Citizens*, 42-5, 105-6.

486. "Report of Medical Work, 1937-1938," PHS RG 91-19-11.

every single year between 1934 and 1941. During that period, the number of hospital deliveries per year increased from sixty-five to 415.[487] By 1936, mission hospital staff in Tehran noted that ninety-five percent of maternity patients had regular prenatal care in the dispensary.[488] Wealthy Iranian women, in particular, were accessing the obstetrical services of the hospital and the obstetrical work came to be regarded as a "good source of income."[489]

Other hospitals also expanded their maternity services. The mission hospital in Urumia dedicated a whole floor to women's work in the 1930s and the maternity work subsequently increased. In 1933, the hospital saw eight-six "normal" maternity cases. The author of the hospital report for that year indicated that "the very existence of our hospital … is justified on this work alone."[490] In Rasht, the family of a woman who gave birth at the mission hospital stipulated in her marriage contract that if she became pregnant, she was to receive care in a private room at the mission hospital.[491] In 1935, a missionary physician asked the BFM to assign a missionary nurse to Tehran who could accommodate the increasing demand for obstetrical services.[492] Recall that Taillie was asked to resign in 1933 despite having a thriving obstetrical practice in Tehran. In the 1930 and 1940s, employed Iranian nurses and physicians took on much of the obstetrical work. An Assyrian nurse, who had graduated from the mission nursing school in Urumia, reported delivering twenty-nine babies, including four sets of twins, during the three years that she was employed by the mission hospital in Urumia in the 1930s.[493] By 1941, a male

487. "Report of the American Hospital, July 1, 1940-June 30, 1941," PHS RG 91-19-11.

488. Sarah McDowell, "Annual Report," June 30, 1936, PHS RG 91-19-11.

489. "Report of Medical Work, Tehran, 1937-1938," PHS RG 91-19-11.

490. Mrs. W. P. Ellis, "Cochran Memorial Hospital Report," 1933, PHS RG 91-20-7.

491. John Davidson Frame, "Resht Medical Report, 1933," PHS RG 91-20-8.

492. Philip McDowell, "Report of Tehran Medical Work, July 1, 1934-June 30, 1935," PHS RG 91-19-11.

Iranian physician who worked at the mission hospital in Tehran was attending more than half of the hospital deliveries.[494]

The trend toward hospital birth was uneven. In 1933, the report on medical work in Mashhad noted that "obstetrical work in Meshed [*sic*] is still an almost untouched field."[495] He noted: "none of the young women from the government's well-organized midwifery school in Teheran [*sic*] have come to Meshed [*sic*], let alone to any of the other lesser cities of Khorasan, and there is no government control of midwives. Here is indeed an important field."[496] The hospital employed an Iranian nurse who had initially received few obstetrical calls because of "her connection with the hospital" and "new-fangled ways of delivering babies," but over time she had "many more cases" as "more women are wanting better treatment than they can get with the ordinary untrained midwives."[497] The medicalization of childbirth in Iran diminished the role of traditional midwives – in some areas more than others – but it also created new opportunities for missionary nurses and trained Iranian nurses and midwives to play a role in obstetrical work.

Narration Strategies

Narrating Effective Nursing

Nurses pointed out the effectiveness of their work in a number of ways. They documented the success of mission medicine in curing patients. For example, one nurse commented that she had seen many "interesting cases" in the hospital, including a ten-year old

493. Julius Mirza, *An Assyrian Dream: The Mirza Family Story* (Xlibris, 2012), "Life History, Grace Asley Sayad Mirza," Kindle.

494. "Report of the American Hospital, Teheran, July 1, 1940-June 30, 1941," PHS RG 91-19-11.

495. Rolla Hoffman, "Meshed Medical Report, 1932-1933," PHS RG 91-20-1.

496. Ibid.

497. Mabel Nelson, "Personal Report, 1926-1927," PHS RG 91-1-10.

girl who had an "uneventful recovery" after the surgical removal of a thirteen-pound tumor.[498] Another nurse commented that the wife of a patient who had undergone major abdominal surgery thanked the staff at the hospital after her husband had recovered, stating: "I brought him in dead, you gave him life."[499] The nurse's decision to include this statement of gratitude in her report revealed that she wanted to make sure the BFM knew that mission medicine was saving lives. Their frequent recounting of surgical successes was an attempt to show the value of surgery and their life-saving work.[500] A nurse reported that the first woman to have surgery at the hospital in Hamadan recovered well. After the patient recovered, hospital staff were invited to her home for dinner which, the nurse said, was "just one of the ways the Persians have of showing their appreciation for the things done to them."[501] Other nurses suggested that the increase in the number of patients accessing mission medical services was an indication of the general public's acceptance of their work.[502] One nurse attempted to convey the effectiveness of mission medicine by stating that "most all" of the cases had "gone away happy."[503] They used surgical outcomes to demonstrate their success as missionaries and their important role in mission medicine.

Nurses also used specific cases to demonstrate the value of nursing care. When the hospital in Kermanshah admitted a number of patients with communicable diseases, like typhus and typhoid, one nurse argued that "nursing care" was most important in treating these illness.

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498. Grace Taillie, "Personal Report, 1921-1922," PHS RG 91-1-7.

499. Mabel Nelson, "Personal Report, July 1933-June 1934," PHS RG 91-7-2.

500. Edward Blair, "Tehran Hospital Report, Year Ending June 30, 1928," PHS RG 91-19-11.

501. Jeannette Jones, "Personal Report, 1928-1929," PHS RG 91-1-11.

502. Jeannette Jones, "Personal Report, July 1924 – July 1925," PHS RG 91-1-9.

503. Ibid.

She added: "many of these cases owe their lives today to hospital care."[504] Her words also implied that nursing care was an important component of mission medicine. Another nurse commented that she had been "persuaded" to remain in Iran longer than she had hoped. She reported that the missionary physician asked her to remain in Iran stating: "If you go home … I don't know what we will do."[505] Thus, she suggested that she played a vital role in the hospital work. Another nurse commented that her "year's work" had been "in and about the open door of the hospital" as patients needed twenty-four hour care "thru [*sic*] Persian help" which required her supervision and guidance.[506] She indicated she was vital to the medical work of the mission through this account. In their narratives, missionary nurses used their busyness to demonstrate their superior training.

Nurses often stressed the superiority of modern medicine. They often contrasted their modern medical knowledge to Iranian backwardness. One nurse commented that "Everyone who comes to the hospital [in Rasht] is interesting and many have unusual stories, at least from the Occidental point of view."[507] Sometimes nurses recounted cases to show that Iranians were superstitious. For example, one nurse commented that the "ignorance, superstition and Oriental philosophy" of patients "sometimes seems unfathomable."[508] Another nurse kept a record of all the charms, "old treatments," and superstitions that patients' used, "of which there seems to be no end."[509] Nurses suggested that Iranians were ill due to ignorance and superstition. One nurse

504. Estella Chambers to Friends, August 2, 1942, PHS RG 360: Estella Chambers.

505. Grace Taillie to Irene Sheppard, October 3, 1931, PHS RG 91-10-1.

506. Ellen Nicholson, "Personal Report," June 30, 1934, PHS RG 91-7-2.

507. Ellen Nicholson, "Personal Report," July 1, 1927, PHS RG 91-1-10.

508. Ellen Nicholson, "Personal Report, 1924-1925," PHS RG 91-1-9.

509. Mabel Nelson, "Personal Report, 1925-6," PHS RG 91-1-9.

commented that trained nurses were needed because there was "so much ignorance regarding the care of the body in sickness [and] in health."[510] After she was married, she held classes for mothers to teach them how to "care for" their children. She wrote that the mothers were "hindered by superstition and custom and limited means."[511] Another nurse commented that Iranians had an "immunity … against dirt and disease [which was] something marvelous." She provided the following example: "Our last maternity case, had been in labor seven days when brought to the hospital. The baby had been dead probably two to three days, as the cord was gangrenous and the foulest odor was detected. The mother convalesced without sign of a fever. Infant mortality is high – because of ignorance and superstition. God grant that these people will see the need of a little knowledge."[512]

They suggested that modern medicine was a sign of "civilization." One nurse commented that the hospital in Mashhad was "ready to creep right back and blot out any sign of good grooming or civilization as soon as one looks the other way." In talking about visiting hours at the hospital in Mashhad she wrote: "The western mind which has thought of hospital rules as being inviolable can scarcely believe that rules can be so easily flaunted."[513]And: "While the nurse spends her time in the Men's Wards trying to bring order out of chaos, the OR becomes overgrown with bad habits or slackness. And when one thinks the Men's Ward can now carry on and return to the OR, the voracious vegetation and carelessness springs up again in the first department. The hospital keeps falling back into the jungle."[514] They also contrasted Islam with

510. Jean Wells, "Personal Report, 1924-25," PHS RG 91-4-8.

511. Jean W. Packard, "Personal Report," [1929-1930?], PHS RG 91-1-11.

512. Estella Chambers to Friends, July 22, 1938, PHS RG 91-11-4.

513. Janet Fulton, "Jungle Life," [Received November 3, 1950], PHS RG 360: Janet Fulton.

514. Ibid.

modern medicine. One nurse wrote: "nineteen babies are born in a hospital in a Mohammedan [*sic*] city where training, instinct and the prophet himself tells them to keep away."[515] On one occasion, a nurse referred to the veil as an "impediment" and suggested it was at odds with modern medicine. She stated: "the Persian veil worn by all women is so cumbersome, unsanitary and renders the wearer almost incapable of performing the various duties required in hospital work."[516]

Nurses used textual strategies that codified Iranian women, especially Muslim Iranian women, as Other. Colonization, as defined by transnational feminist theorist Chandra Mohanty, "almost invariably implies a relation of structural domination, and a suppression – often violent – of the heterogeneity of the subjects(s) in question."[517] Missionary nurses in Iran constructed "the" Muslim woman as a monolithic identity through narrative strategies that were intended to demonstrate their own superiority. For example, one nurse commented that every home had a curtain for the door which "is just another evidence that the women fo [*sic*] Persia must be kept in absolute seclusion."[518] They used the practice and idea of seclusion to validate their construction of Iranian women as inferior to "western women." Some missionary nurses used seclusion to present an image of Muslim female passivity and oppression in contrast to missionary activity and engagement in the public sphere. In 1935, on the eve of Reza Shah's ban of the veil, one nurse wondered if this would allow women in Iran the "freedom that will make them want to break away from the formalities of Islam?" She felt she had a responsibility to

515. Ellen Nicholson, "Personal Report," July 1, 1927, PHS RG 91-1-10.

516. Mira Sutherland, "Personal Report, 1914-15," PHS RG 91-1-6.

517. Chandra Mohanty, "Under Western Eyes: Feminist Scholarship and Colonial Discourses," in *Third World Women and the Politics of Feminism* ed. Chandra Mohanty, Ann Russo, Lourdes Torres (Bloomington: Indiana University Press, 1991), 52.

518. Jeannette Jones, "Personal Report, 1928-1929," PHS RG 91-1-11.

show her students that "true Christianity [held] for them an assurance of spiritual salvation, yes, first and foremost, but also of social salvation."[519]

Narrating Nursing Resourcefulness and the Need for Supplies

Nurses often commented on the lack and inadequacy of hospital equipment and provisions to demonstrate their resourcefulness and to request supplies. One nurse conveyed her thanks when the hospital received a large shipment of White Cross goods that included pyjamas, baby clothes, sponges, bandages and "all the many things that are needed to carry on the work."[520] She suggested that supplies from the U.S. were necessary for the continuation of the hospital service. Another nurse was "kept busy making" mattresses, sheets, surgical caps, and face masks, which were "things that did not come in sufficient quantities from the White Cross circles at home."[521] In another report, she mentioned that she spent a great deal of time "sewing new supplies and mending old ones."[522] Without explicitly saying so, her comment established the vast and vital role that missionary nurses played within a surgical institution and was also a request for more supplies.

Nurses highlighted their ability to make due with limited resources and their competence in making supplies when none were available. At times, Wells noted, a nurse came "face to face suddenly with some glaring need in … equipment."[523] In one instance, when twin boys were delivered at the hospital and the entire supply of infant apparel was in use, she went "flying to

519. Ellen Nicholson to Friends, November 10, 1935, PHS RG 360: Ellen Nicholson.

520. Mabel Nelson, "Personal Report," June 30, 1929," PHS RG 91-1-11.

521. Jeannette Jones, "Personal Report, 1922-1929," PHS RG 91-1-11.

522. Jean Wells, "Personal Report," [1921?], PHS RG 91-4-7.

523. Ibid.

remedy it" and "hastily searched the neighborhood for clothing" for the babies.[524] In her re-telling of the scenario, Wells emphasized both the need for more supplies and her capabilities as a missionary nurse to overcome the challenging situation.

Often, nurses connected the receipt of donated goods from abroad with their ability to provide better and more efficient care. When one nurse received a "much longed for" shipment of iron beds, she said that she was able to discard the old wooden bedsteads and was left with "only the memory of labor spent in vainly trying to tighten ropes used for springs and make them tight enough to keep mattresses from sinking."[525] Yet another nurse commented that the staff at the mission hospital "could not do our nursing work without the help of the Iowa ladies who sew for us."[526] On one occasion, medical missionaries thanked the Iowa Synodical Society for sending fifteen large boxes of supplies to the mission hospital in Mashhad and linked the donated goods to the delivery of effective medicine. The report stated: "Many an unfortunate Persian has had his crude and foul dressing of leaves or dough replaced by these nice, clean gauze sponges."[527]

Nurses used their personal reports to convince individuals in the U.S. to send medical supplies. Although the BFM supplied the mission with an annual appropriation to support the work in Iran, individuals and churches in the U.S. could also send equipment or donate funds to a particular project.[528] For example, women's societies of the Pacific District gave the mission

524. Ibid.

525. Wilma Pease, "Personal Report, 1932," PHS RG 91-7-1.

526. Mabel Nelson, "Nursing in Meshed Hospital," PHS RG 91-20-1.

527. "Annual Report of Medical Work, Meshed, For the Year ending June 30, 1930," PHS RG 91-2-5.

528. Prior to World War Two, this funding was substantial and influential. As a result, churches had the ability to direct medical policy in Iran to some extent in accordance with their funding priorities. Westminster Church in Buffalo financed a large portion of the construction of the mission hospital in Urumia and so the hospital

hospital in Tehran an x-ray and diathermy apparatus in 1930.[529] Hospital reports often asked supporters to "continue to cooperate" by sending equipment.[530] Some nurses occasionally made more direct requests for donations. Wells, for example, wrote that she hoped that the "American people will not decrease the amounts they are giving for relief of the nations not so fortunate as they are."[531] They also connected mission medical work in Iran with specific communities in the United States. While medical personnel were on a medical itinerating trip, they made use of sponges that were labelled with "Red Cross; Monmouth Chapter," an autoclave made in Eau Claire, Wisconsin, and a stretcher marked "USA." This caused Janet Fulton to remark: "And so all along the way we were reminded of the help which had come to this far away hospital from our fellow countrymen, and we were glad that we could put a special meaning into those words – USA and America – by doing all of our work in the Name of him who alone had made our country great."[532] Her words also evidenced a Christian version of American exceptionalism.

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in Iran was officially named Westminster Hospital in honour of the Church. After the FWW, the hospital in Urumia was destroyed and the Iranian Government would not allow missionary physician Harry Packard to return to the city. Westminster Church thus requested that Packard be transferred to Tehran and, in exchange, it agreed to finance the mission hospital in Tehran. This proposal upset missionaries in Urumia and Tehran. Missionaries in Urumia argued that Westminster Church was disloyal to the work as it was only interested in following "the fortunes of one man rather than the work as a whole" (Ellis to Holmes, November 29). Missionaries in Tehran were similarly displeased. Missionary physician Philip McDowell was not willing to be displaced from the hospital in Tehran and the station was not willing to rename the hospital. One missionary commented that "it does not seem fair … that Westminster Church should dictate to the Mission to the extent of revising our whole policy for the medical work in Teheran [*sic*] and completely changing our medical staff" (Boyce to Speer, May 18). Tehran Station presented a counter proposal to Westminster Church and suggested that it support Packard in the development of a mission medical school in Tehran. However, the church did not look on this proposal favourably. Packard was eventually transferred to Kermanshah and Westminster Church moved its support to the mission hospital in that city. Dr. W. P. Ellis to Dr. Samuel V. V. Holmes, November 29, 1926, PHS RG 91-20-7; Annie Stocking Boyce to Robert Speer, May 18, 1926, PHS RG 91-2-11; Robert Speer to Rev. Samuel Holmes, March 1, 1926, PHS RG 91-5-4; Robert Speer to Harry Packard, July 19, 1926, PHS RG 91-5-4; Robert Speer to Harry Packard, July 19, 1926, PHS RG 91-5-4; Harry Packard to Robert Speer, April 23, 1926, PHS RG 91-5-4.

529. Sarah W. McDowell to Supporters, December 10, 1930, PHS RG 91-20-11.

530. Hartman Lichtwardt, "Annual Report of the Medical Work at Meshed," July 10, 1929, PHS RG 91-20-1.

531. Jean Wells, "Wanted: A Woman Doctor," November 7, 1920, in "Station Letter from Tabriz, Persia: First Quarter, 1921," PHS RG 91-19-19.

Narrating Busyness and the Need for More Staff

Nurses also linked the demands on their time to a shortage of missionary nurses. After living in Iran for three years, Wells wrote to BFM Secretary Robert Speer that she had "been very busy indeed in the hospital work" since there was "such dire need" and "such a great shortage of workers."[533] On another occasion, she noted that the hospitals depended "entirely on the meagre supply of nurses" that "we can get from America."[534] One nurse delayed her furlough by a year as there were not enough missionary nurses in Iran to cover the work within the hospitals. She wrote that she hoped the "appeal for another nurse to help out … may be granted."[535] At times, nurses directly petitioned the BFM appoint more nurses to Iran. Taillie was the most vocal on this front and argued, on numerous occasions, that more missionary nurses were needed to meet the growing demands of the medical work. She implored the medical secretary to send another nurse to Tehran, stating: "If you know of a nurse who wants to come to Persia please don't wait for the quote … we need her very much."[536] She re-iterated her appeal in her personal report that year stating that "at least another American nurse is needed" because she could not "cope" with the demands of the work.[537] Thus, missionary nurses employed a narrative of busyness in their efforts to advocate for more nurses.

In addition to comments about their busy workload, nurses tried other strategies to convince the BFM that more nurses were needed. Nelson wrote that a "second nurse" was

532. Janet Fulton, "Birjand 1949," PHS RG 360: Janet Fulton.

533. Jean Wells to Robert Speer, November 26, 1919, PHS RG 91-6-1.

534. Jean W. Packard to Friends, August 7, 1935, PHS RG 360: Jean Wells Packard.

535. Ellen Nicholson to Supporters, January 21, 1937, PHS RG 360: Ellen Nicholson.

536. Grace Taillie to E. M. Dodd, February 19, 1929, PHS RG 360: Grace Taillie.

537. Grace Taillie, "Personal Report, 1928-1929," PHS RG 91-1-11.

needed as she had been "so very busy" that she had not had time to do any evangelistic work with the women patients in the hospital in Mashhad.[538] She suggested that the evangelistic work had suffered because there were not enough missionary nurses, even though it was the busyness of the work that seemingly prompted her to request the appointment of another nurse. The following year she tried a different approach. She argued that a "second nurse" was needed so that there would be enough staff to "answer more calls at times of child-birth and counteract a little of the awful methods the unlearned midwives use."[539] In this request, she linked her appeal for another nurse to the provision of needed medical care. The following year she simply wrote that another nurse was needed so that "part of the work can be turned over to her."[540]

The staffing situation was so desperate that missionary nurses used their nursing connections in the United States to try and find nurses who would be willing to work in Iran. Wilma Pease took the initiative to invite a friend of hers to come work at the mission hospital in Tehran. Margaret Oman had trained with Pease at Olney Sanitarium School of Nursing in Illinois. In 1937, Oman came to Iran "at her own expense" to visit and "earn her return expenses."[541] The particulars of how she came to work at the mission hospital in Tehran are unknown, but there must have been some assurance made to her by staff at the mission hospital that she would be able to work to pay for her return trip. When she arrived, Oman took over the work on the women's wards, so that Pease could concentrate on the nursing school. Oman and Pease also worked together to implement changes that would benefit the nursing staff. They designed a rolling dressing table so that nurses could easily transport dressing supplies between

538. Mabel Nelson, "Personal Report, July 1924-1925," PHS RG 91-1-9.

539. Mabel Nelson, "Personal Report, July 1, 1925 to June 30, 1926," PHS RG 91-1-9.

540. Mabel Nelson, "Personal Report, 1926-1927," PHS RG 91-1-10.

541. Edward Blair, "Annual Report, Tehran American Hospital," June 30, 1937, PHS RG 91-19-11.

patients and they raised the beds to standard height in order to facilitate nursing tasks. It seems that Oman worked in the hospital for about a year. The hospital report for 1938 mentioned that the staff was "indebted" to her "for her excellent services" which helped the hospital "out of a difficult problem."[542] Oman's employment by the mission hospital in Tehran reveals that missionaries themselves were actively recruiting friends to assist with the work outside of the formal channel for mission work.

Nurses also argued that hospitals needed to employ Iranian graduate nurses and train student nurses in order to meet the demands of the mission medical work. They associated their workload with a lack of experienced and trained nursing staff. One nurse wrote that she had to do "a number of things which took a great deal of time" because she had inexperienced "helpers" comprised of "two boys who had never worked in a hospital before" and "a girl who had some Hospital [*sic*] experience."[543] Once they opened nursing schools, students "could begin to have some real share in the work."[544] Staff at the hospital in Tehran commented in 1930 that there was a "most critical need" for "an American nurse as well as Persian nurses" because the hospital could not function at full capacity "without nurses to assist in the work."[545] Thus, the station secretary in Tehran asked the BFM for "a substantial increase in appropriation … to provide for these and other assistants."[546] That same year, Nelson was forced to give up her work training staff at the hospital in Mashhad because of the "pressure" of the work.[547] As a result, the hospital

542. "Report of Medical Work, Tehran Station, 1937-1938," PHS RG 91-19-11.

543. Jeannette Jones, "Personal Report, 1921-1922," PHS RG 91-1-7.

544. Frances Wooding, "Personal Report, 1930," PHS RG 91-4-9.

545. F. Taylor Gurney, "Tehran Station Narrative, 1929-1930," PHS RG 91-1-22.

546. Ibid.

hoped to hire a "second Armenian nurse" for the "growing hospital."[548] Thus, their frequent references to the busyness of their work also justified their demands for the training and hiring of Iranian nurses.

Shifting Boundaries

The boundaries between nursing and medicine were blurred within mission hospitals. The lack of personnel and resources created opportunities for missionary nurses to expand their scope of practice. At times, nurses emphasized their autonomy and even presented themselves as doctors. One nurse wrote, for example, that a work as a missionary nurse "sometimes means taking the place of a doctor."[549] Another nurse took over the women's dispensary in Tehran when the woman missionary physician went on furlough. Two afternoons a week, she "had a clinic for examination and treatment."[550] Whether or not she consulted with male physicians about the care of these patients is unknown, but she chose to mention that she took responsibility for a piece of the medical work that was previously managed by a woman physician. When there was a lack of staff, nurses took on greater roles in the hospitals.[551] These statements reveal that some nurses took the opportunity to present themselves as autonomous practitioners who fulfilled broader medical roles.

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547. H. A. Lichtwardt, Adelaide Kibbe, Mabel Nelson and R. E. Hoffman, "Fifteenth Annual Report of the American Christian Hospital, Meshed, Persia," August 15, 1930, PHS RG 91-20-1.

548. Ibid.

549. "Personal Record: Janet Fulton," PHS RG 360: Janet Fulton.

550. Grace S. Taillie, "Personal Report," [1923?], PHS RG 91-1-8.

551. Later on, during the Second World War when the mission was facing a lack of medical personnel, nurses often ran mission hospitals in the absence of physicians. In 1944, Wooding kept the hospital in Tabriz open. There was no American physician in Tabriz that year, although an Iranian physician from the city attended to some of the hospital patients. Also in 1944, Nicholson and an Iranian doctor kept a dispensary in Rasht open as there was no American physician. Russel Bussdicker, "Report of Medical Secretary, July 1944," PHS RG 91-8-3.

Nurses sometimes mentioned that they were mistaken for physicians.[552] Jean Wells noted that many patients had the "idea" that she was a doctor. She had "so many appeals for medical service" that she wished she had "gone on and taken a course in medicine while there was an opportunity."[553] Other nurses clearly articulated the boundaries between medical and nursing work and knowledge. For example, Jones wrote that "many women have come for advise and council perhaps with the idea that there is a lady Physician here and I must needs [*sic*] say that I am not a Physician only a nurse and advise them to go elsewhere."[554] Jones did however present nursing work as an essential component of mission medicine. In a subsequent report, she noted that she had spent fifty nights on duty taking care of patients, in addition to her day-time nursing work. After she began to sleep "under the Kursie [*sic*] at the hospital," the night calls were "more frequent."[555] She suggested that her presence in the hospital led to increased and better care.

The shifting boundaries between medicine and nursing sometimes led to tensions between doctors and nurses. In 1920, missionaries asked the BFM to appoint a woman physician to Tabriz so that she could look after the obstetrical and gynecological work at the hospital, but the BFM was unable to find a candidate.[556] Missionaries in Iran devised an alternate plan and asked the BFM to consider allowing nurse Jean Wells to return to the U.S. and "take up special medical study."[557] Some members of the mission wanted her to take a full medical course

552. Jeannette Jones was mistaken for a woman physician by women patients who wanted advice. Jeannette Jones, "Personal Report, 1921-1922," PHS RG 91-1-7.

553. Jean Wells, "Wanted: A Woman Doctor," November 7, 1920 as cited in "Station Letter from Tabriz, Persia: First Quarter, 1921," PHS RG 91-19-19.

554. Jeannette Jones, "Personal Report, 1921-1922," PHS RG 91-1-7.

555. Jeannette Jones, "Personal Report, 1924-1925," PHS RG 91-1-9.

556. E. M. Dodd to Robert Speer, November 18, 1920, PHS RG 91-6-2.

557. Ibid.

because they felt a woman physician would be an "enormous asset" to the work.[558] However, when missionary physician E. M. Dodd wrote to the BFM, he recommended that she only take a year's course in obstetrics and gynecology which would allow her to "do part of a woman physician's work in conjunction with a regular man physician."[559] He was opposed to her taking a full medical course, but he was okay with her doing obstetrical and gynecological work. She had already handled "quite a few of the normal obstetrical cases" and had "a natural ability for it,"[560] so he felt that additional training would allow her to be "able to tell whether she was capable of handling a case or not" and "the mere matter of making examinations would be of great help."[561] Thus, there were limits to a nurse's ability to transcend professional and gendered boundaries.

Tensions between Evangelism, Faith and Profession

Medical missionaries struggled to balance evangelistic and medical work. As previously mentioned, when BFM secretaries visited Iran to evaluate the mission in 1921, they concluded that evangelistic work was not a significant component of mission medicine. They were pleased with the medical work and praised medical missionaries for paving the way with their surgical work, writing that there was "no other Mission field in the world where the medical work exerts a greater influence than in Persia," but they were concerned about the lack of evangelism occurring in mission hospitals.[562] The medical work had become a contentious issue within the

558. Dodd to Robert Speer, November 18, 1920.

559. Ibid.

560. Ibid.

561. Ibid.

562. Speer and Carter, *Report on India and Persia*, 504.

mission community as there was disagreement over the "efficiency of the medical work as a direct agency of conversion."[563] Few people had converted to Christianity and BFM secretaries argued that the "doctors in charge of the hospitals should regard themselves also as primarily and chiefly responsible for the evangelistic work in the hospitals."[564] Rather than seeking "the largest volume of operations and treatments," they admonished medical missionaries to make the work "both in its medical and in its evangelistic efforts qualitatively as efficient as possible."[565] The report reveals that the BFM expected medical missionaries to balance divergent mission objectives. Although the BFM valued the provision of medical care, it also wanted medical missionaries to utilize medicine for evangelistic purposes.

Medical missionaries who were interested in undertaking evangelistic work were often unable to do so as the medical work was so demanding. In 1930, when a group of missionaries, including two physicians, a nurse and several evangelists, went on an itineration trip to a village outside of Hamadan, they failed to integrate evangelism with medical work as they had hoped. So many patients came for assistance that the "evangelistic staff were pressed into service as assistants or policemen to handle the patients."[566] One missionary physician commented that the trip could not be considered successful "from an evangelistic point of view … as our evangelists were fairly swamped by the amount of medical work to be done."[567] Medical missionaries also struggled to incorporate evangelistic work into the hospitals. One missionary physician pointed out that the "greatest obstacle in the way of a more perfect exhibition of Christian charity" was

563. Speer and Carter, *Report on India and Persia*, 504.

564. Ibid., 504.

565. Speer and Carter, *Report on India and Persia*, 504-505.

566. Mary Zoeckler to Friends, January 23, 1931, PHS RG 280-1-8.

567. Ibid.

"the necessity of trying to handle too large a crowd in too short a time and in inadequate quarters."[568] In his opinion, the goal of the Christian hospital was to exhibit compassion for the sick and suffering, "references to which fill the Gospel narratives."[569] In order to do this, however, medical missionaries needed "the time and quietness to listen with sincere sympathy to the story of the patient."[570] Instead, staff were "forced to be cool and business like, sometimes even curt, to keep the line of patients moving along."[571] Thus, they fell short of the "ideal" of offering "personal sympathy" to every patient, which was the "difference between Christian and non-Christian institutions."[572] His vision of mission medicine was the ability to provide compassionate care, not to convert patients.

Missionary nurses echoed similar concerns. They argued that the busyness of their nursing work prevented them from engaging in direct religious and evangelistic activities. One nurse noted that the mission hospital in Tabriz was "short-handed."[573] As a result, she "deeply regretted" that "greater use has not been made of the Dispensary and Hospital as an evangelistic opportunity."[574] Her comment confirms the BFM secretaries' assessment that medical missionaries were not using the medical work for evangelistic purposes. Another nurse commented that she was so busy with the hospital work in Mashhad that she had done "little

568. Philip McDowell, "Annual Report of Teheran Medical Work, July 1, 1928 to July 1, 1929," PHS RG 91-1-22.

569. Ibid.

570. Ibid.

571. Ibid.

572. Ibid.

573. Mary Burgess, "Personal Report, July 1927," PHS RG 91-4-8.

574. Ibid.

direct evangelistic work with the women."[575] The following year, she argued that if another missionary nurse were assigned to the station, she would have more time for "personal evangelistic work."[576] She linked her inability to carry out evangelistic work to the "increased hospital work."[577] She appealed to the BFM for more staff by suggesting that the evangelistic work was suffering because of the busyness of the work. Her comments also suggest that she viewed evangelistic and medical work as separate types of work.

The demand for missionary medical services continued to increase in the 1920s and medical missionaries had little time for work outside of the hospital. In 1922, one nurse agreed to teach a girls' Sunday school class at the Armenian church in Hamadan because she had "been out of church activities for the space of five or six years" and missed "doing something religiously [*sic*]."[578] Yet, within the year she gave up her work in the church as she found "the work at the Hospital keeping me away more often than I could go." She decided that "after all nothing worth while [*sic*] along that line could be done."[579] Another nurse noted that her activities over the past year were "confined entirely to work in the hospital." It was "often impossible," she noted, "to have religious or social contact outside of immediate hospital circle where I have routine responsibility."[580] Nurses never specifically wrote that they were not interested in evangelistic work, only that they did not have the time to devote to religious or evangelistic activities.

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575. Mabel Nelson, "Personal Report, July 1924-1925," PHS RG 91-1-9.

576. Mabel Nelson, "Personal Report, July 1, 1925 to June 30, 1926," PHS RG 91-1-9.

577. Mabel Nelson, "Personal Report, 1926-1927," PHS RG 91-1-10.

578. Jeannette Jones, "Personal Report, 1921-1922," PHS RG 91-1-7.

579. Ibid.

580. Ellen Nicholson, "Personal Report, June 1941," PHS RG 91-7-5.

Despite the fact that many nurses mentioned that they were too busy to carry out evangelistic work, some nurses documented the type of religious and evangelistic work that they carried out. Some nurses mentioned that they attended church and even participated by playing the organ. Others wrote that they focused their evangelistic efforts on patients and staff when they were able to. Some of these nurses clearly identified their evangelistic work as something distinct from their nursing work. They referred to activities like praying with hospital staff in the morning, holding vesper services or reading the Bible at staff meetings as evangelistic activities. For example, one nurse mentioned her "religious contacts" with the patients had been "quite spasmotic," although she was keen to mention that the patients seemed to appreciate the "little" she did to "supplement the work of the regular Bible woman."[581] In order to meet the evangelistic requirements, some of the hospitals employed evangelistic workers to talk with patients.

If missionary nurses did not reference "evangelistic work" in their reports, that could also be problematic. As mentioned in chapter one, when the BFM asked Taillie to resign, BFM Secretary Irene Sheppard criticized Taillie for not evidencing "evangelistic zeal" in her reports. Taillie's personal reports were always more focused on her nursing and hospital work than on religious activities. In her earlier years in Iran, she did occasionally mention a prayer service held on the wards or nurses who read scriptures to patients. Over time, however, these references disappeared. Her later reports typically contained only one paragraph describing the routine and busyness of the hospital work.[582] Tailllie responded to Sheppard, writing: "I am sure that I have

581. Frances Wooding, "Personal Report, 1928-1929," PHS RG 91-4-9.

582. For example, her report from 1927-1928 was only four-sentences long. She listed her routine hospital work and noted that the past year was "the busiest Hospital year" since she had arrived in Iran. Grace Taillie, "Personal Report, 1927-8," PHS RG 91-1-10.

always tried to tell the gospel message, even though I did not have special training. My work was nursing. Where I had special training."[583] It is impossible to know if the workload was simply too heavy for her to engage in religious and evangelistic activities or if her emphasis on nursing reflected a questioning of her faith.

Medical missionaries were aware that they should reference specific religious work in their annual reports to the BFM and in their letters to home churches. Missionary physician John Frame was aware that he needed to be cautious about how he presented the medical work in the annual medical report for Rasht. In 1933, he wrote to BFM Secretary Robert Speer to clarify "a possible misinterpretation" of the "Resht Medical Report." He stated: "It was suggested that the report might sound as though we had given up evangelistic work in the hospital and were interested only in social service, etc. I have altered it therefore and would be glad if you could arrange to have the alteration made in the copy of the report sent to you."[584] In the amended report, Frame mentioned: "We all believe that the ideal medical work should not only heal the sick but also lay the foundation for better living, better character and better ideals in the lives of those with whom we come into contact by revealing Christ to them."[585] It is likely that nurses were aware that they need reference the religious in their reports and yet, for the most part, they focused on their nursing work.

By the 1930s, medical missionaries were articulating a new vision of mission medicine. In 1931, the mission's medical committee prepared a statement to submit to the BFM which argued that "the ministry of healing is understood to be an integral part of Christian life."[586]

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583. Grace Taillie to Irene Sheppard, July 8, 1933, PHS RG 91-10-10.

584. John Frame to Robert Speer, September 27, 1933, PHS RG 91-20-8.

585. John Frame, "Resht Medical Report, 1933," PHS RG 91-20-8.

586. Russell Bussdicker, "Medical Work of the Persia Mission," [1931?], PHS RG 91-7-23.

Medical missionaries began to frame medical work as Christian work in their hospital reports. The 1931 report on the hospital work in Mashhad included several quotes pertaining to the "place of medical missions in the work of the church." The selected quotes suggested that missionaries felt that medical missions should be motivated by compassion, not conversion. On the back of the front cover, for example, was the statement: "As the Christian Church, animated by the same spirit of divine compassion, seeks to follow in [Christ's] footsteps, it should attempt wherever needed, to carry on effectively the ministry of healing. Work done in this spirit is spiritual work."[587] Another quote stated: "In the missionary enterprise the medical work should be regarded as in itself an expression of the Spirit of the Master and should not be thought of only as a pioneer of evangelism or merely a philanthropic agency."[588] These statements indicated that medical missionaries in Iran considered their work a direct application of practical Christianity. As early as 1908, missionary physician John Wishard had illustrated this view when he wrote: "human suffering … needs medical men who make their profession a mission as well as a career."[589]

Nurses also argued that they were demonstrating practical Christian service through their nursing work. Nurse Ellen Nicholson described the birth of a healthy baby and then commented that "this is the Gospel of Christ in word and deed that I am trying to give out day by day."[590] Elsewhere, she wrote that "Jesus took care of the simple folks, the lepers and the sick. We, His representatives, can but try to heal bodies and plant the leaven of the Gospel."[591] The Christian

587. "American Christian Hospital, Meshed, Annual Report, 1930-1931," PHS RG 91-20-1.

588. Ibid.

589. John Wishard, *Twenty Years in Persia: A Narrative of Life under the Last Three Shahs* (New York: Fleming H. Revell, 1908), 216-7.

590. Ellen Nicholson to Friends, September 29, 1935, PHS RG 360: Ellen Nicholson.

commission, she argued, was "to heal, to cleanse, to cast out devils" and sometimes "to raise the near dead." Although there was a preaching component to the commission, she wrote that she had "tried to give to the patient, to the nurses and hospital helpers." She continued: "In a Christian place of healing with open doors day and night, my task is to organize, to teach workers how to conduct a hospital with standards of service worthy of the name of Christ. Healing, cleansing, casting out devils, can only come with order and system."[592] Thus, she framed her nursing work as Christian service and suggested that the provision of healthcare was in itself Christian work. She acknowledged that not many patients converted to Christianity, but the "seed is sown" through Bible readings, prayers and song. Even though she mentioned more overtly religious attempts at conversion, she made a stronger argument for the value of her nursing work in influencing people. She wrote: "Time and again it is shown that Christ did not use healing solely as a means of gaining converts or publicity." She then inserted a couple of Bible verses to bolster her claim that healing was an important means of leading people to the Gospel. For example, she quoted a Bible verse in which Jesus healed a woman. She then noted: "And so we carry on in the plan that He so often used."[593]

Nurse Frances Wooding also understood her nursing and hospital work as Christian work. She wrote: "God is speaking" through "the noises peculiar to a hospital," such as "the steps of the nurse going down the hospital corridor to give injections or answer the call of need."[594] Elsewhere, she wrote: "I pray that as we nurse their bodies, we may show to them all

591. Ellen Nicholson to Homeland Folks, January 8, 1933, PHS RG 360: Ellen Nicholson.

592. Ellen Nicholson, "Personal Report, 1936-1937," July 6, 1937, PHS RG 360: Ellen Nicholson.

593. Ellen Nicholson, "Personal Report," June 1953, PHS RG 360: Ellen Nicholson.

594. Frances Wooding, "Personal Report, 1948-1949," PHS RG 360: Frances Wooding.

the spirit of service which Christ showed us when he was here among men."[595] In another report, she ruminated: "Just what is our contribution to the cause of Christian Missions is the question frequently in the mind of some of us at the hospital. *We* see many lives saved, homes made happier, as well as individuals helped to a more healthy future by the medical and surgical means at our disposal … To be sure there are on every hand words of appreciation for what we are doing and evidence of the confidences they have in what we can do for them. This is pleasant to observe, and we hope that when the final story is told some rightful place may be given to the feeble but earnest efforts of this hospital to make Christ and his love better known in this section of Iran."[596] Furthermore, one nurse commented that "We are followers of the Great Physician. For this reason, if for no other, we must be second to none in the quality of our service."[597] Thus, she argued that they had to "give sufficient surgery, accurate laboratory analysis, first-class x-ray, meeting all emergency and routine cases coming to us."[598] Nurses were clearly engaged in discussions about the purpose and place of medical work in missions. Many seemed to have interpreted their nursing work as important mission work because they were restoring health. They came to value nursing work as compassionate Christian service and saw providing medical care as spiritual work.

Missionary nurses evinced a multiplicity of views about how nursing fit with Christian missions. On the balance, though, nurses shifted away from an emphasis on evangelizing toward viewing medical work as Christian service. When BFM representatives visited the mission again in 1939, they wrote that "missionary physicians should not feel that in serving the leaders of a

595. Frances Wooding to Friends, July 18, 1931, PHS RG 360: Frances Wooding.

596. Charles Lamme, "Abridged Tabriz Hospital Report, 1938-1939," PHS RG 360: Frances Wooding.

597. Ellen Nicholson to Friends, April 23, 1940, PHS RG 360: Ellen Nicholson.

598. Ibid.

community they are failing to render service in the Cause of Christ."[599] In fact, they praised medical missionaries for advancing "modern medicine in the country" and suggested that "Mission hospitals must be leaders in progress."[600] They extolled the value of medical work in its own right, stating: "the ministry of health and healing belongs to the essence of the Gospel, and is therefore an integral part of the mission to which Christ has called, and is calling, His Church."[601] This view varied considerably from the view of BFM secretaries who had visited the mission in 1921, which suggests that BFM understandings of mission medicine were also changing. The BFM representatives did feel that there should be a closer integration between evangelistic and medical work and it suggested that the Mission adopt a policy of having a full-time missionary evangelist work in each hospital.

Nurses at Play: Social Activities and Vacation

In addition to their nursing work, missionary nurses occasionally commented on momentous social engagements or vacations. For example, one nurse commented that among the "routine of nursing duties there are vacation days, trips here and there, teas and parties, visits in homes of patients and friends and play times with the nurses."[602] That year, she spent two weeks camping with a woman missionary physician and another missionary couple on high cliffs and saw waterfalls, singing canaries, wild roses and fossil rocks and had a "picturesque" view of the village below.[603] Another nurse began her personal report with a statement about her three-week

599. "Report of the Second Century Deputation on the Medical Work in Iran," May 5, 1939," PHS RG 280-1-6.

600. Ibid.

601. Ibid.

602. Mabel Nelson, "Personal Report, June 1933," PHS RG 91-7-2.

603. Mabel Nelson to Friends, January 18, 1933, PHS RG 91-10-4.

vacation in which she had enjoyed "plenty of food, a real library from which to choose books, and plenty of sleep."[604] She was also planning to go on another "lovely vacation of two weeks" and planned to play a lot of tennis.[605] Another nurse "enjoyed a few picnics and horseback rides to a lovely garden about eight miles from [Urumia] where some of [the missionaries] have been spending a few days of vacation."[606] Another year, she spent her month-long vacation doing various activities: "horse-back riding, river fishing and bathing, letters and sociability."[607] One nurse commented that she had "a delightful vacation" and "slept about half or more of my time."[608] She went "up-country" with another missionary couple and camped at the foot of a mountain in Tehran. They lived in tents and spent their time swimming, lying in the sun, eating and sleeping.[609] Vacations offered a respite from the hospital work. One nurse commented: "Vacations are here. It is with relief that I escape for a time from the daily routine."[610]

Conclusion

In their letters and reports written from Iran, missionary nurses commented on the many and heavy demands on their time. Some of this commentary was likely a response to the reality of the intense workload that they encountered once they were situated in a mission hospital. But nurses were also strategic about the narratives they deployed. They used a discourse of busyness to solicit funds, petition for more missionary nurses and demonstrate the value and effectiveness

604. Estella Chambers, "Personal Report, 1939-1940," PHS RG 91-7-5.

605. Ibid.

606. Mary Burgess to Robert Speer, "Personal Report, 1918-1919," PHS RG 91-4-7.

607. Mary Burgess, "Personal Report, 1929," PHS RG 91-4-9.

608. Janet Fulton to Friends, August 7, 1936, PHS RG 360: Janet Fulton.

609. Ibid.

610. Frances Wooding, "Personal Report, 1937-1938," PHS RG 91-7-4.

of nursing work. Missionary nurses' reports reveal that nursing therapies and skills were vital to the implementation of mission medicine. Chapter one revealed that missionary nurses, in their applications to the BFM, articulated ideas about their nursing work as a religious mission. This chapter demonstrated that missionary nurses, after they arrived in Iran, came to understand their nursing work as an important component of a medical mission. The following chapter considers missionary nurses' commitment to a professional mission.

Chapter 3

Nurses as Educators: Fostering an American Model of Nursing Education

After missionary nurses arrived in Iran, they began to view their work as part of a medical agenda, not just a religious one. This chapter discusses missionary nurses' view of their educational work as a professional mission. It argues that missionary nurses saw themselves as ambassadors of nursing professionalism. Between 1916 and 1936, they operated the only nursing schools in Iran. Their mission schools did not graduate large numbers of students. Class sizes ranged from a few students to more than fifteen students. Despite the small class sizes, missionary nurses seized the opportunity to promote the ideal of the trained nurse in Iran. They introduced an American model of nursing education through their schools and used the recruitment and selection of student nurses as a way to police the social body of the emerging profession. Their goal was to train well-educated and professionally-skilled graduates who would become the leaders of the nursing profession in Iran. This chapter also describes how missionary nurses' interests in promoting nursing as a profession intersected with the Iranian government's interest in developing modern medicine and modern citizens. It contends that the government mobilized missionary nurses in its efforts to establish modern nursing in Iran.

Nursing the Iranian Nation: "What is the remedy for our sick mother?"

Nursing emerged as a prospective career for Iranian women in the early twentieth century due to nationalist concerns about the development of Iran as a healthy, prosperous and modern nation. In the late nineteenth century, frequent outbreaks of devastating epidemics and high maternal and infant mortality rates were viewed as signs of national "weakness." This prompted

discussions about hygiene and sanitation reforms in the Qajar court and in the press.[611] By the early twentieth century, science gained ascendency as a language and method of reform in Iran. Hygiene in particular was espoused as a mechanism to improve the body politic and achieve national prosperity.[612] The hygiene movement gained momentum in the wake of the Constitutional Revolution (1905-1911), which failed to bring about anticipated stability and reform. Members of the middle class argued that science-driven sociocultural reforms, not political ones, were needed to build a strong and prosperous nation. As Iranians wrestled with how best to forge a modern nation, science and hygiene gained authority as methods of reform and expressions of patriotism.

Images of women caring for the nation emerged in the press in the constitutional period. A cartoon published in the women's periodical *Shokufeh* in 1915 portrayed Iran as a sick mother in need of nursing care. While her sons and brothers lay sleeping, her daughters gathered around her and proclaimed: "Our dear mother, as long as your daughters are alive, we will not allow you to become so abject. We will not stop curing you."[613] The following year, an article in the periodical extolled women to fulfill their civic duties for the nation (*vatan*). It stated: "My dear ladies! You should not imagine that vatan belongs to men and the women have no rights in it … The love between mother and daughter far exceeds the love between son and mother … As you know, mothervatan is very sick and we should not think that it will be the sons who will nurse

611. Firoozeh Kashani-Sabet, "The Politics of Reproduction: Maternalism and Women's Hygiene in Iran, 1896-1941*," International Journal of Middle East Studies* 38, no. 1 (February 2006): 1-29.

612. For a discussion about the importance of hygiene to Iranian national discourse, see Firoozeh Kashani-Sabet, "Hallmarks of Humanism: Hygiene and Love of Homeland in Qajar Iran," *American Historical Review* 105, no. 4 (2000): 1171-203.

613. *Shikufah*, No. 10, 14 Jumada al-Thank 1333/29 April 1915, 4, quoted in Kashani-Sabet, *Conceiving Citizens*, 32. For a detailed discussion of the image, also see Afsaneh Najmabadi, *Women with Mustaches and Men without Beards: Gender and Sexual Anxieties of Iranian Modernity* (Berkeley: University of California Press, 2005), 127-8.

her … We must make efforts to ensure that our kind mother will not be hurt by our lack of care."[614] Women drew on this discourse to argue for greater inclusion in the public sphere. For example, Sediqeh Dowlatabadi, a journalist and a pioneer of the women's movement in Iran, wrote in 1920: "What is the remedy for our sick mother? … Don't you think the time has come to lift yourselves up and try to serve the mother country? To gather around her to nurse and remedy her illness? You all known the best remedy is schools."[615] She argued that women could better serve the nation if they were educated.[616]

Missionary nurses opened nursing schools at an opportune moment when Iranian women were depicted as the nurses of the nation in political discourse. Missionary nurses' interest in establishing nursing schools coincided with nationalist concerns about Iran as an ill nation and widespread calls for the daughters of Iran to mobilize in the interests of mother Iran. Iranian women used the press to promote female literacy and formal schooling for women during the constitutional period, arguing that education would make women better wives and mothers.[617] This argument was not unique to Iran. In the second decade of the twentieth century, women advocated academic nursing as a vocation that was "everywhere considered women's responsibility."[618] At the same time, the architects of national policy looked "to mothers to raise

614."Dukhtar gham'khvar-i madar ast" (Daughters Care for Mother), *Shukufah* 4, no. 6 (23 February 1916):1–2, quoted in Najmabadi, *Women with Mustaches*, 124.

615. Sediqeh Dowlatabadi, "Our Mother Iran," *Zaban-e Zanan* 31 (June 23, 1920), quoted in Mansoureh Ettehadieh, ed. and trans., "Sediqeh Dowlatabadi: An Iranian Feminist," in *Religion and Politics in Modern Iran: A Reader*, ed. Lloyd Ridgeon (London, UK: I.B. Tauris, 2005), 89.

616. For an extended discussion of women's arguments in support of education, see Najmabadi, *Women with Mustaches*, 125-27.

617. Kashani-Sabet, *Conceiving Citizens*, 127, 128; Kashani-Sabet, "Patriotic Womanhood: The Culture of Feminism in Modern Iran, 1900-1941," *British Journal of Middle Eastern Studies* 32, no. 1 (May 2005): 31.

618. *Shikufah*, fourth year, NO. 7, 6 Jumada al-Avval 1334/11 March 1916, 2-3, quoted in Kashani-Sabet, *Conceiving Citizens*, 103.

virtuous daughters who pursued honorable careers in teaching and nursing but did not necessarily challenge the patriarchy."[619] Thus, trained nursing began to emerge as a legitimate profession for women.

The Mission Demands Trained Nurses

The impetus to establish mission nursing schools in Iran was tied to the needs of American mission hospitals. As mentioned in the introduction, it was physicians who initially petitioned the BFM to appoint missionary nurses to Iran so that they could establish nursing schools. Physicians made various arguments to support their request. They argued that mission hospitals could offer better and more efficient care if they had their own nursing schools. One physician commented that a nursing school would offer "a marked improvement in the after care of surgical cases and in the care of medical cases."[620] These comments suggest that missionary physicians saw the training of nursing students as an opportunity to meet the hospital's need for skilled workers. In the United States, hospitals depended on nursing schools to provide obedient, disciplined and inexpensive student workers who were trained to carry out physicians' instructions. Missionary physicians hoped to implement this model in Iran.

American physicians were also financially motivated to initiate hospital nursing schools. They argued that student nurses would be a source of cheap labour for mission hospitals. For example, one missionary physician argued that "the need for trained nurses is very great in Persia" and student nurses would provide "a great aid to the proper care of the patient at less financial outlay than if we had to hire nurses for that work."[621] In 1930, eleven physicians and

619. Kashani-Sabet, *Conceiving Citizens*, 33.

620. Wilder Ellis, "A Glimpse at the Medical Opportunities and Needs, Urumia, Persia," 1916, PHS RG 91-4-11.

one nurse gathered together for a mission medical conference. They moved and carried a motion that "each hospital having an American nurse should train its nurses" because "a hospital's nursing cost is much less if it has pupil nurses, who need very little pay as compared to graduate nurses."[622] After nursing schools were opened, students were included in calculations of the hospital's available nursing staff and were considered a loss to the hospital once they graduated.[623] Medical reports made it clear that the hospitals could not have functioned without the assistance of student nurses. For example, a report on the hospital in Tabriz noted that medical missionaries in the station "would not know how to get along without" the two graduate nurses, three orderlies and thirteen student nurses who were responsible for the care of all the inpatients in the hospital.[624]

Physicians were the first to advocate for the initiation of nursing schools, but they did so because they believed that the schools would benefit the hospital work. Once the schools were opened, physicians referred to them as "features" of the medical work.[625] A report on the hospital in Tabriz mentioned that the hospital "must have nurses" and training students was "the way we have always chosen for getting them."[626] These statements reveal that nursing schools only mattered to missionary physicians because of their relationship to the hospitals. Missionary

621. Wilder Ellis to Dr. Robert E. Speer, September 8, 1930, PHS RG 91-20-7.

622. Rolla Hoffman, "Minutes: Medical Conference with Dr. Dodd," November 10, 1930, PHS RG 91-14-10.

623. For example, when two students graduated from the training school in Tabriz, the hospital report mentioned that their leaving reduced "our available nurses." "Tabriz Hospital, 1943-44," PHS RG 91-20-9.

624. "Annual Report for Tabriz Hospital," July 1933, PHS RG 91-20-9.

625. *The Eighty-First Annual Report of the Board of Foreign Missions of the Presbyterian Church in the United States of America* (New York: 1918), 290. See also, "Tabriz Hospital, 1933-4," PHS RG 91-20-9. Missionary physician Harry Packard wrote that the missionary nurse was "ready to take up the matter of training nurses for the hospital." Harry Packard, "Urumia Medical Report," 1916, PHS RG 91-4-11.

626. "Tabriz Hospital, 1940-41," PHS RG 91-20-9.

nurses also recognized that training students was a way to meet the nursing requirements of mission hospitals, but they came to view their schools as a way to raise up Iranian nurse leaders.

Establishing Nursing Schools

The mission hospital in Tehran was the first hospital in Iran to start a nursing school. Missionary nurse Faye Fisher initiated the inaugural class in Tehran in 1916 with four students, three Armenians and one Persian. All of the students had graduated from Iran Bethel, the mission-run school for girls in Tehran, and were reportedly Christians.[627] Prior to this, some missionaries had trained individual Iranian women as nurses and referred to them as "students," but no formal class has been organized.[628] Fisher resigned seventeen months after she arrived in the country.[629] Following her departure, the students petitioned missionary physician Mary Smith to continue their training as they were "anxious to go on with their work."[630] Smith agreed to give them lessons four days per week and they continued with their practical work in the hospital. They assumed responsibility for sterilizing surgical instruments, preparing the operating room for surgery and caring for women patients.[631] In June 1919, three years after they had

627. *The Eighty-First Annual Report of the Board of Foreign Missions of the Presbyterian Church in the United States of America* (New York: 1918), 280.

628. For example, physician Mary Bradford had given practical instruction in nursing to 14 girls. Mary Bradford to Mrs. [Axry?], October 17, 1888, PHS RG 360: Mary Bradford.

629. Fisher sent her resignation to the BFM in October 1916, ten months after arriving in Iran, to take effect in May 1917. Faye Fisher, "Personal Report, 1916," October 13, 1916, PHS RG 91-1-7; Rolla Hoffman, "Report of the Medical Department, 1915-1916," PHS RG 91-1-7.

630. *The Eighty-Second Annual Report of the Board of Foreign Missions of the Presbyterian Church in the United States of America* (New York: 1919), 259.

631. Ibid.

started their training, they graduated and were hailed as the "first such class in the history of the hospital."[632] They were the first nurses to graduate from a nursing school in Iran.

A year after the nursing school in Tehran opened, missionary nurses Jean Wells and Mary Burgess started nursing schools at the hospitals in Tabriz and Urumia respectively. Two students were admitted to the school in Tabriz and three students were admitted to the school in Urumia.[633] The program in Urumia was abruptly interrupted in October 1918 when the Ottoman Army deported Presbyterian missionaries to Tabriz during the First World War.[634] In the summer of 1919, Burgess' three nursing students were "rescued" via consular expedition and brought to Tabriz where they completed their training under Wells. They graduated with one of Wells' students in Tabriz in 1920 and were identified as the "first class of trained nurses" to have graduated "in all of West Persia."[635] The graduation ceremony was an impressive event, held in the men's ward of the hospital, which was "emptied and decorated with American and Persian flags."[636] Wells' student had married after completing the program and did not attend the graduation ceremony, but the three students originally from Urumia attended the event and were presented with nursing pins and diplomas in front of a large audience.[637] The ceremony was

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632. *The Eighty-Third Annual Report of the Board of Foreign Missions of the Presbyterian Church in the United States of America* (New York: 1920), 310.

633. At least one document suggests that the original class of nursing students began their training in Urumia in 1915, but other documents state that the nursing school opened in 1916. Still other documents suggest that the schools in Urumia and Tabriz were both started in 1917. "Report of the American Hospital, Tabriz, 1919-1920," PHS RG 91-4-14; Harry Packard, "Urumia Medical Report, 1916," PHS RG 91-4-11; "Report of Urumia Station, 1916-7," PHS RG 91-4-11; Burt Gifford, "Tabriz Station Yearly Letter, 1916-1917," PHS RG 91-4-11; Mary Fleming, "Report of the Kirkwood-Whipple Memorial Hospital, July 31, 1916 to May 30, 1917," PHS RG 91-4-14, PHS; "Report of American Hospital Tabriz, 1919-1920," PHS RG 91-4-14; Mary Fleming, "Report of the Colton Memorial and of the Kirkwood-Whipple Hospital, October 1, 1915 to June 30, 1916," PHS RG 91-4-14.

634. Mary Burgess, "Personal Report 1918-1919," August 23, 1919, PHS RG 91-4-7.

635. Jean Wells, "Personal Report," 1921, PHS RG 91-4-7.

636. "Report of the American Hospital, 1919-1920," PHS RG 91-4-14.

637. "Station Letter from Tabriz, 1921," PHS RG 91-19-19.

attended by members of the Armenian, Assyrian and Persian communities, including leading Persian physicians in the city.

Missionary nurses eventually established nursing schools in Rasht (1924), Hamadan (1927), Kermanshah (by 1931) and Mashhad (1939). As mentioned, these schools did not graduate large numbers of students. Between 1917 and 1939, a total of fifty-nine nurses (sixteen classes) graduated from the nursing school in Tabriz.[638] However, missionary nurses were at the forefront of nursing education innovation in the country. They operated the only nursing schools in Iran between 1916 and 1936.[639] Increasingly, their educational endeavors became the focal point of their mission work.

Once they began to train students, missionary nurses carried out more administrative and teaching duties and less direct patient care, which was carried out by students. The educative work created new demands on missionary nurses' time. One missionary nurse wrote that she had limited time for work outside the hospital because she was not "able to leave even one very ill patient in the care of the young nurses."[640] Likewise, another missionary nurse commented that her "responsibility and work does not grow less but rather more with the growth of an institution and the consequent addition of more helpers" as "they all require supervision to a greater or lesser degree."[641]

638. "Tabriz Hospital, 1939-40," PHS RG 91-20-9.

639. Midwifery school were established in the 1920s. The Pasteur Institute opened a school of midwifery in Tehran in 1926, the Ministry of Health opened The School of Midwifery in Tehran in 1930, and the Women's Hospital in Tehran opened a College of Midwifery in 1935. For more information on these schools, see Kashani-Sabet, *Conceiving Citizens*, 105-109.

640. Jeannette Jones, "Personal Report, 1928-1929," PHS RG 91-1-11.

641. Jean Wells, "Personal Report, 1924-25," PHS RG 91-4-8.

In their reports, nurses' emphasized their ability as educators to make due with limited teaching resources. One nurse wrote that her "teaching equipment is meager."[642] Yet, she managed to make do with her Kimber and Gray Anatomy book and a missionary physician's "huge medical school Anatomy" book.[643] Thus, she emphasized her ability to cope with limited resources and her competence in developing lectures despite the difficult circumstances. Chambers wrote that her nursing students in Rasht had been given "excellent training" despite the students' young age and limited education, "and the meagre equipment."[644] Nurses equated having "really good equipment" with being able to offer better and more efficient nurse training.[645] One nurse noted the cost of purchasing and transporting a Mrs. Chase doll, a life-size mannequin used in nursing schools to demonstrate nursing techniques, from the United States to Iran. Although it was "rather expensive," she was "grateful for this nursing equipment."[646] She wanted to surprise the nurses of the hospital with the doll, so she had them over for tea in her garden and presented them with it then. She commented: "you should have heard the squeals and exclamations of surprise and delight … all wanted their picture taken with the new acquisition."[647] The nurses named the doll Khanum Sabur. The school already had a Baby Chase doll, named Farideh, which was donated to the hospital by the Harrisburg Hospital in Pennsylvania.

642. Ellen Nicholson, "Personal Report, 1927-1928," PHS RG 91-1-10.

643. Ibid.

644. Estella Chambers, "Personal Report, June 1937," PHS RG 91-7-4.

645. Wilma Pease, "Personal Report, 1932-33," PHS RG 91-7-2.

646. Emma Degner to Friends, September 28, 1951, PHS RG 360: Emma Degner.

647. Ibid.

Defining Nursing Work as Women's Work

Missionary nurses in Iran advanced social values about normative gender and professional behavior through nursing education. Historian Catherine Choy argued that American nurses working for the U.S. colonial regime in the Philippines introduced a nursing curriculum that "reflected the gendered, classed, and sexualized social order of American professional nursing."[648] Likewise, American nurses in Iran cultivated a vision of nursing as a feminine profession. This paralleled constructions of "nursing the nation" as a woman's duty in Iranian political discourse. Missionary nurses' ideas about the gendered work of nursing initially functioned to exclude men from mission nursing schools. The guidelines devised in 1916 to govern the admission of students to the nursing school in Urumia implied that all students would be women as they were required to wear a dress and apron while they were on duty.[649]

Social mores about appropriate contact between women and men posed a challenge for missionary nurses who attempted to transplant an American model of nursing in Iran. One of the earliest nurses in Iran commented that she had "entertained the fond ambition of establishing in our hospital a nurse's Training School for Moslem [*sic*] girls" but the hospital already employed "young Persian men as [medical] students and helpers" and "Persian customs do not allow men and women to mingle in their work."[650] However, in the same report, Sutherland mentioned that a Persian woman medical student had assisted her in the women's ward for part of that year, so clearly there were times when Iranian men and women worked within the same hospital, although they did so within the boundaries of gender-segregated work.

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648. Choy, *Empire of Care*, 43-44.

649. Harry Packard, "Urumia Medical Report, 1916," PHS RG 91-4-11.

650. Mira Sutherland, "Personal Report, 1914-1915," PHS RG 91-1-6.

In order to attract students, missionary nurses adhered to customary notions about gender-appropriate work and interactions. Initially they instituted gender-segregated care: women nursing students cared only for women patients, while men attendants and orderlies continued to care for men patients.[651] In the realm of the operating room, however, gender-segregated care was not implemented. Nursing students and graduate nurses assisted in surgery regardless of the gender of the doctor or patient. Missionary nurses had more success with this project in some cities than others. In Mashhad in the 1930s, nurses reported that parents would not allow their single daughters "to work alone in so conspicuous a place" as the mission hospital and so all of the employed nurses were "married women."[652]

The incorporation of trained women caregivers into mission hospitals challenged the role of male caregivers to some extent. Prior to the establishment of nursing schools, male attendants carried out many of the treatments in mission hospitals.[653] When trained nurses were introduced to the hospital system, male orderlies had to give up some of their work. Student and graduate nurses took on jobs that had previously been carried out by male attendants, such as dispensing medications, carrying out medical treatments and assisting in operations. When the hospital in Mashhad employed two Armenian graduate nurses, they were able to give medicines to patients on the women's ward and do dressing changes which made it "unnecessary for the men mirzas to go into the women's wards as formerly."[654] Male assistants and orderlies were also not given in-depth training, like women nurses were. How this differentiation in training played out in the

651. Charles Lamme, "Tabriz Hospital Report, 1921," PHS RG 91-4-11.

652. Mabel Nelson, "Personal Report, 1931-1932," PHS RG 91-7-1.

653. They manned the pharmacy, dressed wounds, distributed medications and performed treatments on men and women patients. They did not, however, assist in labour and delivery or personal care for women inpatients.

654. Mabel Nelson, "Nursing in Meshed Hospital," PHS RG 91-20-1.

day-to-day activities and interactions of hospital staff is unknown. One missionary physician commented that the orderlies did "most of the work for the men" at the hospital in Rasht, but she found that the "unschooled men" were "often unsatisfactory" and she looked forward "to the day when the girls will be able to do practically all the work in the men's department."[655]

On the other hand, some male orderlies continued to occupy important positions of authority within mission hospitals, such as "druggist" and "chief dresser," even after trained nurses began to work in the hospitals.[656] One of the orderlies at the hospital in Kermanshah was the "doctor's chief assistant in the outpatient clinic" where he dispensed drugs, examined routine specimens, acted as the first surgical assistant for most operations and purchased drugs, medical supplies and stationary items for the hospital from local shops.[657] Iranian graduate nurses also assumed positions of authority and became supervisors of particular wards or departments in mission hospitals, but they were only able to do so after they had completed formal training and they continued to work under the supervision of missionary nurses.

Some orderlies also had more mobility than student and employed nurses. For example, one employee was initially employed as a gate keeper for the mission hospital in Tabriz. Over the years, he transitioned from the gate keeper to an orderly and finally to the laboratory and x-ray technician for the hospital.[658] Some tasks were distributed based on gender. In 1935, nursing students in Mashhad sterilized gauze sponges and rolled bandages while male assistants accompanied physicians on trips to give injections and dress wounds. One nurse pointed out that

655. Adelaide Kibbe Frame, "Resht Hospital Report, June 1944," PHS RG 91-8-3.

656. "Tabriz Hospital Report, 1939-40," PHS RG 91-20-9.

657. "1943 Annual Report of Westminster Hospital, Kermanshah," 1944, PHS, RG 91-8-3.

658. "Tabriz Hospital Report, 1939-40," RG 91-20-9, PHS.

the student nurses were "Muslim as well as Christian."[659] It is possible that gendered divisions of duties within the hospital may have mitigated religious differences between student nurses.

The relationship between American female missionary nurses and Iranian male orderlies was sometimes tense due to the gendered ambiguities of authority. Since missionary nurses were in charge of patient care within mission hospitals, they supervised the work of male orderlies. Missionary nurses really only mentioned orderlies when there was some kind of conflict between the two groups. One missionary nurse wrote: "How there is a desire to pull out our hair, after already yelling out our lungs, and fire the whole bunch of male orderlies."[660] Although she had given them instruction on the "Principles and Practices of Nursing" it was a "hopeless task to get them to do it right, or half-way right." However, she noted, "We expect too much from illiterate men, who come from dirty unkempt homes."[661] Although missionary nurses issued directives to male orderlies, in some instances, male orderlies disregarded their instructions with no apparent penalty as the orderlies continued their work in the employ of the hospital. In contrast, missionary nurses regularly disciplined and sometimes dismissed student and employed nurses.

Over time, the gendered dynamics of care changed. Men and women patients remained segregated on separate wards, but missionary nurses began to place student and graduate nurses onto the men's wards. As early as 1930, nursing students at the hospital in Rasht were working on the men's ward.[662] In 1938, the hospital in Kermanshah made "two steps in advancement, [*sic*] in caring for male patients."[663] A graduate nurse was put in charge of the men's department

659. Mabel Nelson to Friends, December 1, 1935, PHS RG 360: Mabel Nelson.

660. "Nursing Department," 1938, PHS RG 91-7-25.

661. Ibid.

662. Ellen Nicholson to Home Folks, October 17, 1930, PHS RG 360: Ellen Nicholson.

663. "Nursing Department," 1938, PHS RG 91-7-25.

and another graduate nurse began to do all of the dressings for men, "except those of the genito-urinary type."[664] The missionary nurse pointed out the value of the trained Iranian nurse when she stated that male patients appreciated "that their wounds were cared for by someone who knows her job."[665] The following year, a graduate and a student nurse at the hospital in Tehran were placed on the men's ward. This was considered an improvement in patient care as the missionary nurse pointed out that the care that had been "done by men of various degrees of intelligence and education" and "wasn't really nursing."[666] Once women nurses began to work on the ward, the male patients received their food on trays and got "their quota of baths and back rubs."[667] However, there was initially some resistance to this "new venture." The brother of the student nurse who had been assigned to the men's ward asked the missionary nurse to release his sister from that duty. The missionary nurse commented that the brother finally came around to the student taking her turn there, which she felt was "a step forward for these girls who have so recently unveiled to be caring for the strange men."[668]

Some nurses adapted their nursing model to the context of Iran and began to train men as nurses. They wanted to improve patient care on the men's wards, but as mentioned, faced resistance when they tried to introduce women nurses. One nurse stated: "Our women have excellent care, why shouldn't the men? It seems to me a school for male nurses is essential in this country."[669] By the early 1940s, some nursing schools began to admit male students.[670] The

664. Ibid.

665. Ibid.

666. Janet Fulton to Friends, March 1, 1939, PHS RG 360: Janet Fulton.

667. Ibid.

668. Ibid.

669. Estella Chambers, "Personal Report," June 1937, PHS RG 91-7-4.

first man was admitted to the nursing school in Tehran in 1941. As far as the missionary nurse was aware, there had been "no nursing education for men in Iran" until he enrolled in the school.[671] All her hope for "satisfactory nursing service on the Men's Ward" lay in the "education of a few men nurses."[672] By 1942, two men had been admitted to the nursing school.[673]

Strategies for Elevating the Status of Nursing

Missionary nurses hoped to establish nursing as respectable work for women by establishing high standards for the profession. Prior to the initiation of nursing schools, the caregiving work in mission hospitals was typically carried out by patients' relatives or servants and untrained employees. Missionaries often noted that caregiving work was considered lower-class work because "manual work is only for servants."[674] One nurse commented that people in Kermanshah believed "that the work of a nurse is merely that of a servant."[675] When student nurses in Kermanshah walked from their homes to the hospital, they faced overt hostility. People reportedly jeered at them, making "loud and vulgar remarks about necessary hospital duties," as they walked by.[676] In Urumia, friends and family asked student nurses: "Why have you become a nun?"[677] This was a "real problem" for the students, one missionary nurse noted, because the

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670. "Iran Mission Narrative, 1941-1942," PHS RG 91-8-2.

671. Janet Fulton, "A World at War, 1941-42," PHS RG 91-7-6.

672. Ibid.

673. "Iran Mission Narrative, 1941-42," PHS RG 91-8-2.

674. Edward Blair, "Annual Report, Tehran American Hospital," June 30, 1937, PHS RG 91-19-11.

675. Ellen Nicholson, "Personal Report, June 1953," PHS RG 360: Ellen Nicholson. See also, Jeannette Jones, "Personal Report, 1928-1929," PHS RG 91-1-11; Jeannette Jones "In Persia," *American Journal of Nursing* 31, no. 9 (Sep., 1931): 1100.

676. Ellen Nicholson, "Report from Kermanshah Hospital," June 22, 1951, PHS RG 360: Ellen Nicholson.

question implied that they had chosen not to marry.[678] One missionary nurse commented that students in Mashhad had "only the word of [*sic*] American supervisor that a nurse can be a lady and take entire care of patients without losing social caste, if their work is creditable." According to her, the students were afraid that "paying patients of the American Hospital might be their social equals."[679] Missionary nurses wanted to elevate the status of nursing and they used the recruitment, selection and training of students to regulate and set standards for the emerging profession.

Recruitment

Missionary nurses used the recruitment of students as a strategy to elevate the status of nursing and set high standards for the nascent profession. They prioritized an applicant's educational background over her character, class background, religious identity or interest in nursing.[680] They hoped to establish the nursing profession on a solid educational foundation and attempted to secure students who had completed some level of secondary education. Due to the limited educational opportunities available to girls in Iran, missionary nurses prioritized the recruitment of prospective nursing students from mission-run schools when possible. For example, the four students admitted to the nursing school in Tabriz in 1921 had all graduated from the mission-run girls' school in the city.[681] Even after the Iranian government nationalized the mission schools in 1940, nurses continued to try and recruit students from these schools as

677. Wilma Pease, "Personal Report, 1927-1928," PHS RG 91-4-9.

678. Ibid.

679. Ellen Nicholson, "Report of Nursing School," June 20, 1937, PHS RG 91-7-25.

680. Janet Fulton to Friends, March 1, 1939, PHS RG 360: Janet Fulton.

681. Jean Wells, "Personal Report, 1921-1922," PHS RG 91-4-7.

they felt that the students were better educated.[682] For example, Frances Wooding invited the tenth and eleventh-class students from Parvin Girls' School in Tabriz to a tea at the hospital in honour of the recently-capped nursing students.[683] They had attained a high level of secondary education and she hoped to stimulate their interest in nursing.

Missionary nurses favoured applicants who had attended mission schools because of their educational preparedness, not because of their exposure to Christian teachings or because they might identify as "Christian." They recruited applicants who had graduated from mission schools because they felt mission schools offered "the best educational advantage."[684] Sometimes missionary nurses taught classes on hygiene and other health-related topics in the girls' schools which gave them "the advantage" of getting to know prospective nursing students.[685] Of course, they also used this opportunity to get "some of them … to think of nursing as a profession and life-work."[686] One missionary nurse commented that students who had received an education in mission schools had "four valuable assets" compared to students who had attended public schools: they were older and more mature as they had been in school longer, they had a fairly good use of the English language, they were aware of American "methods of teaching" and they

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682. The Ministry of Education issued a decree in August 1939 that all foreign schools were to close and the school properties were to be turned over to the Ministry of Education. In the fall of 1940, the Ministry of Education nationalized the mission schools. The Iranian Government paid the Mission a combined $1,200,000 between 1940 and 1943 for Alborz College, Sage College for Women, the boys' and girls' schools in Tabriz, the girls' school in Rasht and the boys' and girls' schools in Hamadan. The 1939 Educational Decree was the last of a long series of decrees intended to curtail the scope of missionary education in Iran. "Actions RE Iran Educational Situation," PHS RG 91-22-19; "Report of Conference with Acting Minister of Education, August 13, 1939," PHS RG 91-22-17; Afshin Marashi, *Nationalizing Iran: Culture, Power, and the State, 1870-1940* (Seattle: University of Washington Press, 2008), 92-97; Mansoori, "American Missionaries in Iran," 134-137.

683. Frances Wooding, "Personal Report, 1939-1940," PHS RG 91-7-5.

684. Jean Wells to Friends, June 26, 1926, PHS RG 360: Jean Wells Packard.

685. Ibid.

686. Jeannette Jones, "Nurses Training School Report," PHS RG 91-7-23.

had obtained a higher level of education.[687] Their preference for mission-school graduates had nothing to do with their exposure to the Christian faith.

Missionary nurses' interest in recruiting mission-school graduates spoke to their professional aims rather than any religious motivations that they may have held. One nurse wrote: "I saw greater possibilities if we began with better educated girls."[688] Another nurse linked the recruitment of students who had attained a higher level of education with higher nursing standards. She stated: "At first it was difficult to get the best material, as the custom of the country was such that the better girls felt they were lowering their position to become a nurse. They had never known trained nursing before. We are glad of this change in attitude, and are doing everything possible to keep the standard high. As we get the better prepared girls, we are able to give a better training, as they are able to take it."[689] They argued that if they could attract nursing students who had achieved an education, they could raise the status of nursing. One nurse suggested that if they were to admit "uneducated girls" then "the people will fail to place nursing on, [*sic*] the standard it should be and still continue to think of it as servant's work."[690]

The other reason that missionary nurses were keen to recruit students who had attended mission schools was because they usually had "a working knowledge of English which is such an advantage."[691] Missionary nurses viewed English as a valuable skill for two reasons. First, the

687. "Social and Educational Project, Kermanshah, 1944-45," PHS RG 91-19-30.

688. Janet Fulton, "Personal Report, 1935-1936," PHS RG 360: Janet Fulton.

689. Jean Wells to Friends, June 26, 1926, PHS RG 360: Jean Wells Packard.

690. Jeannette Jones, "Nurses' Training School Report," PHS RG 91-7-1.

691. Frances Wooding to Friends, December 10, 1939, PHS RG 360: Frances Wooding. See also, Janet Fulton, "Personal Report," 1941, PHS RG 91-7-5.

student who had facility in English could quickly learn the "medical, scientific and pharmaceutical terms which were essential for her work" and could "in some degree avail herself of the help of American text books."[692] Most nurses used an American curriculum and American nursing textbooks in their schools because "there is nothing for nurses in Persian."[693] In some hospitals, nursing students were required to write their daily nursing reports in English.[694] In the 1930s, some nurses began to translate American nursing textbooks into Persian. Jones worked at translating a practical nursing textbook into Persian, but noted the work "is slow and needs lots of time."[695] Yet, she was aware of how challenging it was for students to study in another language and noted: "I have often wondered just how far any of us would get if we had had to study for our life-work in another tongue."[696] Second, students came from diverse linguistic backgrounds and English served as a common language. Students who had attended mission schools had already started to learn English which made it a convenient language to use. However, not all schools operated in English. One nurse commented that the common language of the nursing school in Rasht in 1928 was Persian, "although the class sometimes hastily discuss [*sic*] points in Turkish and always the Armenian girls took notes in their own language."[697]

Missionary nurses considered the social background of potential students as well.

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692. "Social and Educational Project, 1944-45," PHS RG 91-19-30. See also, Frances Wooding to Friends, September 30, 1935, PHS RG 360: Frances Wooding.

693. Jeannette Jones, "Nurses' Training School Report," PHS RG 91-7-23.

694. Emma Degner, "Report of the School of Nursing and the Nursing Service," July 1946, PHS RG 91-8-3.

695. Jeannette Jones, "Nurses' Training School Report," PHS RG 91-7-23.

696. Ibid.

697. Ellen Nicholson, "Personal Report, 1927-1928," PHS RG 91-1-10.

Nicholson commented:

> As the demand for trained nurses becomes greater among the Persian doctors and Persian sick, the responsibility for choosing aright from applicants of various nationalities and social standings, sometimes is heavy. Girls from 'first families' have perhaps a great desire to be busy and learn before the marriage year comes; these prove very good sometimes. Others with equally good scholastic attainments, frankly say they want an avocation, but plainly have no particular desire to attain nursing ideals. Other girls of servant class families do not carry prestige, but come with a real zest and a desire to learn and go out among their people as good nurses. Patients respond to this kind of a personality.[698]

It was not always possible for missionary nurses to be as selective as they would have liked. Although they preferred to admit students who had completed at least some level of secondary education, few applicants met this qualification. When they admitted students who had not yet achieved their sixth class certification, they often required the students to take the secondary education curriculum and incorporated that into the nursing program. In addition to using educational criteria, missionary nurses sometimes employed intelligence tests and home visits as a way to weed out candidates. Applicants who were deemed unqualified were refused entry to mission nursing schools. This enabled missionary nurses to serve as guardians over entry to the profession, and, consequently, to determine the membership composition of trained nursing in Iran in the early decades of the twentieth century.

Curriculum

The formal curriculum enabled students to learn the skills needed to carry out nursing procedures and tasks. Students received a mix of classroom instruction and practical training. For example, students who attended the nursing school in Tabriz in 1921 came to the hospital every day for one month for theoretical instruction. After that, they began practical training in the

698. Ellen Nicholson, "Personal Report, 1935," June 30, 1935, PHS RG 91-7-3.

hospital, although they continued to receive classroom instruction as well.[699] Student nurses were initially given instruction in nursing procedures, personal hygiene, simple anatomy, medical diseases and surgical procedures. In one instance, a nurse described how two students, who were about to take an examination in pediatrics, were "last minute cramming, for all the world like American girls."[700] By the 1940s, nurses followed the 1937 curriculum guide developed by the U.S. National League for Nursing Education. Technical proficiency, efficiency, order and cleanliness were valued and stressed.

Nurse training was designed to ensure students understood their place within the hospital hierarchy. As in the United States, students were required to complete a probationary period before moving through the ranks of junior, intermediary and senior apprentice before graduating. After they completed a six-month probation period, students were allowed to wear a uniform. At the end of their first year of training as a junior, students were given a cap at a capping ceremony. As they moved through the different stages of their training, they were given greater responsibility on the wards and this was reflected in their dress. Thus, the uniform symbolized a student's status within the hierarchy and it matched the responsibility that the student had on the ward. In photographs, nursing students are shown wearing aprons and caps. Dress distinguished the student nurse from the physician, the graduate nurse and other student nurses. In the context of Iran, it also marked an Americanized nursing profession.

In the mission context, gender was perhaps a less significant factor than nationality and religion in shaping relationships between Iranian students and their American nurse and physician superiors. Student nurses were socialized into a strict hospital hierarchy that reinforced

699. Jean Wells, "Personal Report," 1921, PHS RG 91-4-7.

700. Janet Fulton to Friends, August 5, 1935, PHS RG 360: Janet Fulton.

distinctions among hospital staff based on gender and profession. The set of regulations drafted for the nursing school in Urumia illustrates how these factors were intended to structure the relationship between American missionaries and Iranian students. These regulations stipulated that student nurses were to "be under the direction of the medical staff and are expected to obey orders absolutely."[701] Student nurses in the United States also occupied a subordinate position in the healthcare hierarchy which was also informed by gender, race and class. Nursing schools were designed to produce a skilled medical auxiliary who would obey the physician. In Iran, the division was heightened and shaped by the fact that the students were Iranian and physicians and nursing supervisors were American. Students also faced a contradiction in their training: although they were expected to submit to authority, they were also expected to become nursing leaders who would promote health and medical progress in Iran.

Through the informal curriculum, American nurses attempted to transform young Iranian women into nurses who embodied "good" morals and character. A set of regulations drafted to govern the selection of applicants for admission to the nursing school in Urumia 1916 stated that applicants were to provide "evidence of good moral character, average good health, intelligence and earnestness of purpose."[702] Student nurses were expected to "conduct themselves at all times with propriety and dignity."[703] Missionary nurses tried to ground nursing in the discourse of feminine virtues which had come to define nursing in the United States. They emphasized female self-sacrifice, purity, civic duty and usefulness. Florence Nightingale was embraced as the symbol of femininity and duty to nation. One nurse wrote that during a capping ceremony, four

701. Harry Packard, "Urumia Medical Report," 1916, PHS RG 91-4-11.

702. Ibid.

703. Ibid.

students "lit their candles from Florence Nightingale's lamp, the light of service, and repeated together in Persian the pledge named for her."[704] Another missionary nurse commented that she hoped that the "wonderful 'Lady of the Lamp'" would warm her students' hearts with "joyous inspiration."[705] Missionary nurses used Nightingale in their effort to instill ideas about service in their students. They recognized that nursing was a novel pursuit for women in Iran. In order to construct nursing as a legitimate activity for women, they felt they had to "work to build up in the students a high sense of the importance and worthiness of their chosen profession and to inspire them with ambition to perfect themselves in the technique and care of the sick."[706] Thus, the goal of nurse training was professional transformation through technical education and moral and disciplinary training. Missionary nurses advanced American values about normative gender and professional behavior through the implementation of an American model of nursing education.[707]

704. Frances Wooding, "Personal Report, 1939-1940," PHS RG 91-7-5.

705. Wilder Ellis, "American Hospital, Tabriz, 1936," PHS RG 91-20-9.

706. Ibid.

707. When trained nursing emerged in the United States in the late nineteenth century it was shaped by ideas about white, middle-class femininity. Trained nursing in the United States was rooted in the Nightingale system of nursing. Nightingale's conception of a good nurse was not only one who was well trained, but one who embodied the feminine virtues of Victorian middle-class women. Her vision of making nursing an honourable profession for women had an enduring influence on the emergence of modern nursing in the United States. In feminizing nursing, she hoped to challenge the class-defined behavior associated with nursing, but she did so by associating it with middle-class conceptions of womanhood.

Figure 3.1. A nursing ceremony at the mission hospital in Tabriz, ca. 1930s. The student in the center is dressed as Florence Nightingale. The other students are lighting their candles from Nightingale's lamp. Used with permission of Katharine Lamme.
Source: *untitled*, (in possession of author).

Discipline

Missionary nurses employed discipline to enforce the student's place within the hospital system. It is not clear from the records how discipline functioned within the nursing schools, but missionary nurses frequently mentioned having to discipline particular students. Estella Chambers, who noted that she often had a "lack of patience,"[708] dismissed a student who had been "warned that if her work did not improve she would have to leave."[709] The student apparently attempted suicide by taking opium after she was dismissed and was brought to the hospital by her relatives. The student eventually recovered and the mission nurse commented that she went on to become a practical nurse in "the army hospital." She wrote that this was a "huge

708. Estella Chambers, "Personal Report," August 1939, PHS RG 91-7-5.

709. Estella Chambers, "Personal Report, 1939-1940," PHS RG 91-7-5.

lesson for me in character study of Iranians."[710] It is unclear exactly what she meant by this statement, but her story demonstrates that missionary nurses had a great deal of authority over their students. The following year, Chambers dismissed a student who had already completed two years of training because the student "made a big mistake." She would not re-admit the student, even though the student wanted a "second chance." She believed that the student had "learned her lesson" and hoped that she would be able to continue "her nursing somewhere else."[711] Nurses had power to dismiss their students over seemingly small issues, although they never communicated specific information about the dismissals in their reports and potentially not to the dismissed students either. One medical report noted: "We reserve the right to … dismiss any student at any time for good and sufficient reason."[712] Nurses attempted to employ discipline as a method of molding students into their image of professional nursing. One nurse wrote that her "time each year is spent very much the same as the year before, supervising, teaching and disciplining the nurses in training."[713] Another nurse commented that when the nursing staff gathered at seven in the morning for change-of-shift report, she used the occasion for general announcements, as well as "scoldings and censorings."[714]

Publicity

In addition to promoting trained nursing through capping and graduation ceremonies, nurses also took advantage of other opportunities to share the importance of trained nursing. In

710. Ibid.

711. Estella Chambers, "Personal Report, 1940-41," PHS RG 91-7-5.

712. Harry Packard, "Urumia Medical Report," 1916, RG 91-4-11, PHS.

713. Jean Wells, "Personal Report, 1925-26," PHS RG 91-4-8.

714. Ellen Nicholson, "Personal Report, June 1941," PHS RG 91-7-5.

1939, male students at Alborz College invited missionary nurse Janet Fulton and several graduate nurses to give a talk on nursing. They went in uniform and "were given a very royal reception and sympathetic hearing by the young men."[715] Fulton felt that "a good deal of our propaganda for the raising of the standard and reputation of nursing in Iran must be directed toward the men in the country. Until fathers and brothers will let their daughters and sisters serve as graduate nurses after they finish their period of education, nursing will not become a profession that will attract the material worthy of it."[716] Her comment reveals that she blamed Iranian men for holding back their daughters and preventing them from pursuing professional nursing.

A Diverse Student Body

Missionaries admitted students from a variety of religious, ethnic, linguistic and class backgrounds. The 1931 graduating class of the nursing school in Tabriz revealed the layers of diversity that existed among students who attended mission-run nursing schools. Four students graduated that year: two were identified as Armenian and two were identified as Persian. One of the Persian students was a Baha'i and the other was reportedly a Christian who had converted from Islam. At the graduation ceremony, the students delivered presentations in Turkish, Armenian and Persian.[717] Even though two students were ethnically Persian, they did not share the same religion. And only one student delivered her paper in Armenian, which suggests that the other student who was identified as Armenian gave her presentation in Turkish. The mission hospital report, then, revealed that the four students in the 1931 graduating class had multiple

715. Janet Fulton, "Personal Report, 1938-1939," PHS RG 91-7-5.

716. Ibid.

717. "Tabriz Hospital Annual Report," June 1932, PHS RG 91-20-9.

communal affiliations. One is left to imagine, however, how they might have tried to navigate multiple loyalties and identities within the context of the nursing school.

The ethnic, linguistic and religious diversity that existed among the students at each school partially reflected the composition of the cities where the schools were located. In the earlier decades of the twentieth century, the schools in Tabriz and Urumia tended to have more Assyrian and Armenian students. The school in Tabriz became more ethnically diverse over time and classes came to have a mix of Persian, Assyrian, Armenian, Turkish, Russian and Kurdish students.[718] By 1941, the report on the hospital in Tabriz noted that a "higher proportion of our present staff of nurses is Muslim, and in a prevailing Muslim population, perhaps that is as it should be."[719] The student body of the schools was also multi-confessional. There were Jewish, Muslim and Christian students who attended the schools. Students also came from different class backgrounds. The nursing school in Mashhad was less religiously varied, as most enrolled students were Muslim, but the student population was just as diverse. Fulton commented that the students who entered the nursing school in Mashhad in 1953 were of "varying amounts and kinds of background," including one very young student and several students who came from the "underprivileged classes of society."[720]

There was great heterogeneity among hospital staff as well. For example, one year the mission hospital in Tehran employed fifteen graduate nurses, identified as five Persians, six Armenians, two Jews, one Kurd and one Assyrian. In addition to their ethnic, linguistic and religious diversity, the nurses had graduated from nursing schools all over the country: five had

718. *Century of Mission Work*, 59.

719. "Tabriz Hospital Report, 1940-41," PHS RG 91-20-9.

720. Janet Fulton, "Personal Report," 1953, PHS RG 360, Janet Fulton.

trained in Tabriz, two in Tehran, two in Shiraz, one in Urumia, one in Hamadan, one in Kermanshah, one in Rasht and two at the American University of Beirut in Lebanon.[721] The missionary nurse commented that "the harmony of the staff has been unusually fine and helpful this year" and they had "all been very cooperative in trying to adapt their nursing methods and routines to those in practice in the Teheran [sic] Hospital."[722] When the hospital in Mashhad hired two Armenian sisters, one as a nurse and one as a record clerk, they integrated easily with other staff. One missionary commented that they were "the sociablest [*sic*] Armenians with Persians that I have ever seen" and had more "Persian than Armenian friends … which is most gratifying."[723] Two years later, the medical report for Mashhad noted: "Miss Mary Muradian is indeed an Armenian, but is looked upon by her many Persian friends as one of themselves, and is a good example in breaking down the race prejudice so often evident in this land."[724]

That type of cooperation did not always exist. Sometimes students and staff did not get along. For example, one missionary physician commented that the nursing situation at the hospital in Hamadan "has been a great problem all winter."[725] The staff nurses, a mix of trained-graduate and practical nurses, "have not been able to get along together and there are constant quarrels and complaints."[726] One nurse left the hospital as a result of the discord and the hospital was unable to find a replacement. Five years later, she commented that there was a "fine spirit of friendliness and cooperation among the nurses which has unfortunately not always been the

721. Janet Fulton, "Personal Report," 1941, PHS RG 360: Janet Fulton.

722. Ibid.

723. Rolla Hoffman, "Personal Report, 1933," PHS RG 91-7-2.

724. "Meshed Medical Report, 1934," 4, PHS RG 91-7-24.

725. Mary Zoeckler to Friends, April 10, 1938, PHS RG 280-1-8.

726. Ibid.

case."[727] In 1940, there were five students enrolled in the nursing school in Tehran. Two students had achieved a sixth-class certification, while the other three students were all high school graduates who could do part of their work in English and were "far beyond" the other two students "in ability and background."[728] The three high school graduates included an Armenian of "good family and cultural background," a "charming" Persian Christian who wanted to use nursing as a stepping stone to become a physician, and a "Jewish Christian" woman who was also attending the government Midwifery School in Tehran, but "needed something more to keep her brilliant and unbounded energy busy."[729] Although the "motley" group of five carried on together for a few weeks, the two Persian students with the ninth-class education, who Fulton identified as "neither brilliant nor practical," quit the school.

Crafting a Unified Professional Identity: Traditions, Rituals and Symbols

Missionary nurses introduced American-style nursing traditions, rituals and symbols and organized social events in an attempt to foster a common professional identity among diverse students. In the United States, nursing insignia and rituals, such as uniforms, caps and graduation ceremonies, were key milestones that marked a student nurse's journey toward becoming a professional nurse. The nurse's uniform indicated her rank and position and signified her gender and professional identity. While nursing uniforms helped reinforce missionary nurses' ideas about the feminine and professional virtues of the nursing profession, they also helped to foster a degree of commonality among students. Historian Madelaine Healey argued that international nurses in India espoused the idea that nursing was "a sisterhood that could transcend the

727. Mary Zoeckler, "Report of the Medical Work, Hamadan Station," June 30, 1943, PHS RG 91-19-27.

728. Janet Fulton, "Lessons Learned from the Laundry Chute," 1940-41, PHS RG 91-7-5.

729. Ibid.

boundaries of nationalities."[730] Likewise, missionary nurses encouraged their Iranian nursing students to connect with an international ethos of professional nursing.

Of all the rituals introduced by American missionary nurses, capping and graduation ceremonies were the most important. In the United States, capping and graduation ceremonies were rites of passage for student nurses, denoting their transition from probationer to student nurse and student nurse to graduate nurse respectively. American missionary nurses introduced these ceremonies to Iran to mark the transitions in their students' training and reinforce the prescribed feminine and professional virtues of the nursing profession. These ceremonies took on additional significance in Iran. They fostered a common, universal professional identity among diverse students and functioned as public displays of American missionary nurses' effectiveness at "producing" Americanized Iranian nurses.

The first capping ceremony held at the hospital in Mashhad in 1942 demonstrated how missionary nurses used the event to instill pride and loyalty in students. The ceremony was a lavish event, held in the waiting room of the hospital which was decorated for the occasion with bouquets of white lilacs and pink tulips. Invited guests were served tea and cookies while they waited for the program to begin. Before the students were presented with their caps, the hospital's nurses performed an elaborate play that chronicled stories from a history of nursing book, likely Lavinia Lloyd Dock and Isabel Maitland Stewart's popular text *A Short History of Nursing*.[731] Student and nurse actors made appearances on stage dressed as various "heroes" from nursing's past: a mother and her baby, a Roman matron, a Sister of Charity, Queen

730. Healey, *Indian Sisters*, 30

731. Lavinia L. Dock and Isabel Maitland Stewart, *A Short History of Nursing: From the Earliest Times to the Present Day* (New York: G. P. Putnam's Sons, 1920).

Elizabeth, Nightingale, a Red Cross nurse and a public health nurse.[732] The mainstay of the play's narrative was the birth of Christ, who was credited with kindling "the light of loving service … in the hearts of his followers" and bringing "light and warmth to every land."[733] The director of the nursing school, missionary nurse Mary Harvey, felt that "nurses in a special way have been given the privilege of being messengers of that light."[734] At the conclusion of the play, the four students who were about to receive their caps announced that they wanted to "do their part to help keep the light of service burning brightly."[735]

Graduation and capping ceremonies, such as this one, demonstrated the tensions between maternal and professional values. Missionary nurses hoped that students would internalize the values of the profession by role-playing characters who embodied the ideal of service. The historical re-enactment of the nursing profession began with a mother and her child and thus constructed nursing as a woman's field. Thus, the ceremony reinforced the prescribed maternal virtues of the Americanized nursing profession. Maternalism as an ideology promoted women's work as a mother and extended the caregiving values associated with that role to society. The conception of nursing as maternal, feminine work legitimized nursing as appropriate work for women. This conception of nursing work as women's work and maternal work replicated Dock and Nutting's conceptualization of nursing as "coexistent with the first mother" whose maternal work "laid the foundation from which [the] profession of nursing has developed to its [present] structure."[736] The play also celebrated nursing leadership. It emphasized women's important

732. Esther Harvey, "Capping Exercises," Received July 19, 1942, PHS RG 360: Esther Mary Harvey.

733. Ibid. Dock and Stewart also mention the rise of Christianity and the influence of the religion on the care of the sick, but it was not celebrated the same was as in the mission narrative.

734. Esther Harvey, "Capping Exercises," Received July 19, 1942, PHS RG 360: Esther Mary Harvey.

735. Ibid.

contributions to the field of healthcare through their work "in hospitals, in homes, in schools, in factories, and on the battle field."[737] When Iranian students acted as important historical nursing figures, they were taught that they too could be nursing leaders.

Missionary nurses used capping and graduation ceremonies to connect Iranian nurses to an international ethos of nursing through role play. Initially, the students acted out a white, middle-class historical account of the nursing profession. Over time the performance of nursing's past during these ceremonies was expanded to include other characters, such as an Iranian Red Crescent nurse. By connecting Iranian nurses to this history, missionary nurses presented an idea of a universal nursing ethos.

Figure 3.2. The first class to graduate from the government nursing school in Mashhad, ca. 1939. The students are dressed up as nursing "heroes." Used with permission from Harriet Hoffman and Margie Frame.
Source: Rolla Hoffman, *Nurses Shah Reza Hosp*, Presbyterian Historical Society, Record Group 231, Box 3, Philadelphia.

736. Lavinia Dock and Adelaide Nutting, *A History of Nursing: The Evolution of Nursing Systems from the Earliest Times to the Foundation of the First English and American Training Schools for Nurses*, Volume 1, (New York: G. P. Putnam's Sons, 1907), 3.

737. Esther Harvey, "Capping Exercises," Received July 19, 1942, PHS RG 360: Esther Mary Harvey.

Capping and graduation ceremonies served other functions as well. Missionary nurses used these ceremonies to link trained nursing to the nursing professionalism of Nightingale and to a missional, religious history. They also demonstrated missionary nurses' effectiveness at establishing an Americanized nursing profession in Iran. Following one capping ceremony, a missionary nurse commented that the "graduate nurse was once just a young village girl … Little by little I helped her to become a nurse."[738] The student became a "full-fledged" member of the "nursing staff" when she obtained her cap.[739] On one occasion, missionaries used a graduation ceremony in Tehran to publically present their idea of developing an institute of higher nursing education. They clearly used this platform to advocate for higher nursing standards. A missionary physician commented that the idea had "made a deep impression on some of the Drs. Present."[740] Inviting physicians to the ceremonies also had a more practical purpose as they sometimes hired newly-graduated nurses.

Sometimes the ceremonies were used to display "modern" medicine to the public. At a capping ceremony in Kermanshah, invited guests observed a parade of hospital staff and were given a tour of the "spotless and shining" hospital.[741] Iranian dignitaries, such as provincial governors, government officials and leading physicians, were usually invited to these events.[742] Four hundred people attended the nurses' graduation ceremony in Tabriz in 1927, including "the

738. Janet Fulton, "I know a Secret," [Received April 27, 1956], PHS RG 360: Janet Fulton.

739. Janet Fulton, "Lessons Learned from the Laundry Chute," 1940-1941, PHS RG 91-7-5.

740. Philip McDowell, "Report of Medical Work for Year ending June 30, 1934," PHS RG 91-19-11.

741. Janet Fulton, "The 1943-44 News Broadcast," PHS RG 360: Janet Fulton.

742. In 1932, the governor of the province attended the graduation ceremony in Tabriz. "Tabriz Hospital Annual Report," June 1932, PHS RG 91-20-9. At the graduation ceremony in Tabriz in 1945, Dr. Sadiq, the Director of the Department of Health, gave a speech. "Tabriz Hospital Annual Report," 1944-1945, PHS RG 91-20-9.

prominent persons of the city"[743] and "many doctors."[744] Two physicians from the city, a leading Armenian physician and a leading Muslim physician, were invited to give an address. The American Consul in Tabriz also made remarks and presented the nurses with their diplomas. Missionaries used these occasions to demonstrate the success of "American" medicine in Iran. They also tried to convince the dominant Iranian medical elite that trained nursing, particularly American nursing standards, were a necessary component of modern healthcare. The spectacle was a means of presenting the trained professional nurse to the audience and fostering a positive social persona for the new profession. Missionaries hoped that the nurses' graduation ceremony would "help a great deal in raising the profession in the eyes of many of the Persians."[745]

Figure 3.3. Missionary nurse "pins" student at ceremony in Rasht, ca. 1960.
Source: *untitled*, Presbyterian Historical Society, Record Group 223, Box 6, Series: Middle East, Subseries 1: Iran/Persia, Folder 125, Philadelphia.

743. "The Tabriz Hospital Report, 1927," PHS RG 91-14-9.

744. "Nurses' Training School Graduation Exercises, June 30, 1927," PHS RG 91-14-9.

745. "Narrative, Hamadan, July 1, 1930 – June 30, 1931," PHS RG 91-7-23.

The Missionary Nurse as Friend and Partner

Missionary nurses initially used the idea of "women's work for women" to create areas of nursing control within mission medicine, as discussed in chapter two. They used the trope of female seclusion to argue that they had access to female patients that male physicians did not. Within this discourse, they presented themselves as liberated and Iranian women as "oppressed." In the 1930s, missionary nurses started to use the language of friendship and partnership to characterize their relationships with Iranian student and graduate nurses. Historian Susan Haskell Khan identified a similar shift among women missionaries in India who revised their approach to mission work during this period and began to refer to Indian women as partners and friends, rather than women who needed to be "redeemed."[746] However, she noted that this did not necessarily lead to more egalitarian friendships.

Missionary nurses in Iran increasing wrote about Iranian graduate nurses, especially, as partners. They also presented Iranian nurses as leaders in their letters and reports. They were proud of their students and boasted about their accomplishments to home churches in the United States. An article written by missionary nurse Jeanette Jones in the *American Journal of Nursing* in 1931 about the mission nursing school in Hamadan reveals this language of partnership. She highlighted the role of the Iranian nurse who worked alongside her in the school, stating: "Mrs. Hovhannesian, graduate of the American Hospital, Tabriz, and Jeanette Jones, a graduate of class of 1918 at Ottumwa Hospital, Ottumwa, Iowa, comprise the nursing faculty of the school."[747] In this case, the missionary nurse presented the Iranian nurse as a colleague. Interestingly, she did

746. Khan, "From Redeemers to Partners."

747. Jeanette Jones, "In Persia," *American Journal of Nursing* 31, no. 9 (September 1931): 1100.

not refer to herself as a missionary and only referred to the mission hospital as the American Hospital in Hamadan.

In many ways, the relationship between American nurse supervisors and Iranian student and graduate nurses was intimate. Missionary nurses often had students over to their homes for tea or other social occasions. Once a week, Ellen Nicholson invited student nurses or former students, and sometimes their families, over to her place for "tea or supper and games."[748] Mabel Nelson also mentioned having "tea with games afterwards" with the nurses from the mission hospital in Mashhad.[749] Likewise, Esther Harvey wrote that she often had nurses over "on off-duty hours" for "little teas and get togethers [*sic*]."[750] In 1944, Harvey and the student and graduate nurses at the hospital in Mashhad went for a "moonlight picnic" at *kuh-e sangi*, a rocky hill, in Mashhad. Janet Fulton wrote that her students were "fine companions" and she often enjoyed social gatherings with them.[751] On one occasion, the student nurses in Kermanshah invited Fulton and other American missionaries to a "delightful" dinner party and a kebab roast, which Fulton equated to a "wiener roast."[752] Frances Wooding had the student and graduate nurses from the hospital in Tabriz over to her house every Christmas Eve. Over the years, they sang carols, listened to the broadcast from the Church of the Nativity in Bethlehem, listened to Victrola records, had refreshments, played games and opened Wooding's Christmas mail

748. Ellen Nicholson, "Personal Report, June 1941," PHS RG 91-7-5.

749. Mabel Nelson, "Personal Report," [1930?], PHS RG 91-1-11.

750. Esther Harvey, "Personal Report, 1943-44," PHS RG 360: Esther Mary Harvey.

751. Janet Fulton, "Personal Report, 1933-1934," PHS RG 91-7-2.

752. Ibid.

together.[753] These social activities likely had a number of functions, such as fostering friendship among students and introducing them to the Christian message.

Missionary nurses and some Iranian nurses seem to have enjoyed close friendships. Fulton wrote fondly of her "special friend and student," Ishrat, who was one of the first students that she had taught in Iran. The relationship seems to have been reciprocal. In 1940, Ishrat invited Fulton to her uncle's garden for a picnic as "her guests [*sic*],"[754] which suggests that they maintained ties for many years. Sometimes missionary nurses and Iranian nurses holidayed together.[755] In 1940, Fulton's "vacation partners" were two graduate nurses: a former student of hers who had trained in Kermanshah and a former student of Wilma Pease's who had trained in Tehran. Both nurses worked with Fulton at the mission hospital in Tehran and one of the nurses was president of the Nurses' Association in Tehran.[756] At times, missionary nurses and Iranian graduate nurses intermingled socially. In 1938, for example, Wooding hosted a dinner for six invited guests: four missionaries and two Iranians. She identified one of her guests as Rubab Vakili, her "graduate nurse assistant in the school."[757] Missionary nurses kept in touch with their students after they graduated through alumni events. And they often attended their former students' weddings.[758]

Missionary nurses may have had close relationships with their students, but those relationships were based on the missionaries' position of authority. Fulton wrote: "I love our

753. Frances Wooding to Friends, October 24, 1942, PHS RG 360: Frances Wooding.

754. Janet Fulton to Friends, July 13, 1940, PHS RG 360: Janet Fulton.

755. Janet Fulton, "Personal Report, 1933-1934," PHS RG 91-7-2.

756. Janet Fulton to Friends, July 13, 1940, PHS RG 360: Janet Fulton.

757. Frances Wooding to Friends, Received December 28, 1938, PHS RG 360: Frances Wooding.

758. Frances Wooding to Friends, December 9, 1946, PHS RG 360: Frances Wooding.

nurses. They begin to seem to belong to me. And as I see their weaknesses and their immaturity and tend to be impatient with them … I realize that they really do grow during their time in the school and in graduate work."[759] Sometimes missionary nurses worked with their students after they graduated. Vakili and Wooding worked together in Tabriz. Vakili worked part-time with Wooding and part-time as a supervisor of nursing at a city hospital.[760] Wooding wrote that Vakili was "exceptionally well fitted for this work."[761] Missionary nurse Harvey developed a close working relationship and "particularly high respect" for Esther Edgar, a graduate nurse who had trained at a mission nursing school and the American University in Beirut.[762] Together they started the nursing school at the mission hospital in Mashhad. Edgar eventually immigrated to the United States.

It is hard to know how Iranian students felt about these relationships, but there is some evidence that they valued close friendships and held similar outlooks on professional nursing. Of course, there are various reasons why these relationships may have been beneficial for Iranian student and graduate nurses. Their association with missionary nurses and Western-style medical services in general carried with it its own prestige in Iran, at least in the earlier decades of the twentieth century. Furthermore, missionary nurses had the ability to hire and recommend graduate nurses for employment which likely influenced the nature of these relationships. At the same time, missionary nurses wanted to see their students become the leaders of the nursing profession in Iran, and they worked hard to ensure that their students would do well. When

759. Janet Fulton, "Jungle Life," [Received November 3, 1950], PHS RG 360: Janet Fulton.

760. Frances Wooding to Friends, October 7 and 18, 1936, PHS RG 360: Frances Wooding.

761. Frances Wooding, "Work of the Government School of Nursing, 1936-1937," PHS RG 91-7-25.

762. "Personnel Development Interview Report," April 6, 1977, PHS RG 360: Esther Mary Harvey; "The American Christian Hospital, 1940-1941," PHS RG 360: Esther Mary Harvey.

mission hospitals were closed in the 1960s and 1970s, former mission-trained nurses facilitated the hiring of American missionary nurses to positions within Iranian universities which also suggests that these relationships remained meaningful to some Iranian nurse leaders.

Developing Nursing Leaders

From the outset, American missionary nurses considered their graduates "pioneers" who would become leaders of a nascent nursing profession in Iran.[763] Their objective was not to train Iranian women to work within mission institutions, but to prepare Iranian graduate nurses to take the lead in developing nursing services in the country. For example, one nurse wrote that she hoped they would be able to start a nursing school in Tehran so that trained Iranian nurses could themselves become the "heads of other training schools."[764] Fulton wanted her students to graduate and "return to their own home towns to take over the work in their hospitals."[765] Pease "believed one of the most paramount tasks … is to teach girls to be the kind of nurses who will fill the need of the Iranian hospitals."[766] Nicholson commented that their work was "to teach girls and send them forth with their learning to help in the health program of the new Iran."[767] Nurses felt that it was important to "not just train nurses to care for the sick, but to train nurses capable of taking charge of a hospital and training other nurses."[768]

763. "Report of the American Hospital, Tabriz, 1919-1920," PHS RG 91-4-14.

764. Jean Packard to Friends, August 7, 1935, PHS RG 360: Jean Wells Packard.

765. Janet Fulton to Mrs. Weller, April 7, 1950, PHS RG 360: Janet Fulton.

766. Wilma Pease, "Personal Report, 1932-33," PHS RG 91-7-2.

767. Ellen Nicholson, "Personal Report, 1936-1937," July 6, 1937, PHS RG 360: Ellen Nicholson.

768. *A Century of Mission Work*, 60.

Nurses envisioned the presence of trained nurses as a sign of an "advanced" nation. They identified Iran as "less progressive" than the United States because people did not "appreciate the idea of an educated nurse."[769] One nurse complained that she felt she was "back in the days gone by."[770] She expanded: "No [Iranian] girl of education or refinement would ever think of taking up nursing as a lifework. And so I found myself back at the beginning of things."[771] Even Christians, she wrote, "whom we naturally expect a little more of" did "not appreciate the idea of an educated nurse."[772] After watching another class of students graduate in 1923, Wells wrote that she was inspired to continue her "effort in the development of this profession here where hospitals are so few and trained care in sickness is almost unknown." When she let her "imagination play," she could envision a time "when the present tiny nucleus of trained nurses in Persia will become a mighty army going up and down the length and breadth of the land fighting for the health of this poor degenerated people."[773] In Wells' view, Iranian nurses equipped with an American-based nursing education would be the means of regenerating an "unhealthy" Iranian nation. Her comment paralleled imagery in the Iranian press calling on Iran's daughters to cure their ill mother.

American-trained nurses argued that their "guidance" was necessary to the development of professional nursing in Iran. Nicholson wrote: "To have nurses in this country, one must teach them from the very ground up repeat and demonstrate over and over."[774] Only "years of study

769. Jeannette Jones, "Nurses' Training School Report," PHS RG 91-7-23.

770. Ibid.

771. Ibid.

772. Ibid.

773. Jean Wells, "Personal Report, 1923-1924," PHS RG 91-4-7.

774. Ellen Nicholson to Mrs. Deeter, May 28, 1952, PHS RG 360: Ellen Nicholson.

and practice, admonition, punishment, praise, discipline," she wrote, would "produce a group whom I am proud to call NURSES."[775] Fulton commented that it was "always thrilling to collect a new group of girls who are completely uninformed as to the intricacies of the medical and nursing profession and to watch them grow in knowledge and ability."[776] Nicholson commented that "Nurses must be MADE with girls (material) from the district."[777] Elsewhere, she wrote that she put most of her time into teaching "embryo nurses" to grow in mind, in body and in Spirit."[778] When one of her students, Ishrat, graduated, Fulton commented that "Ishrat was a symbol of my best to date" and she believed that there were greater possibilities if she could start with "better educated girls."[779]

In many ways, nurse training can be seen as an avenue for American professional imperialism. Nursing was a "new line of work," and missionary nurses were invested in setting the standards for the emerging profession.[780] Nicholson wrote that her work involved teaching "girls who have no background or experience with hospital practice, or precedent" and "elevating the homely nursing duties from the servant to the professional basis."[781] Fulton commented that it was a "constant struggle to raise the standards of nursing education."[782] When the first class of students graduated from the nursing school in Hamadan, Jones told them that

775. Ellen Nicholson, "Personal Report," June 1953, PHS RG 360: Ellen Nicholson.

776. Janet Fulton, "Personal Report," 1953, PHS RG 360: Janet Fulton.

777. Ellen Nicholson, "Presbyterian Foreign Missions and Overseas Interchurch Service," June 22, 1951, PHS RG 360: Ellen Nicholson.

778. Ellen Nicholson, "Nurses' Training Class," 1935, PHS RG 360.

779. Janet Fulton, "Personal Report, 1935-1936," PHS RG 360: Janet Fulton.

780. Wilma Pease, "Personal Report, 1927-1928," PHS RG 91-4-9.

781. Ellen Nicholson, "Personal Report, 1947-1948," PHS RG 360: Ellen Nicholson.

782. Janet Fulton, "Personal Report, 1942-1943," PHS RG 360: Janet Fulton.

they were "pioneer nurses" and someday the public would realize "what they had endured and sacrificed to bring nursing up to the standard it should be."[783] Wooding argued that the "future history of nursing in Iran depends very largely on the standards that are set up during [the] first years of the government schools." Thus, she felt it was "a privilege to have a part in the work."[784] Medical missionaries felt that they could "demonstrate the value of better training for nurses" as there were "no standards for the nursing profession and little conception of what that standard should be."[785] Thus, they were keen to demonstrate the "very important part nursing plays in modern medicine."[786]

Some missionary nurses even pursued additional education while they were on furlough so that they could provide advanced education to their graduates and remain abreast of nursing education innovation. During one furlough in 1938, Fulton worked at a hospital in St. Paul, Minnesota, to work on her clinical skills which she felt she was "prone to lose after too long a period of supervising and superintending."[787] She had also taken a course at Western Reserve University and for her term project there she developed a course and syllabus called "The Head Nurse." When she returned to Iran, she offered the post-graduate course to the five graduate nurses who worked as the head nurses of various departments at the mission hospital in Tehran. It was a short, two-day course, taught in English and each student was required to produce a term project which "was to be some original work in her own department and which could be used in

783. Jeannette Jones, "In Persia," *American Journal of Nursing* 31, no. 9 (Sep., 1931): 1100.

784. Frances Wooding to Friends, July 24, 1939, PHS RG 360: Frances Wooding.

785. Philip McDowell, "Report of Tehran Medical Work, July 1, 1934-June 30, 1935," PHS RG 91-19-11.

786. Ibid.

787. Janet Fulton, "Personal Report, 1938-1939," PHS RG 360: Janet Fulton.

the better teaching in and administering of her ward during the coming year."[788] She also served as a mentor for the newly-formed Tehran Nurses' Association.[789]

Esther Harvey also "used her home assignments for the continuing study of nursing."[790] On her first furlough, she took courses in education at the University of Southern California and "renewed her professional skills by doing clinical nursing in a California hospital."[791]On her second furlough, she took a six-month course in midwifery at the Maternity Center in New York City. On her third furlough, she studied at Los Angeles City College, visited hospitals and schools of nursing. During her fourth furlough, she completed her Bachelor of Science in Nursing at California State University. And on her final furlough, she observed various procedures in hospitals in California. This was especially strategic in her ability to secure a place in nursing in Iran after the closure of the mission hospital in 1970. But she also used these opportunities to become a better educator.

Tensions between Evangelism, Faith and Profession

Missionary nurses increasingly chose professional milestones and developments as markers of their success as missionaries. They came to regard their work as educators as upmost in importance. Chambers wrote: "It is what I live for, to try and give to Iran good nurses."[792] This sentiment was echoed by Fulton, who commented: "ever since nursing has become my profession, I have wanted to produce fine nurses for Iran."[793] Elsewhere, she wrote that her

788. Janet Fulton, "Personal Report, 1938-1939," PHS RG 360: Janet Fulton.

789. Ibid.

790. "Personnel Development Interview Report," April 6, 1977, PHS RG 360: Esther Mary Harvey.

791. Ibid.

792. Estella Chambers, "Personal Report, 1940-1941," PHS RG 360: Estella Chambers.

"most important … contribution to Iran" was her "position as director of the School of Nursing in the Tehran Hospital."[794] Wells noted that of all her duties, she had been "most absorbed in the nurses' training class" and considered that phase of the work "the most important."[795] Baber wrote: "I am not a born missionary, but I am a fanatic about nursing."[796] They were more interested in producing Americanized professional nurses than they were Christian converts.

Some missionary nurses did also note their engagement in more strictly evangelistic activities, although they shifted their focus away from patients and toward student and employed nurses. For example, they held social events for nurses where the Bible was read and held morning prayers with their students. Wooding and Burgess took turns leading a weekly Sunday evening song service and devotional hours for the nurses.[797] They also had "personal conferences" with each of the students. Wooding mentioned that after these conferences, three of the Armenian girls joined the church and one of the Muslim girls was "very much interested in Christianity."[798] In 1935, Nicholson noted that for the first time at the nursing school in Rasht, two Muslim students, who were "very earnest, efficient, willing pupils," said their Muslim prayer in the nurses' dressing room at noon and sunset. They took off their shoes, donned a suitable chador, took out a small prayer stone from Mecca and prayed "in proper form."[799] There were four other Muslim students in the class, but they continued eating their noon meal without

793. Janet Fulton, "Personal Report, 1953," PHS RG 360: Janet Fulton.

794. Janet Fulton, "Lessons Learned from the Laundry Chute," [1941?], PHS RG 91-7-5.

795. Jean Wells, "Personal Report, 1924-25," PHS RG 91-4-8.

796. Eunice Baber to E. M. Dodds, November 5, 1947, PHS RG 91-11-17.

797. Frances Wooding, "Personal Report, 1928-1929," PHS RG 91-4-9.

798. Ibid.

799. Ellen Nicholson, "Personal Report, 1935," June 30, 1935, PHS RG 91-7-3.

"commending or laughing at them." The students who said their Muslim prayers also took part in the Lord's Prayer and paid attention to morning Bible reading. Nicholson wrote that she had "known that they were religious, but other girls have been too and not deemed it necessary to make themselves conspicuous."[800] Yet, she wrote that she "admire[s] them for it," but also hoped that they would "come to know the Christ who worshipped in Spirit and Truth from the heart and not with lips only."[801]

Nurses began to evangelize for nursing professionalism. They began to reinterpret their Christian mission as a mission to develop professional nurses. Chambers commented on the challenges of training nurses as many students were "snatched and caught in the grip of matrimony" before they could finish their training. She wrote: "I'm praying that a few Florence Nightingales will be born and defy obstacles as the above and others."[802] Nelson also mentioned that her class of students, including "a lovely Moslem [*sic*] girl" whom she "had such hopes and plans for," left the school to be married. She subsequently took in a new class of students and wrote: "Please pray for this class that they will remain. Nurses are needed so badly in Iran."[803] Both Chambers and Nelson were not praying that their students would become Christians, but that they would become trained nurses and remain unmarried. Nicholson wrote that her "task is to organize, to teach workers how to conduct a hospital with standards of service worthy of the name of Christ."[804]

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800. Ellen Nicholson, "Extracts from Letter," January 6, 1936, PHS RG 360: Ellen Nicholson.

801. Ibid.

802. Estella Chambers, "Personal Report, June 1937," PHS RG 91-7-4.

803. Estella Chambers to Friends, January 28, 1940, PHS RG 91-7-5.

804. Ellen Nicholson, "Personal Report, 1936-1937," July 6, 1937, PHS RG 360: Ellen Nicholson.

Missionary nurses considered their schools successful when Muslim students began to enroll as students. In 1926, a missionary physician reported that the staff at the hospital in Tabriz "had hoped to have a Moslem [*sic*] girl" in the incoming nursing class, but after her family considered the matter, her uncle sent a letter in English which said that she was "very much afraid of sick people, and especially by dead ones'" and so she decided not to enter the school.[805] Nicholson commented that she was "very proud" of her student nurses, "one big reason is that 6 are from [Muslim] homes." She added: "I believe I am safe in saying that no other hospital in Persia has Muslim girls in their training classes and have these same Muslim girls work with men as well as women. Always the fathers, brothers and mothers, [*sic*] too have been afraid to allow their unmarried girls to take off the chuddar and go about entirely as an American or an Armenian, but we have six here in Resht [*sic*] hospital, taking temperatures, passing medicines, giving treatments and assisting in surgery and dispensary."[806] Missionary nurses felt that the ideal of the training school would "not be reached until it is possible to have [Muslim] girls in training."[807] From the earliest days, missionary nurses had a desire to cultivate the nursing profession in Iran rather than to evangelize or secure graduate nurses for mission hospitals.

Nurse educators redefined their idea of Christian service in relation to their interest in promoting professional nursing. Some nurses argued that their educational work in itself was practical Christian service. Nicholson wrote: "I believe that teaching nationals to do nursing is one of the necessary and distinctive contributions of a Christian Mission. Do we believe in the ministry of healing? In hospitals? If so, nurses are necessary and must be produced right in the

805. Charles Lamme, "Selections from Report of Tabriz Hospital, August, 1926," PHS RG 360: Charles Wilson Lamme.

806. Ellen Nicholson to Home Folks, October 17, 1930, PHS RG 360: Ellen Nicholson.

807. "Report of the American Hospital, Tabriz, 1919-1920," RG 91-4-14, PHS.

community, slowly over years. This has been my task."[808] They suggested that training good nurses was Christian work. Pease wrote that the educational standards for the nursing schools remained low, but she hoped that the "missionary half of our hearts may answer the charge of lack of educational standards and justify the existence of the school by striving to produce a nursing service of as high standards as possible and with them to weave in the ideals of service of our Master."[809] In 1953, Nicholson began her annual report with the following Bible verse: "As he went ashore, He saw a great throng and He had compassion on them and healed their sick." Nicholson argued that mission hospitals were also "great multitudes" and the staff were "moved with compassion." In order to heal the sick, Nicholson argued, "helpers are needed and nurses must be 'made' over years of teaching and work."[810] Thus, she justified her work as a nursing educator as Christian service.

Missionary nurses also talked about nursing as an actual expression of Christianity. Nicholson mentioned that students entered mission nursing schools with "a vague idea of the meaning of SERVICE" and missionary nurses tried to give them a "broader outlook, the Spirit of service taught by Christ."[811] After four years of study, students grew in wisdom and "in favor with God and man" and nurse educators were "proud" to present them with diplomas.[812] Elsewhere, she stated that she planted "the ideals of Christian service" in her nursing students.[813] She also talked of "weaving Christian standards into the social lives of nurses" with the

808. Ellen Nicholson, "Personal Report, June 1953," PHS RG 360: Ellen Nicholson.

809. Wilma Pease, "Personal Report, 1932," PHS RG91-7-1.

810. Ellen Nicholson, "Personal Report, June 1953," PHS RG 360: Ellen Nicholson.

811. Ellen Nicholson, "Personal Report," June 22, 1951, PHS RG 360: Ellen Nicholson.

812. Ibid.

813. Ellen Nicholson, "Personal Report, July 1932-June 1933," PHS RG 91-7-2.

"evidence of having taken root developing as a culture grows in a laboratory."[814] Nicholson's goal does not seem to have been evangelical per se, although she also mentioned her hope that students would come to know the Christian faith. Rather, she seemed to suggest that service was a Christian principle and when students were serving their patients, they were engaging in Christian work. For example, she stated: "Endeavouring to instill Christian principle and ethics so firmly that after three years as students, each may know something of the joy of unselfish service and strive to measure up to the ideals set before them."[815]

Other nurses also argued that teaching students the ideal of service was teaching them to act as Christ. Wooding wrote that she tried to teach the "ideals and spirit of nursing" and it was her prayer that her students "catch the vision of service" and "learn to walk in the way of my Master who lived among men in order to serve them."[816] She linked her efforts to "instill and emphasize a high standard of service" with the "joy of service."[817] Chambers wrote: "I hope to try and broaden the minds of those nurses with whom I work, to be more Christian like in their actions."[818] Pease argued that missionary nurses must prepare their students to "go the second mile in the spirit of Christ as they carry on their ministry of healing."[819] On another occasion, she wrote: "I have felt more and more the urge to teach – to teach by sending trained native nurses out among their own people, carrying the gospel of Christ's love through the gospel of

814. Ibid.

815. Ellen Nicholson, "Personal Report, June 1936," PHS RG 91-7-3.

816. Frances Wooding to Friends, July 24, 1939, PHS RG 360: Frances Wooding.

817. Ellen Nicholson, "Personal Report," June 1929, PHS RG 91-1-11.

818. Estella Chambers, "Personal Report, 1940-1941," PHS RG 91-7-5.

819. Wilma Pease, "Personal Report, 1932-33," PHS RG 91-7-2.

health."[820] Missionaries recognized their graduates had "unknown possibilities for Christian service ahead."[821]

Nursing, Nationalism and Persianization

When Reza Shah (1925-1941) came to power, he undertook extensive measures to centralize and modernize the state. He created a modern army, enlarged the civil bureaucracy, secularized the legal system, created a public health system and established hospitals, among many others. He viewed modern education as a key to political and social progress and introduced a national primary and secondary school system.[822] In the 1930s, many of his initiatives concerned women. He changed marriage and divorce laws, expanded women's educational opportunities by increasing the number of girls' schools and encouraged women to enter the workforce.[823] Women were admitted to the University of Tehran for the first time in 1936. That year he also inaugurated an official state-directed program to "emancipate" women. An official women's rights group was created, but independent women's groups were prohibited. On February 1, 1936, he banned the *hijab*.[824] At the Women's College's first graduation ceremony in 1936, Reza Shah made a speech linking the modern, educated Iranian woman to the

820. "Service sketch," PHS RG 360: Wilma Pease.

821. "Report of the American Hospital, Tabriz, 1919-1920," PHS RG 91-4-14.

822. For example, the Ministry of Education designed a curriculum for elementary education in 1921, it introduced a curriculum for secondary education in 1928 and it produced standardized textbooks in 1939. Mansoori, "American Missionaries in Iran," 106; Rudi Matthee, "Transforming Dangerous Nomads into Useful Artisans, Technicians, Agriculturalists: Education in the Reza Shah Period," in ed. Stephanie Cronin, *The Making of Modern Iran: State and Society Under Reza Shah, 1921-1941* (Oxon, UK: Routledge, 2003), 130.

823. Shireen Mahdavi, "Reza Pahlavi and Women: A Re-Evaluation," in ed. Stephanie Cronin, *The Making of Modern Iran: State and Society Under Reza Shah, 1921-1941* (Oxon, UK: Routledge, 2003), 193. For example, in 1935, he raised the minimum age for marriage to fifteen years for girls and eighteen years for boys.

824 Camron Amin, "Propaganda and Remembrance: Gender, Education, and 'The Women's Awakening' of 1936," *Iranian Studies* 32, no. 3 (Summer 1999): 359-362.

future progress of the nation. He stated: "I am exceedingly pleased to observe that, as a result of knowledge and learning women have come alive to their condition, rights and privileges … you young ladies should consider this a great day. You should avail yourselves of the opportunities which you now have to improve your country."[825] Thus, his vision of the modern Iranian woman was one who was educated, integrated into the workforce and unveiled.

Reza Shah's modernizing project led to an alliance between missionary nurses and the Iranian state in 1936, when Iran's Ministry of Education hired three missionary nurses to establish the first three government nursing schools in the country. The state was interested in establishing midwifery and nursing schools in order to combat high maternal and infant mortality rates.[826] Midwifery infrastructure was established first. A midwifery school and college were started in 1930 and 1936 respectively.[827] The government nursing schools were based on a two-year program. Only unmarried women who had completed three years of secondary education could attend. Nine days after the schools were initiated, an article about the nursing schools was published in Tehran's daily newspaper *Ittila'at*. It mentioned that the student nurses were caring for the "health of the nation."[828]

Missionary nurses' agenda to develop Iranian nurse leaders aligned with Reza Shah's goals for strengthening the nation in several ways. First, missionary nurses introduced nursing rituals, symbols and traditions intended to create a common professional identity among very diverse students. The nursing uniform itself worked to eradicate "differences of class or ethnicity

825. Mahdavi, "Reza Pahlavi and Women," 194-95.

826. Kashani-Sabet, *Conceiving Citizens*, 105-107.

827. Jasamin Rostam-Kolayi, "Expanding Agendas for the 'New' Iranian Women: Family Law, Work, and Unveiling," in *The Making of Modern Iran: State and Society Under Riza Shah, 1921-1941*, ed. Stephanie Cronin (Oxon, Oxford: Routledge, 2003), 171-72.

828. *Ittila'at* 2931 (October 10, 1936), 1, 11th year, No. 2931 (my translation).

or even personality that distinguished young recruits from one another."[829] Their efforts to create a common nursing identity paralleled Reza Shah's attempts to forge a national Persian identity and create a common citizenry.[830] Second, missionary nurses fostered maternalist values that did not challenge the state or Reza Shah's patriarchal rule. For example, one missionary nurse wrote: "We teach [students] too so that when a girl marries (as 99% do) the experience and the knowledge of nursing may help her, may help the family and the neighbors through a lifetime of homemaking."[831] Third, the Presbyterian mission community more broadly seemed to support Reza Shah's modernizing initiatives, at least until 1940 when he nationalized the mission schools.[832] Missionary nurses did not typically write about the Shah or his policies, but one nurse did make pro-Pahlavi comments when describing the forced unveiling of women. She stated: "The removal of the veil has ushered a new era for the women of Iran, and they are speedily seeking new means of occupation outside of home and school. The study of nursing satisfies this need for many young women, besides preparing them for useful lives of service to their country. To this end, I am very glad to be able to help in this work."[833] Her comment reveals her support for the Shah and his policies. Fourth, missionary nurses were, in some ways, an example of the "modern" woman that Reza Shah promoted through his propaganda campaign in the press.

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829. Kathryn McPherson, "'The Case of the Kissing Nurse': Femininity, Sexuality, and Canadian Nursing, 1900-1970," in *Gendered Pasts: Historical Essays in Femininity and Masculinity in Canada*, ed. Cecelia Morgan and Nancy Forestell (Don Mills, ON: Oxford University Press, 1999), 182.

830. He implemented language reforms to "purify" the Persian language and policies to assimilate ethnic minorities. Minister of Education 'Ali Asghar Hekmat wrote in his memoir that his mission was to make Iran "of single cloth." 'Ali Asghar Hekmat, *Si Khatereh az 'Asr-e Farkhondeh-ye* Pahlavi (Tehran: Sazman-e Entesharat-e Vahid, 1976), 338, quoted in Marashi, *Nationalizing Iran*, 88

831. Ellen Nicholson, "Personal Report," June 1953, PHS RG 360: Ellen Nicholson.

832. For an extended discussion on Presbyterian missionaries' support of Reza Shah's government, see Zirinsky, "Render Therefore Unto Caesar," 337-356.

833. Jean Packard, "Personal Report," PHS RG 91-7-3.

Leading up to his ban on the *hijab*, he published cartoons of "modern" Iranian women who were unveiled, visible in public spaces and engaged in new types of work.[834] Fifth, missionary nurses instilled ideals of service in their students. They wanted their students to become leaders of the profession and to serve the Iranian nation, as evident in the aforementioned quote.

Government Nursing Schools

In 1936, the Minister of Education, 'Ali Asghar Hekmat, a graduate of the American Mission College in Tehran, asked the mission to supply three American missionary nurse educators on a part-time basis to establish and conduct three government nursing schools for nurses.[835] After Hekmat "urgently repeated his request,"[836] the Mission Medical Secretary hastily convened a meeting of the Mission Medical Committee in Tehran. Six mission doctors and four mission nurses attended the meeting. They proposed that the mission undertake this partnership with the Iranian government for a three-year period. Wooding, Pease and Fulton were assigned to the project.[837] The government agreed to pay each nurse 1000 rials per month for part-time work and to furnish each missionary nurse with a full-time Iranian assistant. The Mission Treasurer collected the money and kept it in a special fund that was to be administered by the Medical Committee for expenses incurred by the project and to reimburse mission hospitals whose missionary nurses were only available part-time because of their work in the government nursing schools.

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834. For more information on Reza Shah's propaganda campaign, see Amin, "Propaganda and Remembrance," 351-386.

835. Ali Asghar Hekmat to Secretary of the American Mission, December 5, 1936, RH Papers; Edward Blair, "Annual Report, Teheran American Hospital," June 30, 1937, PHS RG 91-7-25.

836. Rolla Hoffman, "Report of Medical Secretary, 1936-1937," PHS RG 91-6-17.

837. Frances Wooding was assigned to the school in Tabriz, Wilma Pease was assigned to the school in Mashhad and Janet Fulton was assigned to the school in Tehran.

Missionary nurses had high hopes for "this piece of pioneer nursing education."[838] The schools offered a two-year program, although students were given one month off each year.[839] There were five, eight and sixteen students at the schools in Tabriz, Tehran and Mashhad respectively.[840] An American missionary nurse and physician had already worked with a government committee the year prior to draft the two-year course for the nurses' training which was to serve as the curricular base for the government's nursing schools.[841] One missionary nurse commented that they hoped to "graft the product of our schools onto the government hospitals which are in almost all cases unprepared as to equipment and physical plant to carry out what we teach the girls constitutes nursing … However, when we get a cross between an American nurse and an unprejudiced – or perhaps more truly, - un-traditionalized Ministry of Education, it is hard to predict what the final hybrid will be."[842] From the get-go, she was leery about using government hospitals to train modern nurses.

The schools were opened on October 1, 1936 and tensions quickly surfaced over missionary nurses' attempts to have the students carry out their practical work in mission hospitals. The students began their practical work in local hospitals, but missionary nurses

838. Frances Wooding to Friends, October 7 and 18, 1936, PHS RG 360: Frances Wooding.

839. Edward Blair, "Annual Report, Teheran American Hospital," June 30, 1937, PHS RG 91-7-25.

840. The school in Tabriz initially had more students, but only five students persisted with the program beyond the first few months. Also, one record says there were five student at the school in Tehran and another document says there were eight students at the school in Tehran. Rolla Hoffman, "Report of Medical Secretary, 1936-1937," PHS RG 91-7-25; Edward Blair, "Annual Report, Teheran American Hospital," June 30, 1937, PHS RG 91-7-25; Cady Allen to Members of the Medical Committee, February 12, 1937, RH Papers; Edward Blair, "Annual Report, Teheran American Hospital," June 30, 1937, PHS RG 91-7-25; Frances Wooding, "Work of the Government School of Nursing, 1936-1937," PHS RG 91-7-25; Rolla Hoffman to Mary Culver, February 11, 1937, RH Papers.

841. Rolla Hoffman, "Report of Medical Secretary, 1936-1937," PHS RG 91-6-17; Edward Blair, "Annual Report, Tehran American Hospital," June 30, 1937, PHS RG 91-19-11.

842. Janet Fulton, "Personal Report," November 4, 1939, PHS RG 91-7-5.

argued that these hospitals were unsuitable as training facilities for students. Shortly after the school in Tehran opened, the students were moved from the government-run hospital for women, then to Vaziri Hospital, and then to the mission hospital for their practical work.[843] An Iranian physician who had obtained his medical degree from Syracuse University taught the students theory courses at the government high school.[844] The nursing schools were set up as day schools, but two of the students attending the school in Tehran sometimes slept in the mission's nursing residence as their homes were far away from the hospital.[845] In Tabriz, the local office of the Ma'arif (possibly referring to the Education Department) asked for "the school be located in the American Hospital."[846] So the students ended up carrying out their practical work at the mission hospital. An Iranian physician who was "very much interested in education of the nurses," taught the theory course.[847]

In Mashhad, conflict arose between the Ministry of Education and the missionary nurse over the nurse's attempt to have the students carry out their practical work at the mission hospital. The practical work was slated to be carried out in the large, newly-built, 150-bed Shah Reza Hospital. Missionary nurse Wilma Pease felt that the hospital was inadequate because it only employed one graduate nurse, a German nursing sister who did not known any Persian.[848] The Mission Medical Secretary asked the Minister of Education if the students could carry out their practical work at the mission hospital, but Hekmat would not approve of the transfer,

843. Edward Blair, "Annual Report, Teheran American Hospital," June 30, 1937, PHS RG 91-7-25.

844. Ibid.

845. Edward Blair, "Annual Report, Teheran American Hospital," June 30, 1937, PHS RG 91-7-25.

846. Frances Wooding, "Work of the Government School of Nursing, 1936-1937," PHS RG 91-7-25.

847. Ibid.

848. Rolla Hoffman to Mary Culver, February 11, 1937, RH Papers.

stating: "it behooves your own interests that practical nursing be carried out at the American Hospital."[849] In "desperation," Pease moved into the hospital and took "charge of the nursing in one section of 30 beds," so the nursing care would correspond to what she was teaching the pupils.[850] The Mission Medical Secretary was concerned that Pease would be overworked as she was responsible for both nursing care at the hospital and teaching the students. He told the Governor, who was connected to the hospital, that the nursing school "would be a flop" if the hospital did not hire "about a dozen graduate nurses at once."[851]

Nicholson took over from Pease eight months later and she attempted to investigate the surgical department at the hospital as she hoped to teach the students surgical techniques, but she was not allowed to peruse the available equipment. After spending a week "chasing around in the hot sun trying to get [*sic*] interview with surgeon [*sic*] for such things as his signature for cleaning rags to use on said [surgical] instruments, a yard of small gauze tubing in lieu of a Rehfuss tube for syphonage outfit … and equally minor things" so that she could use them for demonstrations to the class, she felt the class "had better concentrate on ward work until a more auspicious time."[852] She then went to the Gynecology and Obstetrics Department to see if her students could work on that ward. The nursing care in that department was under the purview of Sister Frieda, who worked for the German surgeon, who was the nominal head of the entire hospital. However, Sister Frieda "positively and absolutely forbid" her students from entering the department.[853] Although "Sister Frieda is not the court of last appeal," Nicholson felt that if she

849. Ali Asghar Hekmat to Rolla Hoffman, October 24, 1937, RH Papers.

850. Rolla Hoffman to Mary Culver, Feb., 11, 1937, RH Papers.

851. Ibid.

852. Ellen Nicholson, "Report on School of Nursing," PHS RG 91-7-25.

853. Ellen Nicholson, "Report on School of Nursing," PHS RG 91-7-25.

forced an entry into the department that would only cause "friction and discontent."[854] For six weeks, Nicholson tried to "evolve a system whereby the nurses would gain sufficient practical experience at the S.R. Hospital."[855] After that, she "announced to the Rais-i-Moaref and doctors of the S. R. Hospital that … I was bringing the class to the American Hospital."[856]

The students then challenged this move. They were to begin working at the mission hospital on a Sunday because "there had been an issue about Friday work" and she "decided it was more politic to make the break on a Sunday, as a real nurse works all days" anyway.[857] However, some of the students refused to come to the mission hospital.[858] Student opposition to the move forced Nicholson to look for alternative options at Shah Reza Hospital. She eventually managed to persuade Sister Frieda to take some of the nursing students into her department for training. Nicholson also made a request that her students do the nursing care on a soon-to-open pediatric department at the hospital.[859] Nicholson was not averse to having students train at Shah Reza Hospital, but she wanted them to receive a high-quality education. It was students who successfully resisted Nicholson's attempt to move the clinical work to the mission hospital.

854. Ibid.

855. Ibid.

856. Ibid.

857. Ibid.

858. Rolla Hoffman to Joseph Cochran, June 7, 1937, RH Papers.

859. Emma Degner to Edward Blair, December 5, 1937, RH Papers.

Figure 3.4. Missionary nurse with students at government nursing school in Mashhad, 1937. Used with permission of Harriet Hoffman and Margie Frame.
Source: Rolla Hoffman, *Emma Degner with first class at Shah Reza*, Presbyterian Historical Society, Record Group 231, Box 3, Philadelphia.

The involvement of missionary personnel with the government nursing school project placed an added strain on the mission's finances, time and resources. During the three-year period when missionary nurses were involved in administering the government nursing schools, there was "much moving about of the nursing staff"[860] in order to accommodate nurses who were due for furlough, while also ensuring that the mission met its responsibility to the Iranian government. For example, Nicholson took over the government school in Mashhad in May 1937 so that Pease could take over at the mission hospital in Tehran while Fulton was on furlough. Although missionary nurses were only hired by the Iranian government for part-time work, their responsibilities in the government schools included "practical instruction, and supervision, administrative duties, and the preparation of lessons for both immediate use and printing" which

860. "Narrative of the Iran Mission, 1936-1937," PHS RG 91-6-17.

left them with "very little time and strength left for strictly [American mission] Hospital [*sic*] responsibilities."[861] Yet, Nicholson and Wooding managed to run both the mission and government nursing schools in Tehran and Tabriz respectively. Wooding, in addition to her teaching responsibilities, was also the nurse supervisor for the mission hospital in Tabriz, which was a "mammoth undertaking."[862] Ten months after the government schools were opened, the Mission Medical Committee felt that it could no longer cope. It was "extremely difficult for the Mission to undertake the work" as the project had resulted in "an added burden on every hospital in the Mission."[863] Although each American nurse working in a government school was only expected to give one-half of her time to the government project, "conditions were so difficult that when she was free there was little … time and strength left for the Mission hospital."[864] As a result, married nurses had taken over the work in the mission hospitals, but the committee felt it could not "ask them to continue this extra effort for very long."[865]

The Medical Committee felt the strain on the mission medical work was too great to continue with the project. Thus, it asked the BFM to initiate a search for three nurses in the United States who would be willing to take over the government schools under the employ of the Iranian government. The BFM found two American nurses who signed three-year contracts with the government: Emma Degner and Lorraine Setzler. They arrived in Iran in October 1937.[866] By that point, the government had informed the mission that it wanted to open new nursing schools

861. Edward Blair, "Annual Report, Teheran American Hospital," June 30, 1937, PHS RG 91-7-25.

862. Georgia McKinney, "Women's Work Report, 1939," PHS RG 91-8-1.

863. "Narrative of the Iran Mission, 1936-1937," PHS RG 91-6-17.

864. Ibid.

865. Rolla Hoffman, "Report of Medical Secretary, 1936-1937," PHS RG 91-7-25.

866. "News about Nursing," *The American Journal of Nursing* 37, no. 12 (December 1937): 1402.

in Shiraz and Isfahan, but the Mission was not equipped to supply American nurses for those schools.[867] Although Degner and Setzler were not missionary nurses, missionary physicians and nurses continued to function as mediators between them and the government in subsequent years.[868] Both nurses consulted the Mission Medical Secretary to straighten out their payments and assist them with practical issues, such as purchasing supplies and equipment.

Missionary personnel were divided over the value of the venture. Some missionary physicians felt that the project was disrupting mission medical work for the reasons mentioned above. One missionary physician referred to the arrangement as a "wild scheme."[869] Elsewhere, he commented that the government school project "has been a considerable source of my headache the past year, for there are many serious difficulties, and I have to help the nurses iron them out."[870] In 1938, the report on medical work in Tehran noted that the "school had been quite a burden … financially" on the mission hospital.[871] Although it was "difficult to assess accurately" how much it cost the hospital, the writer of the report figured that "the service rendered by the pupils does not recompense [the hospital] for the cost."[872] The main costs to the hospital, however, seemed minimal and included broken and wasted equipment and room-and-board for a couple of the students.[873] However, the students were also carrying out patient care in the mission hospital. Yet, some missionaries noted that the project had benefited the mission in

867. Edward Blair, "Annual Report, Teheran American Hospital," June 30, 1937, PHS RG 91-7-25.

868. "Mission Narrative," 1939, PHS RG 91-6-19.

869. Rolla Hoffman to Mary Culver Barker, February 11, 1937, RH Papers.

870. Rolla Hoffman to Mother and Father, November 21, 1937, RH Papers.

871. "Report of Medical Work, 1937-1938," PHS RG 91-19-11.

872. "Report of Medical Work – Teheran Station, 1937-1938," RG 91-19-11, PHS.

873. Ibid.

less tangible ways. For example, mission nurses were "greatly to be commended" as they had helped to foster cordial relations with Iranian medical institutions.[874] The Minister of Education was so pleased with Pease's work developing the government school in Tehran that he sent her a medal in recognition of her success.[875]

Nursing labour once again enabled the hospital and medical work to stay afloat, although this was not formally recognized by the Medical Committee. In 1940, the mission was in crisis as it lacked personnel and finances to continue operating all six mission hospitals. By that point, due to the war, receipts from abroad had declined substantially and most hospitals relied on the receipts generated in Iran. In 1940, the hospitals generated 3,024,552 rials for hospital work from sources within Iran. This included revenue from contract practice, outpatient fees, drug sales, house calls, in-patient fees, x-ray fees and gifts.[876] The amount received from abroad came to only 362,060 rials, which was about 12% of the amount generated in Iran, and the Medical Committee was facing a deficit of 6,000 rials for the year.[877] In order to balance the budget, it transferred 6,000 rials from the Government Nursing Education Fund to the Mission Medical Committee Reserve Fund. The Government Nursing Education Fund had been established to hold the salaries for the services rendered by missionary nurses in the government nursing

874. "Iran Mission Narrative, 1939-1940," PHS RG 91-1-11.

875. "Report of Medical Work – Teheran Station, 1937-1938," PHS RG 91-19-11.

876. In 1930, the hospital in Mashhad had to engage in contract work because of "inadequate finances." The hospital signed contracts with the Imperial Bank of Persia, the British Consulate-General and the Anglo-Iranian Oil Company. The three contracts brought in more income than the hospitals regular appropriation from the BFM for medical work. The problem with the contract work though, they felt, was that staff had to spend time daily treating Europeans and others who were "least in need of our services, to get the income to carry on work for those who do desperately need us." "Annual Report of Medical Work … For the Year ending June 30, 1930," PHS RG 91-2-5.

877. Russel Bussdicker, "Statistical Report of Medical Work," [1939-1940?], PHS RG 91-1-11.

schools.[878] The balance of the account was 31,712.65 rials.[879] Thus, nurses' work with the government actually enabled the mission hospitals to make ends meet as funding declined with the onset of war.

Missionary nurses espoused different ideas about the value of the project. Their concerns were not for the mission institutions, but for the implementation of high nursing standards. One year into the project, Wooding wrote that she felt "surer than ever of the absolute need for the three year program."[880] While she felt the class work could be covered in two years, the students could not "develop any skill" which "comes only with many hours of practice."[881] She wrote: "It goes without saying that at least a ninth class diploma must be made essential for admission." And even students with ninth class diplomas, "had not been taught "to use their minds in the way that they must in nursing."[882] Fulton likewise objected to the "shortness of the program and the low scholastic standards for entrance."[883] The original contract between mission staff and the government was for three years, but missionary nurses agreed to continue the partnership in Tabriz and Tehran for one additional year, hoping that the government might take their advice and raise the standards of the schools.[884] Ultimately though, it was missionary nurses who decided to end their association with the Iranian government. In their opinion, the first graduates from the government schools were "too young, inexperienced, and irresponsible, and therefore

878. Russel Bussdicker, "Report of Medical Secretary, 1939-1940," PHS RG 91-1-11.

879. Ibid.

880. Frances Wooding, "Work of the Government School of Nursing, 1936-1937," PHS RG 91-7-25.

881. Ibid.

882. Ibid.

883. "Report of the Medical Secretary for Year, 1939-1940," PHS RG 91-8-1.

884. Ibid.

tend to bring the nursing profession into disrepute at a time when every effort should be made to increase its prestige."[885] In 1940, missionary nurses concluded that it would be better to sever their relationship with the government and focus on improving the nursing standards within mission institutions.

Conclusion

The collaboration between American missionary nurses and the Iranian government, although short-lived, revealed that the Iranian state mobilized American missionary knowledge and manpower in its construction of state nursing services. Missionary nurses' increasing focus on promoting nursing professionalism intersected with Reza Shah's nationalist agenda. Although nurses did not intend to become Iranian nationalists, their desire to train highly-educated and skilled Iranian nurse leaders propelled them into this role. The following chapter considers the experience of Iranian student nurses who trained in mission nursing schools and their engagement with the nursing professionalism endorsed by missionary nurses.

885. "Report of Medical Work of Teheran Station, 1938-1939," PHS RG 91-20-11.

Chapter 4

Iranian Nurses: Pioneers of a New Profession for Women

This chapter shifts focus from missionary nurses to the Iranian women who trained as nurses in mission nursing schools. Graduates of mission-run nursing schools were the first trained nurses in Iran. Mission records suggest that Iranian women viewed the study of nursing and the practice of nursing as two *separate* ways to improve their lives. Some students used mission-run nursing schools solely to obtain a higher-level of education. Other students went on to have professional nursing careers. Nursing schools offered Iranian women one option to further their education and enter public spaces through paid professional work. This chapter argues that Iranian women used mission nursing as an avenue for financial, social, geographical and professional mobility.

Higher Education

Nursing schools were one option available to girls to obtain an education. Although Reza Shah instituted substantial educational reforms in the 1920s and 1930s, some historians suggest that there were still relatively few children enrolled in elementary schools in the interwar period.[886] Missionaries believed that some girls viewed nursing as a means to advance their education.[887] One missionary nurse wrote that a student who was admitted to the nursing school in Mashhad was "shocked to hear that she had to take care of patients" as "she had come to

886. Rudi Matthee noted that there were 35,000 girls out of 15,000 pupils in Iran's elementary and secondary schools in 1930. Matthee estimates that only one percent of Iran's entire population attended elementary schools in 1941. Matthee, "Education in the Reza Shah Period," 134.

887. Janet Fulton, "Lessons Learned from the Laundry Chute," 1941, PHS RG 91-7-5. This point has also been made by historians. See Hamideh Seghdi, *Women and Politics in Iran: Veiling, Unveiling, and Reveiling* (Cambridge, UK: Cambridge University Press, 2007), 68-9.

study, not to work."[888] Another girl, who wanted to become a physician, entered the nursing school in Kermanshah because she hoped to "use nursing as a stepping stone" to achieve her goal of becoming a physician.[889] She clearly saw the mission nursing school as a vehicle to advance her education. In some places, nursing schools were one of few avenues of higher education available to Iranian women in the interwar period.[890] In Kermanshah as late as 1943, missionaries mentioned that there were limited options available for girls to achieve a secondary education in the city. They reported that very few girls obtained their sixth-class diploma because the city did not have a government high school for girls. The only way that girls could advance beyond the sixth-class was if they attended a normal school in Kermanshah which trained girls to become teachers. The students who graduated from the normal school received their eleventh-class diploma, but they were under government contract to teach once they graduated. As a result, few girls continued on with their education after they received their sixth-class diploma, except for those who wanted to become teachers.

Girls sought out nursing education even when they did not meet the entrance requirements of the mission nursing schools. In 1941, a couple of girls approached a missionary nurse in Kermanshah about entering the nursing school as they "wished to study nursing." Although they did not have the required educational background, the nurse took them "on for a trial."[891] She accepted them on the condition that they finish the first cycle of the secondary school curriculum before they could graduate. As mentioned in chapter three, missionary nurses sometimes incorporated the first cycle of the secondary curriculum into the program of the

888. Esther Harvey, "Capping Exercises," [Received July 19, 1942], PHS RG 360: Esther Harvey.

889. Janet Fulton, "Lessons Learned from the Laundry Chute," 1941, PHS RG 91-7-5.

890. Seghdi, *Women and Politics in Iran*, 68-69.

891. Janet Fulton, "Lessons Learned from the Laundry Chute," 1941, PHS RG 91-7-5.

nursing school. For example, a group of "very young girls with 6th class diplomas" were admitted to the nursing school in Kermanshah in 1943 and were given the first cycle of middle-school work with a tutor.[892] Students were not charged tuition for attending nursing schools which may have made the schools a more accessible option for achieving a higher level of secondary education. In 1940, nurses in Mashhad hired two teachers to come every evening and tutor the nursing students in the sixth-class curriculum. The students were given time off from their practical nursing duties to study their secondary school work. After the students took the national sixth-class examination in the spring of 1941, only two of the students continued on with nursing.[893] This suggested that students may have been more interested in advancing their secondary education than they were in becoming nurses.

Many students did not complete the nursing program. Some students "came only for a few days and left again, finding that the course was not what they had thought it would be."[894] Other students completed most of the training program before leaving the school. Missionary nurses frequently complained that students got married just before finishing the program or immediately after graduating from the school and thus never practiced as nurses. In 1931, one missionary nurse wrote that she accepted three students into the nursing school in Hamadan. While "things went on very nicely for about a year and a half," one student left the hospital after deciding that she would "rather be married than be a nurse."[895] Missionary nurses often commented that their students "left to be married." [896] In 1935, the most promising student at the

892. Janet Fulton, "The 1943-44 News Broadcast," PHS RG 360: Janet Fulton.

893. Esther Harvey, "Personal Report, July 1940 - July 1941," PHS RG 91-7-5.

894. Esther Harvey, "Capping Exercises," Received July 19, 1942, PHS RG 360: Esther Harvey.

895. Jeanette Jones, "Nurses Training School Report Hamadan," 1931, PHS RG 91-7-1.

896. Estella Chambers to Friends, January 28, 1940, PHS RG 91-7-5.

school in Rasht got married "on a day's notice" and the student's father came and returned her books.[897] The high student dropout rate was not unique to mission schools in Iran. Nurse educators in the United States, Canada and England in the early twentieth century also faced difficulties retaining students for similar reasons. [898]

Missionary nurses did not always understand why students chose to discontinue their training. Six students were admitted to the nursing school in Kermanshah in the fall of 1932, but only one of them graduated three years later.[899] The nurse commented that the others had dropped out "for one reason or another."[900] Two students were admitted to the school in Tehran, but one of them dropped out less than a year later.[901] One nurse admitted a group of students in Hamadan in, but many of them eventually left the program. She reported that some students left because they thought nursing was "servant's work," others left because their parents arranged for them to be married and others were advised to leave the school and try something else. The only two students who remained were both orphans.[902] Four students were admitted to the school in Kermanshah in 1938 and by 1940 they were "all gone."[903] Missionary nurses often commented that they hoped that incoming students would complete their training.[904]

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897. Ellen Nicholson, "Nurses' Training Class, 1935," PHS RG 360: Ellen Nicholson.

898. McPherson, *Bedside Matters*, 44; Stephanie Kirby, "Splendid Scope for Public Service: Leading the London County Council Nursing Service, 1929-1948," *Nursing History Review* 14 (2006): 36; Susan Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945* (Cambridge, UK: Cambridge University Press, 1987), 112.

899. Janet Fulton, "Personal Report, 1933," PHS RG 91-7-2; Janet Fulton, "Personal Report, 1935-36," PHS RG 91-7-3.

900. Janet Fulton, "Personal Report, 1935-36," PHS RG 91-7-3.

901. Ibid.

902. Jeanette Jones, "Nurses Training School Report Hamadan," 1931, PHS RG 91-7-1.

903. Estella Chambers, "Personal Report, 1939," PHS RG 91-7-5.

904. Estella Chambers to Friends, January 28, 1940, PHS RG 91-7-5.

Iranian women who graduated from mission nursing schools did not always go on to practice as nurses. Missionary nurses often commented that it was parents who did not want their daughters to practice. For example, missionary nurse Janet Fulton blamed a student's father for not allowing her "best student" to work. The student's father had found his daughter a position as a librarian after she graduated from the nursing school and would not allow her to "practice her profession."[905] According to Fulton, the former student wanted to remain involved with the nursing profession and so she helped Fulton translate teaching materials into Persian for the nursing school. The fact that her parents allowed her to take and complete the nursing program might suggest that families and students may have valued the educative aspect of nursing schools. On another occasion, Fulton noted that two students who graduated from the government nursing school in Tehran were "not … allowed by the men folk of their families to do nursing" because "it is not considered a fitting profession for girls of their station."[906] Another nurse mentioned that a student's mother would not let her daughter enter the nursing school in Tabriz.[907]

Parents' anxieties about their daughters' work at the bedside was not locally specific. For example, when a woman in rural Manitoba wanted to pursue nursing, her father would not pay for her training because his experience as a patient in a hospital convinced him that nursing was not an appropriate job for young women.[908] Parents' concerns about their single daughters caring for strange men and carrying out intimate tasks on male bodies was partially a response to the breakdown of traditional morality in Canada. In Iran, the Pahlavi government's modernization

905. Janet Fulton to Friends, March 1, 1939, PHS RG 360: Janet Fulton.

906. Janet Fulton to Friends, March 1, 1939, PHS RG 360: Janet Fulton.

907. Jean Wells to Friends, June 26, 1926, PHS RG 360: Jean Wells Packard.

908. McPherson, *Bedside Matters*, 126.

project led to a sense of anxiety about gender roles in society.[909] Before and during this period of transformation, parents may have had anxieties about their daughters' presence and work in the religious space of the mission hospital with male patients, physicians and orderlies.[910]

Some students may have found the opportunity to learn English in nursing schools appealing. As mentioned in chapter three, missionary nurses were keen to recruit students who had been educated in mission schools because these students had some ability to read and communicate in English. Sometimes missionary nurses taught in English because it was a common language among a group of linguistically-diverse students. They tried to advance their students' English skills to the point where English could be used as a language of instruction.[911] One nurse wrote that three of the senior nursing students in Tehran had such a good command of English that they were "able to use American textbooks for many of their courses" which gave them a "much broader view of the principles of nursing than has formerly been possible."[912]

Some students used their facility in English to find employment, especially after 1940, when there was an increasing number of foreign military, diplomatic and aid personnel in Iran. One missionary commented: "there is an eager rush of young Iranians to learn the English language and secure jobs with English or American firms, and scores of the more progressive are seeking to go to America."[913] In 1939, a missionary nurse commented that the hospital was

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909. Janet Afary, *Sexual Politics in Modern Iran* (Cambridge, UK: Cambridge University Press, 2009).

910. A nurse who trained during the Pahlavi period, stated in an interview conducted by a nurse researcher in Iran: "Although Iran was not highly Islamic during the Pahlavi era, families, particularly in cities, still had religious beliefs. Well, parents did not like their daughters to touch or take care of a stranger man. Therefore, nursing was not an honorable major for a woman!" anonymous nurse interviewed by AS (full name withheld, in author's possession).

911. "Tabriz Hospital, 1943-1944," PHS RG 91-20-9.

912. Janet Fulton, "Nursing," in Rolla Hoffman, "Tehran Medical Report, 1941-1942," PHS RG 91-19-11.

913. Rolla Hoffman, "Annual Report, 1943-1944," PHS RG 91-8-3.

unable to hire nursing school graduates, "especially those who have a knowledge of English and can operate a typewriter," because they could find "more attractive work and better salaries."[914] In 1944, a male nurse who had just graduated from the nursing school in Kermanshah was looking "for new worlds to conquer" and "became an interpreter for some American military folk" and was "using his nursing course to that advantage."[915] Also that year, a missionary nurse commented that some of their graduate nurses were acting as interpreters for the American forces.[916] Several graduate nurses left their positions at mission hospitals to work at the American Military Hospital in Tehran.[917] Lt. Col. Burgess L. Gordon of the U.S. Army Medical Corps wrote that he found a mission-school graduate nurse that worked at the military hospital "to be well trained, honest and efficient."[918]

Professional Work

Nursing offered women an opportunity to engage in a new profession at a time when few professional opportunities were open to women. When missionary nurses established their initial nursing schools in the early twentieth century, Iranian women typically entered the paid labour force through work as a journalist, clerical worker, teacher or nurse. In 1919, the only institute of higher education for women was the Women's Teacher's Training College in Tehran. Women who worked in the field of education were teachers, directors and state inspectors of girls'

914. Estella Chambers, "Annual Report of Westminster Hospital: Department of Nursing, 1938-1939," PHS RG 91-19-30.

915. "Annual Report of Westminster Hospital, Kermanshah, Iran" 1944, PHS RG 91-8-3.

916. Janet Fulton, "The 1943-44 News Broadcast," PHS RG 360: Janet Fulton.

917. Herrick Young to Dr. J. L. Dodds, Dr. E. M. Dodd, and Miss Sheppard, December 6, 1943, PHS RG 91-24-8; "Outline Record of Education and Experience of Miss Anna Bet Lachin," PHS RG 144-1-39.

918. Lt. Col. Burgess L. Gordon in "Excerpts from Letters of Recommendation regarding Miss Anna Bet Lachin," PHS RG 144-1-39.

schools.[919] In the 1930s, the Pahlavi regime "*celebrated* the Iranian working women,"[920] and women expanded into other professional jobs. Iranian women began to enter medical schools in Iran in the 1940s, although some women had pursued medical degrees outside of Iran earlier than that.

Professional work was becoming more prominent in women's press. In her review of a women's journal, *Alam-e Nesvan*, Rostam-Kolayi found that women were not presented or represented as professional, working women, other than housewife and teacher, before 1931. This changed in 1932, when a new section called "Women's Occupations" was introduced. It discussed new professions for women, including medicine, dentistry, nursing, office work, business, social work, and journalism.[921] As with women's education, authors presented women's work outside the home as an extension of women's work inside the home. For example, they equated women's management of a hospital with women's management of a house. This discourse enabled women to "transition into the public sphere of work outside the home."[922] Iranian women also tied their ability to work outside of the home to independence and equality. One woman published an article in *Alam-e Nesvan* called "Women Must Work," in which she argued that "women must work, possess skills, and be able to have a profession" so that "they can provide for themselves."[923]

919. Rostam-Kolayi, "Expanding Agendas," 171.

920. Amin, "Propaganda and Remembrance," 376.

921. Rostam-Kolayi, "Expanding Agendas," 170.

922. Ibid., 172.

923. Reza Khalili, "Women Must Work," *Alam-e Nesvan* 2 (March 1932), 92-96, as quoted in Rostam-Kolayi, "Expanding Agendas," 172.

Professional work that required higher education, like teaching and nursing, was presented as work for middle-class women, not lower-class women. Although there were few professional opportunities for urban, middle-class women in the early twentieth century, poor, urban women and agricultural and tribal women mingled and worked with men outside the home as seamstresses, maids, nannies, spinners, weavers, midwives, matchmakers, saleswomen, attendants in public bath houses singers, prostitutes, dancers and in agricultural labour.[924] Middle-class women promoted women's work but they distinguished between work for middle-class women and work for urban, lower-class women. Poor, urban women were encouraged to pursue vocational and factory work. Within this discourse of professional women's work, nursing was constructed as a profession for middle-class, educated women.

Some Iranian women saw the practice of nursing as a professional opportunity. For these women, nursing work allowed them to enter the skilled, professional ranks and work outside of the home. Reza Shah's modernization initiatives led to an expansion in the number of public and private hospitals in Iran. The expansion of health services created opportunities for newly trained nurses to find paid work.

Graduate nurses were highly employable. As part of the relatively small number of trained nurses in Iran, they had many job opportunities open to them. They found work in private laboratories, mission hospitals, city hospitals, private hospitals, and private duty nursing.[925] Missionaries noted that there was "great demand for adequate trained head-nurses in the many new hospitals being opened in Tehran and the provinces."[926] One missionary nurse wrote that

924. Rostam-Kolayi, "Expanding Agendas," 167.

925. "Tabriz Hospital, 1938-1939", PHS RG 91-20-9; "Tabriz Hospital, 1934-5," PHS RG 91-20-9; "Tabriz Hospital, 1933-34," PHS RG 91-20-9; Hilda Lichtwardt, "Personal Report," 1937, PHS RG 91-7-4; "Tabriz Hospital," September 1929, PHS RG 91-20-9.

there was "an increasing number of requests for special nursing care and full time nurses, not only in the hospital but out in town and from other cities in Persia."[927] Another missionary commented that the government "requires trained nurses in [its] hospitals"[928] and it was interested in mission-trained graduates to fill these positions.

Some graduate nurses chose to work in hospitals after they graduated. City hospitals seemed to be a popular choice for many graduates. After she completed her training at the mission nursing school in Tabriz, Rubab Vakili, one of the school's "best" students, was employed by the city hospital. Later on in her career, she was hired by the Iranian government to assist missionary nurse Wooding with the establishment of the government nursing school in Tabriz.[929] In 1935, a student who graduated from the mission hospital in Mashhad was employed by the new Reza Shrine Hospital in the city.[930] A student who graduated in 1935 from the school of nursing in Rasht "immediately went to work in the surgery of the City Hospital."[931] In 1944, seven nurses graduated from the school of nursing in Kermanshah and all of them "left the staff." Some of them went into private duty nursing and others were employed by hospitals in other cities.[932] Even into the 1960s, missionaries wrote that the nurses who graduated from mission nursing schools were getting "wonderful offers" to work in government hospitals.[933]

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926. Philip McDowell, "Report of Teheran Medical Work, July 1, 1934 – June 30, 1935, PHS RG 91-19-11.

927. Mary Burgess, "Personal Report, 1929," PHS RG 91-4-9.

928. Hilda Lichtwardt, "Personal Report," 1937, PHS RG 91-7-4.

929. "Hospital Report, Tabriz, 1937," PHS RG 91-20-9; Frances Wooding, "Personal Report, 1937," PHS RG 91-7-4.

930. Mabel Nelson to Friends, December 1, 1935, PHS RG 360: Mabel Nelson.

931. Ellen Nicholson to Friends, September 29, 1935, PHS RG 360: Ellen Nicholson.

932. Janet Fulton, "The 1943-44 News Broadcast," PHS RG 360: Janet Fulton.

Missionary nurses were proud of their students and boasted of their success and impact on Iranian healthcare. They reported on the various leadership positions that graduate nurses assumed. Several graduates became educators and worked in government nursing schools. Missionaries were also proud of the range of work that their graduates did. Some graduate nurses worked in private hospitals. In Rasht, a group of "leading" women opened a hospital for obstetrical work which was partially financed by special taxes on cinemas and tea. The hospital employed a midwife from Russia and a nurse who graduated from the mission nursing school in Rasht.[934] Other graduate nurses worked in private laboratories.[935] A graduate of the nursing school in Tabriz accepted a position with the Near East Relief Orphanage.[936]

Mission records reveal that graduate nurses could be selective about who they wanted to work for and the type of nursing work they wanted to do. Missionaries commented that "institutional work … seems to be more attractive" to graduate nurses than private duty nursing, even though there were "more calls for their services [to care for the sick in their homes] than available nurses to do the work."[937] One missionary mentioned that "there is often more demand for [the] services [of graduate nurses] in private nursing, than can be supplied" in Tabriz.[938] However, mission records reveal quite a number of graduates did choose to go into private duty nursing. A student who graduated from the nursing school in Tabriz in 1932 chose to go into

933. Bob and Miriam Eaton, "Family 39," December 1, 1960, in *Letters from Iran,* comp. R. Philip Eaton (self-pub, 2014), 37.

934. Ellen Nicholson, "Resht Hospital, 1944-1945," PHS RG 91-8-3.

935. "The Colton-Kirkwood-Whipple Hospital," September 1929, PHS RG 91-20-9.

936. Jean Wells, "Personal Report, 1924-25," PHS RG 91-4-8.

937. "Tabriz Hospital, 1934-35," PHS RG 91-20-9.

938. "Tabriz Hospital, Annual Report," June 1932, PHS RG 91-20-9.

private duty nursing. Similarly, two nurses who graduated from the nursing school in Tabriz in 1934 turned down an opportunity to work for the Iranian army because "they did not find the offer attractive." They chose, instead, to go into private duty nursing in the city.[939] In 1936, a graduate nurse terminated her employment with the mission hospital in Tehran in order to go "into private practice."[940] In 1944, a graduate from the nursing school in Kermanshah went into private duty nursing and was the only graduate nurse available for that service in the city.[941] Perhaps graduate nurses, like missionary nurses, were interested in carving out areas of autonomous nursing practice and saw private duty nursing as one way to do so.

Missionaries attempted to retain their graduate nurses for work in mission hospitals, but could not always offer graduate nurses the wages and benefits that other institutions could. One missionary physician noted that the "problem of securing sufficient graduate nurses is a grave one, as there are only four training schools in all of Iran, and [graduate nurses] are in demand not only by mission hospitals, but also by various governmental institutions."[942] Many graduate nurses did elect to work for mission hospitals after they graduated. Four of the five students who graduated from the nursing school in Tabriz in 1935 went to work in mission hospitals.[943] The first two students to graduate from the nursing school in Urumia continued to work at the mission hospital after they graduated.[944] The following year, one of the graduates from the

939. "Tabriz Hospital, 1933-34," PHS RG 91-20-9.

940. Sarah W. McDowell, "American Hospital, Tehran, June 30, 1936," PHS RG 91-19-11.

941. "1943 Annual Report of Westminster Hospital, 1944," PHS RG 91-8-3.

942. Hartman Lichtwardt, "Healing in the Home of Avicenna," June 30, 1936," PHS RG 91-19-27.

943. "Tabriz Hospital, 1934-35," PHS RG 91-20-9.

944. Mrs. Wilder Ellis, "Cochran Memorial Hospital Report," 1933, PHS RG 91-20-7.

nursing school in Urumia also elected to work for the mission hospital after she graduated.[945] Four graduate nurses – two from the nursing school in Tabriz and two from the nursing school in Urumia – worked at the mission hospital in Tehran in 1936. The hospital wanted to "keep them on," but three of them decided "to go elsewhere" the following year.[946] Mission hospitals were often in need of graduate nurses, but graduate nurses had many options for employment and were not bound to remain at mission hospitals.

Although they could find better paying jobs outside of mission hospitals, some graduate nurses may have found employment in mission hospitals attractive for other reasons. The most promising students were assigned to supervisory positions in mission hospitals. Two of the nurses who graduated from the nursing school in Tabriz were employed as a head nurses at the mission hospitals in Tehran and Tabriz.[947] A graduate from the nursing school in Tabriz took charge of the operating room department at the mission hospital in Mashhad.[948] In 1942, when Wooding left Tabriz for her furlough in the United States, a graduate of the nursing school in Tabriz, was put "more or less in command" of the nursing at the hospital.[949] The missionary physician wrote that she was "very efficient" but was too young and had insufficient experience to "be able to maintain the discipline that is so desirable."[950] A graduate nurse, referred to as Fatimeh Khanum Vaiz, taught courses in the nursing school in Tabriz.[951] A graduate of the

945. Ibid.

946. John Funk, "Hamadan Medical Report, Year ending June 30, 1937," PHS RG 91-19-27.

947. "Tabriz Hospital, 1933-34," PHS RG 91-20-9.

948. Mabel Nelson to Friends, December 1, 1935, PHS RG 360: Mabel Nelson.

949. "Tabriz Hospital, 1942-1943," PHS RG 91-20-9; "Tabriz Hospital, 1943-1944," PHS RG 91-20-9.

950. "Tabriz Hospital, 1942-1943," PHS RG 91-20-9.

951. "Tabriz Hospital, 1944-1945," PHS RG 91-20-9.

nursing school in Tabriz, identified as Miss Haikowe Minassian,[952] became the "Head Nurse" of the hospital in Tehran in the absence of an American missionary nurse.[953] One missionary physician commented that Minassian "accepts and discharges responsibility exceptionally well, supervises the work of the younger nurses effectively and with the minimum of friction, and … conserved hospital supplies most efficiently. She also handled the inpatient records well and still finds time for considerable actual nursing."[954] A graduate of the nursing school in Urumia, was put in charge of the children's ward in Tehran.[955] In 1939, Fulton taught a post-graduate course, called "The Head Nurse," which she had prepared as a term project at Western Reserve University while she was on furlough. Five graduate nurses who were head nurses in five of the departments at the mission hospital in Tehran took the twenty-two hour course. It was designed to help them become better educators and administrators. Each student had to complete a term project that was based on original work that she undertook in her own department.[956]

952. "Annual Report of Tehran Hospital, June 30, 1933," PHS RG 91-19-11; Philip McDowell, "Report of the Medical Work, Year ending June 30, 1934," PHS RG 91-19-11.

953. Ibid.

954. "Annual Report of Tehran Hospital, June 30, 1933," PHS RG 91-19-11.

955. Rolla Hoffman, "Tehran Medical Report, 1941-1942," PHS RG 91-19-11.

956. Janet Fulton, "Personal Report, 1938-1939," PHS RG 360: Janet Fulton.

Figure 4.1. Iranian nursing instructor teaching students at mission hospital in Tabriz, ca. 1960s
Source: T. Fujihira, *Cardelia Kanon, director of nurses' school lectures to students*, Presbyterian Historical Society, Record Group 223, Box 6, Folder 126 (Iran-Tabriz-Colton Kirkwood), Philadelphia.

The Church Mission Society (CMS) hospitals in southwest Iran were also interested in hiring graduate nurses who had trained in Presbyterian mission-run nursing schools. One report noted that a graduate nurse from the mission nursing school in Tabriz had gone to work at the CMS hospital in Isfahan.[957] In 1935, Nicholson commented that the "English Hospital" in southwest Iran requested that she send two of the graduate nurses from the nursing school in Rasht to help in the hospital there.[958] She informed them that this was not possible, but the request indicated that graduate nurses trained in Presbyterian mission nursing schools were highly sought after by many different institutions. A report from 1935 noted that two graduate nurses had gone to work at a mission hospital in Zahedan, which was likely a CMS mission hospital.[959]

957. "Tabriz Hospital, Annual Report," June 1932, PHS RG 91-20-9.

958. Ellen Nicholson to Friends, September 29, 1935, PHS RG 360: Ellen Nicholson.

959. "Hospital Report, Tabriz, 1937," PHS RG 91-20-9.

Graduate nurses were highly mobile and many were drawn to work in Tehran. Yearly hospital reports revealed high turnover among nursing staff, who often moved from one mission hospital to another. The 1934 report on the hospital in Tehran indicated that two new nurses joined the staff that year. Both of the nurses had graduated from the mission nursing school in Tabriz, and one of them, Vartanush Minasian, had previously worked at the mission hospitals in Mashhad and Kermanshah.[960] Six of the graduate nurses employed by the mission hospital in Tehran that year were graduates of the mission nursing school in Tabriz.[961] Nurses who graduated from schools in the provinces were drawn to work in Tehran.[962] Nicholson commented in 1951 that former graduates often worked "in other cities for higher salaries than Kermanshah can ever afford and they were free from petty street annoyances."[963] Higher pay may have influenced Iranian nurses' rural-to-city migration.

The appeal of a bigger city and the chance to try something to new may have influenced some graduate nurses to pursue work in Tehran. Commenting on the loss of graduate nurses from the mission hospital in Hamadan, a missionary stated: "Hamadan cannot compete with the bright lights of Tehran and Tabriz."[964] The 1944-45 report on medical work in Tabriz mentioned that one of the nursing school's graduate nurses left the hospital to work in Tehran, "which attracts too many."[965] It seemed that geography, not just higher pay, led some graduate nurses to seek out

960. Philip McDowell, "Report of Medical Work, Tehran Station, Year Ending June 30, 1934," PHS RG 91-19-11.

961. "Tabriz Hospital, 1933-34," PHS RG 91-20-9.

962. "Tabriz Hospital, 1943-1944," PHS RG 91-20-9.

963. Ellen Nicholson, "Presbyterian Foreign Missions and Overseas Interchurch Service," June 22, 1951, PHS RG 360: Ellen Nicholson.

964. Hilda Lichtwardt, "Personal Report," 1937, PHS RG 91-7-4.

965. "Tabriz Hospital, 1943-1944," PHS RG 91-20-9.

new employment opportunities. Nurses who moved from mission hospital to mission hospital would likely not have had a significant change in salary. Many graduate nurses sought to work at the mission hospital in Tehran after graduating from mission hospitals in other cities. This revealed that adventure and the chance to work in the capital may have influenced their career decisions. Sometimes, nurses left Tehran and worked elsewhere. After Sofik Nazlumian graduated from the nursing school in Tehran in 1934, she reportedly moved back to "her home near Isfahan."[966]

Although nursing work offered professional opportunities to some Iranian women, it was not without its own challenges. Student and graduate nurses faced demanding and dangerous work environments. Apprenticeship-style training was gruelling. Students worked long hours and, like missionary nurses, they were often overworked. A report on the mission hospital in Kermanshah mentioned that employed Iranian staff were "just as overworked" as missionary nurses and physicians.[967] Work as a nurse also had certain risks, such as the possibility of contacting a communicable disease. In Iran, as in the U.S., students sometimes contracted illnesses. When there was an outbreak of typhus, typhoid and malaria in Kermanshah in 1934, all of the nurses at the mission hospital fell ill. One of the graduate nurses returned to her home in Tabriz for six weeks to recuperate. When she returned to the mission hospital, she fell ill again two weeks later and was taken to her sister's home in Hamadan to recover. After that, when the nursing staff met every morning to report for duty, they all drank half an ounce glass of Cod Liver Oil. The missionary nurse commented that the "combined weight of the nursing staff rose

966. Philip McDowell, "Report of Medical Work, Tehran Station, Year ending June 30, 1934," PHS RG 91-19-11.

967. "Westminster Hospital, Annual Report, 1934-1935," 9, PHS RG 91-19-30

daily pound by pound, some of the girls reaching their record weights."[968] A number of student nurses died while they were in training. A missionary nurse noted that two students from the nursing school in Rasht had died in 1935 before they completed their training.[969] A student at the nursing school in Mashhad died from pulmonary tuberculosis that year.[970] In 1945, a nurse who had graduated in 1936 passed away at the mission hospital. She had showed signs of tuberculosis while she was a student and was admitted to the hospital as a patient soon after her graduation. Thus, she was a patient in the hospital for almost ten years prior to her death. The report noted that she was the second of the school's graduates to have died.[971]

Economic Mobility

Some women likely pursued nursing work because it offered them economic security. Missionaries considered some nursing positions, such as work with the Anglo-Iranian Oil Company (AIOC), financially rewarding. In 1937, a missionary commented that the AIOC was "demanding nurses"[972] and could pay them "far beyond what a mission hospital can hope to."[973] A woman who graduated from the nursing school in Hamadan in 1938 reportedly went to work for the AIOC in Abadan.[974] When a graduate nurse from the school in Kermanshah went to work for the Kermanshah Petroleum Company, a missionary nurse commented that it offered "more

968. "Westminster Hospital, Annual Report, 1934-1935," 10, PHS RG 91-19-30.

969. Ellen Nicholson to Friends, September 29, 1935, PHS RG 360: Ellen Nicholson.

970. Mabel Nelson to Friends, December 1, 1935, PHS RG 360: Mabel Nelson.

971. "Tabriz Hospital, 1943-1944," PHS RG 91-20-9.

972. Hilda Lichtwardt, "Personal Report," 1937, RG 91-7-4.

973. Ibid.

974. Mary Zoeckler, "Report of Medical Work, Hamadan Station, 1937-1938," PHS RG 91-19-27.

attractive work and better salaries."[975] In 1941, three newly graduated nurses from the nursing school in Kermanshah also went to work at the AIOC General Hospital in Abadan. In addition to their salary, they were given uniforms and free lodging.[976] Graduate nurses likely found work with the AIOC attractive because of the financial and material remuneration they received as AIOC employees. The hospital was also well resourced. It had modern conveniences, like air-conditioning and the "very latest furniture," which likely made the work easier and more enjoyable.[977] Mission hospitals could not offer competitive wages and benefits. An Assyrian nurse who graduated from the nursing school in Kermanshah worked at the AIOC hospital in Abadan from 1937 to 1942. After she married, her husband, an AIOC employee, was transferred to Masjed-e Soleiman. She was also able to work part-time as a nurse there.[978] When parliament nationalized the Iranian oil industry in 1951, the National Iranian Oil Company (NIOC) displaced the AIOC, but it also hired graduates from mission nursing schools. Four graduates from the nursing school in Kermanshah were hired by the NIOC in June 1953.[979]

For some women, it seems that nursing was a means of attaining upward class mobility. Missionaries and Iranian authors who published articles in women's magazines promoted nursing as a profession for educated, middle-class women. Yet, Fulton commented in 1953 that she had accepted students "from the underprivileged classes of society."[980] Class appeared in

975. Estella Chambers, "Annual Report of Westminster Hospital: Department of Nursing, 1938-1939," PHS RG 91-19-30.

976. "Annual Report of the Westminster Hospital, 1940-1941," PHS RG 360: Estella Chambers.

977. Estella Chambers, "Personal Report, 1939-1940," PHS RG 91-7-5.

978. Julius W. Mirza, *An Assyrian Dream: The Mirza Family Story* (self-pub., Xlibris, 2012), 475-76.

979. Ellen Nicholson, "Personal Report," June 1953, PHS RG 360: Ellen Nicholson.

980. Janet Fulton, "Personal Report," 1953, PHS RG 360: Janet Fulton.

transition and nursing training and work provided young women from lower classes and from the provinces a chance to enter a middle-class profession and achieve a rise in social status. It also offered middle-class women a chance to work outside the home. Students came from a variety of backgrounds. Several orphans were also admitted as students. Almas Badal was placed in an orphanage when she was approximately three years of age. As a child, she attended one of the Presbyterian mission girls' schools. When she graduated from the nursing school in Kermanshah in 1937, she went to work for the AIOC in Abadan. She worked there until she was married in 1942. Nursing allowed Almas, who had no family, to become economically self-sufficient. It enabled her to acquire a stable income and form close friendships with other graduate nurses. She eventually immigrated to the United States with her own family.

Some students who were admitted to mission nursing schools came from deeply disadvantaged backgrounds. In 1940, Harvey employed a twenty-year old woman as a practical nurse to work at the mission hospital in Mashhad. She was an Iranian citizen, but had been living in Russia with her husband and two children until her husband was imprisoned. She subsequently returned to Iran with her children and had sold their rugs and furniture and lived off the proceeds until there was nothing left to sell. When Harvey asked her why she chose nursing as a means of livelihood, she reportedly replied: "What else is there for me to do?"[981] Harvey noted that it was rare for Persian refugees from Russia to come to the hospital seeking work because they considered nursing low status work.[982] This woman was employed as a practical nurse and did not enter the training school, but she used nursing work as a means to support her family.

981. Esther Harvey, "Personal Report, 1939-1940," PHS RG 360: Esther Mary Harvey.

982. Ibid.

During the Second World War, there was a great deal of inflation in Iran and employed graduate nurses who worked in mission hospitals demanded better working conditions and better pay. As previously mentioned, they could obtain higher wages by working for the American army or other institutions. In 1945, graduate nurses, practical nurses and orderlies at the hospital in Hamadan were upset about the food that was served by the hospital cook. They were "glum," "unhappy" and "constantly [complained]" about the food.[983] Missionary personnel tried to remedy the issue, fearful that they would lose staff. One missionary physician spent an entire day in the kitchen to observe the cook. Eventually, the hospital hired a former patient as the new cook and this apparently satisfied staff as the report noted that "discipline now is no problem."[984] Nurses and orderlies were aware that they had some power within mission hospitals, although their resistance was sometimes subtle. The hospital could not afford to lose its staff during the war and missionaries had to address the issue with the food.

Some employed nurses advocated for better wages. In 1944, when mission hospitals were struggling financially, missionaries acknowledged that "national [workers] are giving their services to the hospital for a very low rate of salary."[985] The two graduate nurses were the highest paid employees and received thirty dollars a month in cash, plus maintenance, but missionary staff acknowledged that all of the hospital staff were underpaid.[986] Missionary nurse Janet Fulton made a 4900 rial donation to the hospital that year and it was possible that this went towards the wages of the nursing staff. The situation came to a head in Tabriz in 1945 when

983. "Hamadan Hospital, 1945-1946," PHS RG 91-8-3.

984. Ibid.

985. "Annual Report of Westminster Hospital, 1943-1944," PHS RG 91-8-3.

986. Ibid.

"numerous" hospital employees resigned because of "inadequate salaries."[987] As a result, missionaries recognized "their right to better pay" and instituted substantial salary increases.[988] Two nurses, who had resigned in 1944, resumed work as staff nurses in 1945. It is possible that they were among the hospital staff who demanded just payment.

In her examination of women's entry into paid work, historian Hamideh Sedghi found that middle-class women entered the labour market because they wanted to be financially independent, use their education, and construct a new life for themselves.[989] Akram Golmohamadi, a nurse who trained in a non-mission nursing school in Iran in the 1940s, went to work at Zanan Hospital after she graduated and was paid ninety tomans per month. She noted in an interview that "such independence was really remarkable for me at the time." She summed up one of the advantages of work as a nurse when she stated: "Financial independence brings with it intellectual independence."[990]

Independence and Autonomy

As a new profession, nursing offered Iranian women unique opportunities to access the public sphere, gain greater autonomy over their lives and, for a select few, to attain prominent leadership positions. In 1932, the editor of *Alam-e Nesvan*, Iran Irani argued that "the first step toward women's liberation was entry into the labour force."[991] This sentiment was echoed by

987. "Tabriz Hospital, 1944-1945," PHS RG 91-20-9.

988. Ibid.

989. Sedghi, *Women and Politics in Iran*, 111.

990. Akram Golmohamadi, quoted in Mehri Honarbin-Holliday, *Becoming Visible in Iran: Women in Contemporary Iranian Society* (London, I. B. Tauris, 2010), 30.

991. Iran Khanum Arani, "A Talk by Iran Khanum Arani at the Congress of Women," *Alam-e Nesvan* 6 (November 1932): 277-281, as quoted in Rostam-Kolayi, "Expanding Agendas," 172.

some nurses. A non-mission graduate nurse who worked in a city hospital in the 1940s reflected on her entry into nursing work: "I went to work because I chose to be educated and have a profession."[992] Professional identity as a nurse gave some women freedom and independence. One missionary nurse commented that some students entered mission nursing schools "merely to get away from home or for the change of environment and not for the idea of service." [993] However, some students may have found nursing school restraining. A missionary nurse in Kermanshah wrote: "one graduate nurse stated, 'If I had known it was to be so confining I would never have come.' But having travelled from the northern part of Iran with so little cash she felt she must stay. Thus when a good position is offered we readily understand why they leave the hospital."[994]

Graduate nurses used nursing to achieve independence, autonomy and forge new futures for themselves. Several graduate nurses went on to take courses in midwifery at the University of Beirut.[995] One of the graduates from the mission nursing school in Tabriz who took midwifery courses in Beirut "passed the highest in her class in the oral examination, and second in the written examination."[996] Another graduate of the nursing school in Tabriz was employed in 1937 as the "obstetrician in chief" at the City Hospital in Tabriz.[997] Others were employed as midwives. When the government opened the first government-run nursing schools in Iran in

992. Golmohamadi, quoted in Honarbin-Holliday, *Becoming Visible in Iran*, 37.

993. Estella Chambers, "Annual Report of Westminster Hospital: Department of Nursing, 1938-1939," PHS RG 91-19-30.

994. Ibid.

995. "Tabriz Hospital, 1939-40," PHS RG 91-20-9; "Tabriz Hospital, 1933-4," PHS RG 91-20-9.

996. "Tabriz Hospital, 1933-34," PHS RG 91-20-9.

997. Wilder Ellis, "Hospital Report, Tabriz, 1937," PHS RG 91-20-9.

1936, it employed three mission-trained graduate nurses to work with three missionary nurses to found the schools.[998] The son of a former missionary noted that there was a time in the inter-war period when all the high positions in the Iranian government pertaining to health were filled by Iranian doctors and nurses who had been trained in Presbyterian mission institutions.[999] In the postwar period, the Director of Nursing of Nemazee Hospital in Shiraz was a graduate of one of the mission nursing schools.[1000] One of the graduates of the nursing school in Mashhad became the "Chief Nurse" in the Department of Health for the Province of Khorasan.[1001] Another became the Chief Director of Nursing and Midwifery of Health for Khorassan. And another graduate was selected Nurse of the Year in the province. Missionaries noted that "many others … achieved places of distinction and influence in their profession."[1002]

Work as a nurse may have also given some women an avenue to challenge religious restrictions and work alongside men. A nurse who trained in a government nursing school in Iran in the 1940s, explained that training as a nurse offered her independence. She stated:

> To be a trainee at the hospital with 16 others, and with a little money to enable me to buy books and go places felt like the heavens opened up to me … It was a carefree existence in the shelter provided by law, even though we were in the minority. Our behaviors were markedly different to what was advocated by the clergy, their specific interpretations of Islam, and their pious followers who would rather women remained in the privacy of the households protected from public view.[1003]

998. Elllen Nicholson, "Report of School of Nursing, Meshed," June 20, 1937, PHS RG 91-7-25.

999. Ashton Stewart, phone interview by author, November 18, 2015.

1000. Ibid. Around 2005, she sent a thank you card to one of the missionary physicians who had retired to the U.S., along with a carpet, and said she was grateful for the training she had received in the mission school.

1001. "Personal Development Interview Report, Miss Esther Mary Harvey," May 6, 1972, PHS RG 360: Esther Mary Harvey.

1002. "Personal Development Interview Report," April 6, 1977, PHS RG 360: Esther Mary Harvey.

1003. Golmohamadi as cited in Honarbin-Holliday, *Becoming Visible in Iran*, 32.

Some mission-trained graduate nurses, as the first to enter the paid workforce as nurses, may have felt the same way. In the 1940s and 1950s, educated and professional women asserted their new autonomy.[1004]

Mission records provide some evidence that some students entered into relationships that were perhaps uncommon outside of the environment of the hospital. In 1933, a "young Persian girl" who worked as a nurse at the mission hospital in Mashhad "discarded the black chuddar and veil, wears a hat, and goes freely about the city, an unusual sight in Meshed [*sic*]."[1005] This same nurse, along with an Armenian graduate nurse, learned to play tennis with "the two Persian men assistants" during their time off.

Nursing as a Path to Emigration

Nursing education was also a path towards emigration, for women from religious minorities, and the pursuit of additional nurse education, for Persian nurses who wanted to obtain leadership positions in Iran's healthcare system. One of the very first nurses to graduate from the nursing school in Tehran became a member of the Faculty of the Medical School in Cincinnati.[1006] The records do not indicate how she ended up there, but she was evidently able to use her education to pursue work in the United States. In 1953, one missionary commented that a graduate nurse was awaiting a visa to leave with her future husband "for life in America."[1007] Fulton wrote that her student Ishrat was hoping to take the State Board Nursing Examination to

1004. Sedghi, *Women and Politics in Iran*, 3.

1005. Mabel Nelson, "Personal Report," June 1933, PHS RG 91-7-2.

1006. Sarah McDowell, "A Century of Medical Work in Iran," 14.

1007. Ellen Nicholson, "Personal Report, 1953," PHS RG 360: Ellen Nicholson.

become a Registered Nurse but they had been trying for over a year to secure permission for her to take the exam.[1008]

For Assyrian women, in particular, it appears that their religious minority status influenced their decision to emigrate. During the First World War, northwest Iran was periodically occupied by Ottoman and Russian armies and an estimated two-thirds of Assyrians were killed. At least five Assyrian graduate nurses immigrated to the United States. Some emigrated because they felt their situation in Iran was precarious. They used their nursing education and work to forge a new future for themselves and their families. Three Assyrian graduate nurses - Esther Edgar, Grace Sayad and Anna Lachin – were able to use their nursing education and experience to immigrate and find work in the United States. All three women were fluent in English and had the training and connections that helped them find nursing work and enter nursing courses in the United States.

Esther Edgar, an Assyrian graduate nurse who had worked with missionary nurse Harvey at the nursing school in Mashhad, arrived in Minneapolis in 1944. She paid her own way to the U.S. and initially stayed with missionaries. Correspondence revealed that missionary physicians in Iran asked members of the BFM to give her advice and help her find work.[1009] Missionary physician Walter Norem wrote that Edgar was a "fine, intelligent, attractive girl" and "her work … would compare favorably with the best American nurse."[1010] He asked executive members of the BFM to help her find work and wrote that they should have "no fear of recommending"

1008. Janet Fulton to Friends, July 13, 1940, PHS RG 360: Janet Fulton.

1009. Leroy Dodds to Joseph Cochran, May 23, 1944, PHS RG 91-24-8; Herrick Young to Dr. J. L. Dodds, Dr. E. M. Dodd, Miss Sheppard, December 6, 1943, PHS RG 91-24-8.

1010. Walter Norem as cited in Herrick B. Young to Dr. J. L. Dodds, Dr. E. M. Dodd, Miss Sheppard, December 6, 1943, PHS RG 91-24-8.

her.[1011] Dodds met Edger when she arrived in New York and wrote that he wanted "to help her in every way possible."[1012] BFM Secretary Irene Sheppard, however, took objection to Edgar's presence in the United States. She wrote that it "seems most deplorable that just when [they] need trained and experienced nurses in Iran this Christian girl should decide to come to America for good … Do you suppose the time may come when we will send on short term service trained nationals of this kind, who will become residents of America and perhaps American citizens?"[1013] Although missionary nurses encouraged and facilitated graduate nurses' efforts to immigrate to the U.S. for permanent residence or further education, it appeared that some members of the BFM felt this was at odds with the goals for nursing education in Iran. Sheppard felt that Christian nurses in particular should remain in the country to develop the nursing profession in Iran.

The correspondence does not reveal what happened to Edgar or if she found work in the United States. However, a scholarship fund was established at Wooster College in 2001 by Edgar that gives preference to "Christian students of Assyrian descent from Iran or the United States."[1014] Although nothing is known about what happened to her after she immigrated to the U.S., it seems that she remained in the country.

Assyrian nurse Grace Sayad graduated from the nursing school in Urumia on June 30, 1930. Although she only worked in Iran as a nurse for three years following her graduation, her training and experience in a mission-run nursing school provided her and her family with the

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1011. Ibid.

1012. J. L. Dodds to Joseph Cochran, May 23, 1944, PHS RG 91-24-8.

1013. Irene Sheppard to Herrick Young, April 6, 1944, PHS RG 91-28-4.

1014. "Endowed Scholarships," Wooster College Alumni Scholarships, accessed April 27, 2018, www.woosteralumni.org/s/1090/images/editor_documents/website/giving/endowed_scholarship_list_2012-13.pdf?sessionid=cd32eb7d-deee-44f0-8efd-8ebb3e8c4626&cc=1

opportunity to leave Iran. During the First World War, Grace and her future husband William were part of the mass exodus of Assyrians who fled the Urumia plain in order to escape the advancing Turkish army. They both lost family members during the exodus, and this tragedy transformed their lives and motivated their desire to leave Iran. William was especially keen to leave for the United States. In 1957, they made the strategic decision to send Grace ahead to the United States. She was sponsored by her stepmother and half-sister, who were already living in the United States, and quickly found work as a nurse's aide at Augustana Hospital in Chicago. She managed to save $8,000 after working for six months and her savings and stable income enabled her to sponsor William and Sonia, her daughter, to come to the United States. Two weeks after they arrived in the United States, Grace quit her job at the hospital and the family moved to California where their sons were already studying at Cal Poly on student visas.[1015] They moved to Turlock, California and settled "among other Assyrians."[1016]

Grace's training at a mission-run nursing school enabled her and her husband to forge a new future for their family in the United States, although their decision to emigrate was due to the political context in Iran. She was fluent in English and had learned nursing skills that were transferable to her new job in Chicago. Her position in the mission hospital, while short lived, had demanded autonomous practice, leadership and a vast skill set. While she was employed as a graduate nurse at the mission hospital in Urumia, Grace administered anaesthetics, delivered babies independently and was in charge of the maternity and pediatric wards. The family's migration across national borders hinged on Grace's ability to find work in the United States as a nursing aide. Grace and William's son, Julius, wrote that his parents were "fortunate to have

1015. Sonia Highfill, "Life History, Grace Asley Sayad Mirza," March 30, 2008, in Mirza, *Assyrian Dream*, 461-472.

1016. Ibid.

been educated by American Presbyterian missionaries" because although they didn't realize it at the time, "learning the English language became a huge stepping stone in the preparation of their future plans."[1017] One of Grace Sayad's close friends, Almas Badal, also immigrated to the United States in the 1970s with her husband. Badal graduated from the nursing school in Kermanshah in 1937, but it does not appear that she actually worked as a nurse in the United States.

Another student, Anna Lachin, who graduated from the nursing school in Urumia with Grace Sayad in 1930, also immigrated to the United States. She used her connections with the mission in an effort to advance her nursing career. After she completed her nursing training, she worked in mission hospitals in Urumia, Hamadan and Tehran.[1018] She was clearly interested in holding leadership positions. She went on to work as an Assistant Superintendent and Instructor at the government nursing school in Tehran in the 1940s. She was also Director of the School of Nursing at Mehr Hospital in Tehran and Superintendent of the Children's Hospital in Tehran between 1943 and 1949.[1019] The Director of the Children's Hospital, Dr. N. Ameli, wrote that Lachin was "superintendent of the 60-bed Children's Hospital in Teheran for nearly three years" and "during these years she has proved herself not only a great nurse but an excellent organizer."[1020] She also started a small school of nursing in the hospital.[1021] By the late 1940s, she wanted to go to the U.S. to attend the School of Nurse-Midwifery of the Maternity Center

1017. Ibid.

1018. "Outline Record of Education and Experience of Miss Anna Bet Lachin," PHS RG 144-1-39.

1019. Ibid.

1020. Dr. N. Ameli in "Excerpts from Letters of Recommendation regarding Miss Anna Bet Lachin," PHS RG 144-1-39.

1021. Ibid.

Association of New York. Missionary nurse Pease wrote to a Walter Clothier, a physician in New York who had met Lachin while he was in Iran conducting a health survey, and asked him to make inquiries to the school on Lachin's behalf.[1022] Pease wrote that Lachin was "by far the finest of the national nurses that I have known and I can give her the highest possible recommendation."[1023] Clothier wrote to the director of the school, but later discovered that the class was already fully enrolled.[1024]

When Lachin arrived in New York in August 1949, she wrote to missionaries and members of the BFM Executive in the hope that they could help her find work. She wrote to and met with Clothier. She asked Sarah McDowell, the wife of missionary physician Philip McDowell, to introduce her to "Dr. Dotts" (referring to BFM Secretary Dr. E. M. Dodd).[1025] Both the Secretary of Christian Medical Council for Overseas Work and E. M. Dodd made inquiries and wrote letters on her behalf.[1026] Dodd, in his letter to the Director of Nurses at Women and Children's Hospital in Chicago, stated that Lachin wanted "to take on a period of regular hospital nursing work" and he would "appreciate it greatly" if there was an opportunity for her to work at the hospital.[1027] By November 1949, she was living with a cousin in Chicago

1022. Wilma Pease to Dr. Walter Clothier, May 30, 1949, PHS RG 144-1-39.

1023. Ibid.

1024. Walter Clothier to Hattie Hemschemeyer, June 20, 1949, PHS RG 144-1-39; Walter Clothier to Mrs. C. B. Fisher, June 29, 1949, PHS RG 144-1-39; Walter Clothier, July 26, 1949, PHS RG 144-1-39; Walter Clothier to Wilma Pease, June 20, 1949, PHS RG 144-1-39.

1025. Anna Bet Lachin to Dr. Clothier, September 1, 1949, PHS RG 144-1-39; Sarah McDowell to Ned Dodd, September 13, 1949, PHS RG 144-1-39.

1026. Douglas Forman to Miss Agnes Gelinas, September 19, 1949, PHS RG 144-1-39; E. M. Dodd to Director of Nurses, Women and Children's Hospital, October 4, 1949, PHS RG 144-1-39; E. M. Dodd to Director of Nurses, Presbyterian Hospital, October 4, 1949, PHS RG 144-1-39; Walter Clothier to Anna Lachin, December 2, 1949, PHS RG 144-1-39.

1027. E. M. Dodd to Director of Nurses, Women and Children's Hospital, October 4, 1949, PHS RG 144-1-39.

and had still not found work. In a letter to Clothier, she stated: "I know nobody here to go with or to be introduced, as I see here is just as in Iran every thing [*sic*] is in friendship. Those who have friends They [*sic*] could have positions others not, so I am at home all the day doing nothing."[1028] There is no further correspondence in the archive, but Lachin is mentioned in the *Quarterly Bulletin of the Frontier Nursing Service* in 1950 because she entered the Frontier Graduate School of Midwifery in Kentucky that spring.[1029] She was issued a Registered Professional Nurse license on January 14, 1954.

Iranian Nursing Leadership

Graduate nurses attained a degree of prestige and recognition as a result of their education and their work in a fairly new occupation. They were publicly acknowledged at elaborate commencement ceremonies. These events were attended by dignitaries and leading medical professionals. When the first class of nurses graduated from the nursing school in Urumia in 1930, they likely realized the historic significance of the occasion. A large platform was erected on the tennis court in the mission compound and decorated with flowers and American and Persian flags. Persian rugs covered the backstop and streamers with multi-coloured pennants were strung above the seating area. Two prominent local physicians – a leading Assyrian physician and the chief doctor of the city sanitation department – gave speeches. Both graduates delivered papers before they were "pinned" and presented with diplomas in front of 400 invited guests. Provincial governors, government officials and leading

1028. Anna Bet Lachin to Dr. J. K. Clothier, November 30, 1949, PHS RG 144-1-39.

1029. *The Quarterly Bulletin of the Frontier Nursing Service, Inc*., 25, no. 4 (Spring 1950): 64-65, accessed February 15, 2018, http://eris.uky.edu/catalog/xt7v416t038p_66/text

physicians attended capping and graduation ceremonies.[1030] In 1939, the Prime Minister gave a medal to one of the students from the first class to graduate from the government nursing school in Tehran in recognition of "her good work in the school."[1031] A missionary nurse commented that this was "the first official recognition of a nurse in Iran."[1032] The following year, a government official presented diplomas on behalf of the Department of Education to the students who were graduating from the government nursing school in Tabriz.[1033] The same year, a member of the Ministry of Education attended the graduation ceremony of the mission nursing school in Rasht and handed out the diplomas. He also "singled out and rewarded" three hospital staff "publicly."[1034]

Mission trained graduate nurses became supervisors and educators within mission institutions. As previously mentioned, many graduate nurses became "head nurses" of entire wards. As a graduate nurse at the mission hospital in Urumia, Grace Sayad worked in the operating room, administered anaesthetics, completed medical records, worked as the hospital dietician, and was in charge of the pediatric and maternity wards. During her three-year employment with the hospital, she delivered twenty-nine babies, including four sets of twins.[1035] Sayad clearly found her work as a nurse fulfilling. Her daughter recalled that Grace "loved being

1030. "The Tabriz Hospital Report to West Persia Annual Meeting, 1927," PHS RG 91-14-9; "Nurses' Training School Graduation Exercises, June 30, 1927," PHS RG 91-14-9. For example, the governor of the province attended the graduation ceremony in Tabriz in 1932. At the graduation ceremony in Tabriz in 1945, Dr. Sadiq, the Director of the Department of Health, gave a speech. "Tabriz Hospital Annual Report," June 1932, PHS RG 91-20-9. "Tabriz Hospital Annual Report," 1944-1945, PHS RG 91-20-9.

1031. Janet Fulton, "Personal Report, 1938-1939," PHS RG 360: Janet Fulton.

1032. Ibid.

1033. Frances Wooding, "Personal Report, 1939-1940," PHS RG 91-7-5.

1034. Ellen Nicholson to Friends, April 23, 1940, PHS RG 360: Ellen Nicholson.

1035. Highfill, "Life History," Loc 5899.

a nurse and took her responsibilities very seriously."[1036] In 1926, the hospital in Tabriz hired two nurses who had graduated from the hospital training school and each one was given a position as head nurse on a floor. One was also the hospital anesthetist.[1037] One graduate nurse employed by the hospital in Hamadan was praised for her "excellent work" delivering the Governor's baby. The missionary doctor stood outside the door of the birthing room in case of emergency, but the graduate nurse delivered the baby alone. The Governor was "exceedingly grateful to the hospital" and as a result there was an "upsurge in confinement cases."[1038] In this particular instance, the graduate nurse had access to a prominent woman, while the mission doctor had to wait outside the room. Graduate nurses did exercise some authority within mission institutions and their work and, although not always recognized in mission records, made a valuable contribution to mission medicine. Many graduates took pride in their work. One mission-trained nurse told her granddaughter that after reading about the development of a smallpox vaccine in Europe, she decided to make a vaccine of her own. After months of trial and error, she said that she did in fact create a vaccine that worked.[1039] The story she passed along to her granddaughter reveals that she took pride in her nursing and healing work and that she presented herself as a nurse innovator.

Many missionary-trained graduates became nursing leaders in Iran. Some of them used the nursing profession to enter political and civil society. In 1939, nurses who had graduated from the nursing school in Tehran met as part of an Alumnae Association. The group of mission-

1036. Ibid.

1037. Charles Lamme, "Selections from Report of Tabriz Hospital, August, 1926," PHS RG 360: Charles Wilson Lamme.

1038. "Hamadan Hospital, 1945-1946," PHS RG 91-8-3.

1039. Elizabeth Yoel Campbell, *Yesterday's Children: Growing up Assyrian in Persia*, ed. Carolyn Karam-Barkley (self-pub, n.d.), 124, 126-7.

trained graduate nurses met to "discuss the many problems confronting a new profession" which gave "the girls a sense of unity and mutual support" and fostered a "true professional spirit."[1040] Likewise, the nurses who had graduated from the nursing school in Tabriz also gathered as an alumnae association.[1041] In 1939, fourteen nurses who had graduated from the government nursing schools in Tehran, Tabriz and Mashhad came together and formed the Nurses Association of Tehran. They elected officers and drew up a constitution which they presented to the Ministry of Education for official recognition.[1042] The group met monthly and missionary nurse Janet Fulton wrote that she taught them the rules of parliamentary law. Graduate nurses ran the meetings, although Fulton continued to attend.[1043] She wrote that she hoped that the group would be "the fore-runners of an Iran Nurses' Association" which would "embrace the nurses of the whole country."[1044] A graduate nurse identified as Farangis Uned, who was working as a librarian because her father would not allow her to work as a nurse, became president of the association.[1045] In 1953, the Iranian Nurses Association (INA) was formed with the following aim: "To raise the standard of nursing and nursing education in Iran; to create an *esprit de corps* among all the nurses."[1046] It became a member of the International Council of Nurses in 1957.[1047] This suggests that some Iranian women used their professional identity to organize.

1040. "Report of Medical Work of Teheran Station, 1938-1939," PHS RG 91-20-11.

1041. Frances Wooding, "Personal Report, 1939-1940," PHS RG 91-7-5.

1042. Janet Fulton, "Personal Report, 1938-1939," PHS RG 360: Janet Fulton.

1043. Janet Fulton to Friends, March 1, 1939, PHS RG 360: Janet Fulton.

1044. Janet Fulton, "Personal Report, 1938-1939," PHS RG 360: Janet Fulton.

1045. Janet Fulton to Friends, March 1, 1939, PHS RG 360: Janet Fulton; Janet Fulton to Friends, July 13, 1940, PHS RG 360: Janet Fulton.

1046. Woodsmall, *Women and the New East*, 82.

Some Iranian nurses took on the professionalizing agenda endorsed by American missionaries. In addition to forming professional associations, they promoted nursing professionalism through education. Mission-trained graduate nurses started their own nursing schools or worked as educators in government nursing schools and, later on, in universities. Others went on to further their education through graduate work in the United States and England. In 1956, twenty mission-trained graduate nurses attended the First Grand Nursing Conference in Iran which made recommended about standards for nursing education in the country. There were about one hundred nurses (Iranian and foreign) in attendance and missionary nurses and their former students comprised twenty-five percent of the membership of the conference.

American missionary nurses inadvertently fostered Iranian nationalism. In 1966, Azar Riahi gave a commencement speech on "Nursing Education in Iran" at the mission nursing school in Tabriz. Missionaries were especially pleased to have Riahi deliver the address because she was an alumnus of one of the mission nursing schools.[1048] After graduating from a mission nursing school in Iran, she had obtained a degree from Columbia University in the United States and, on her return to Iran, she was hired as an educational consultant for the Ministry of Health. She was also the head of a Red Lion and Sun school for practical nurses.[1049] In 1968, she published an article in the *International Journal of Nursing Studies* entitled "Nursing Education in Iran," perhaps based on the address she delivered to the graduating students at the mission

1047. Ibid; Parvin Paidar, *Women and the Political Process in Twentieth-Century Iran* (Cambridge, UK: Cambridge University Press, 1995), 128.

1048. Joe to Ted Stevenson, July 9, 1966, PHS RG 161-3-51;

1049. Azar Riahi, "Nursing Education in Iran," *International Journal of Nursing Studies* 5 (1968): 267-271.

nursing school.[1050] In the article, she did not mention her training at, or connection to, a mission nursing school, although she did mention missionary nurses' early efforts to try establish trained nursing in Iran. She wrote: "establishment of nursing education in Iran was the work an American Presbyterian Mission," but she concluded that "it was not possible for them in a country as big as Iran to raise the standard of nursing." Rather, she identified Iranian nurse leaders, especially those employed by the Ministry of Health, as the greatest contributors "toward the education of nurses in the country by setting up standards of education of nurses."[1051] Since a goal of the mission nursing project was to develop Iranian nurse leaders, it is not a surprise that missionary nurses were proud of her successes. Riahi ended her article with a statement that linked nurse to the nation. She wrote: "nurse leaders of the country … hope that the future generations will see nurses who are not only technically qualified but also well-educated, useful citizens."[1052]

Missionary nurses were not alone in inadvertently fostering Iranian nationalism. Historian Jasamin Rostam-Kolayi found that missionary teachers at the Presbyterian girls' school in Tehran unintentionally led their students to develop a strong sense of loyalty to Iran and to Islam.[1053] Her argument in worth considering because of the parallels between the mission education project and the mission nursing project. Furthermore, the girls' school in Tehran was a feeder school for the nursing school in the city. The Presbyterian boys' and girls' schools in Tehran catered to Iran's elite and upper classes.[1054] The children of princes, the royal family,

1050. Ibid.

1051. Ibid., 268.

1052. Riahi, "Nursing Education," 269.

1053. Rostam-Kolayi, "From Evangelizing to Modernizing," 214.

1054. Mansoori, "American Missionaries in Iran," 131.

prime ministers, members of the *majles* and provincial governors attended the school.[1055] Graduates from the girls' school became physicians, journalists, nurses, social workers and educators.[1056] They also sponsored and edited a woman's journal and used it to promote female education, hygiene and health.[1057] Many embraced modern education and were active in society.

Many of the Muslim graduates remained devoted to Islam and were enthusiastic nationalists. Missionary educators did not directly evangelize and students denied that teachers actively tried to convert them. Rather, missionaries used courses in domestic science and "character training" to model particular values which they believed were in-line with a Christian message, not unlike missionary nurses' efforts to promote the "ideal of service." Students at the girls' school interpreted the morality and character training in relation to their own faith. For example, one Muslim student recalled that she was not taught how to be a Christian, but rather, "good things, such as God and charity."[1058] Another student credited an "ethics" course on world religion as "helping her become a more spiritual person and the school in general with making her into a 'better Muslim.'"[1059] Even the domestic training led to paradoxical results in some cases. Farman Farmaian, a graduate of the school who became a social worker, wrote in her memoir that the focus on domestic training caused her to "wonder whether raising a man's children, cooking food for his dinner parties, and exchanging social gossips in the baths were

1055. Rostam-Kolayi, "From Evangelizing to Modernizing," 233-34.

1056. Rostam-Kolayi, "Women's Press, Modern Education," 54-55; Amin, "Propaganda and Remembrance," 372.

1057. Jasamin Rostam-Kolayi, "Expanding Agendas," 165.

1058. Zary Nouri, interviewed by Jasamin Rostam-Kolayi, January 16, 2006, Fresno, CA, quoted in Rostam-Kolayi, "From Evangelizing to Modernizing," 230.

1059. Rostam-Kolayi, "From Evangelizing to Modernizing," 230.

what I wanted in life."[1060] It seems likely that some nursing students came to understanding their training within the mission nursing schools in a similar way.

Resistance

Not all students embraced missionary nurses' vision of nursing and nursing education. Records suggest that student nurses navigated their place within mission institutions in various ways. Some practiced their religion within the space of the Christian hospital. As mentioned in chapter three, two Muslim students – identified as Khadijeh Vatan Abadi and Molood Lankerani – observed the daily noon prayer while they attended the nursing school in Rasht in the mid-1930s. The missionary nurse commented that although she had admitted Muslim students in the past, other girls "have … not deemed it necessary to make themselves conspicuous in the nurses' dining room by taking off shoes and stockings and uniform, donning a house chuddar and going through the formal noon prayer before eating."[1061] The two students also attended morning devotionals and took their turn saying part of the Lord's Prayer. Within the highly structured environment of the nursing school, the students exercised power in determining where and how they would perform their daily prayers. Nicholson wrote that she "admired" the students, but it was also possible that the students were challenging her authority over their lives.

Missionary nurses disciplined their students to ensure that they "behaved" in ways that were deemed appropriate for trained nurses. Students often resisted. In 1922, one missionary nurse wrote that nursing students in Tehran "object to doing the part of nursing which, although most necessary for a patient's welfare, still is not a pleasant task."[1062] They also protested

1060. Farman Farmaian, *Daughter of Persia,* 108.

1061. Ellen Nicholson, "Extracts from letter of Ellen Nicholson," January 6, 1936, PHS RG 360: Ellen Nicholson.

school's the rules, and not being allowed to go visiting their friends for a day at a time."[1063] While most missionary nurses did not provide details about how students defied the rules or the type of discipline they imposed, it is evident that some students did resist. The high dropout rate might also be an indication of students' unwillingness to defer to the rules imposed by missionary nurses.

Sometimes students objected to the course of study. In 1945, students in Kermanshah refused to come to the school when they felt that the coursework was too intense. The school had taken measures to extend the length of the nursing program from three years to four years and introduced extra studies. All graduating students were to have a ninth-class certificate and the additional year was added so that students could study seventh, eighth and ninth class subjects as needed. One missionary nurse wrote that the students did not understand why they had to take a longer course with extra studies compared to previous classes. One day, they "decided to show that they would not take them" and six of the eight students did not report for duty. She noted that they "went on a 'strike," but eventually came back.[1064] Two students decided to permanently leave the school.

Sometimes missionary nurses complained that students challenged their authority. In 1937, Nicholson noted that students at the government nursing school in Mashhad challenged her power. She wrote that they were "surprisingly opinionated." Trouble began before she even arrived in Mashhad. Two days before she arrived, the former missionary nurse at the school Pease had left the city and an Iranian nurse, Shamsi, who had graduated from the nursing school

1062. Grace Taillie, "Personal Report, 1921-1922," PHS RG 91-1-7.

1063. Ibid.

1064. "Social and Educational Project, Kermanshah, 1944-45," PHS RG 91-19-30.

in Kermanshah, was placed in charge of the nursing school. Nicholson wrote that Shamsi "[felt] a sudden urge or need to use authority in [the] absence of Miss Pease [and] ordered the gate police not to permit the class to leave without her permission. They had wanted to go home for lunch rather than eat hospital food as had been customary on class day."[1065] The following day, the students' parents met with the Rais-i Moaref. The students presumably gained permission to eat their lunches at home because Nicholson commented that at that meeting the class "realized their solidarity" and she had "since been sorry that they learned to work collectively."[1066]

When Nicholson arrived at the government nursing school in Mashhad, she moved the practical work from Shah Reza Hospital to the mission hospital. On the first day of practical work at the mission hospital, one student was sick, but the rest of the students came and worked for five hours with a fifteen minute period for lunch. This was the longest period of time that they had had to do continuous practical work. In the midst of the routine work, "first one [student] in ward 'A' and later one in 'B', sat cross-legged on [the] brick floor in the center of [the] room, simply a little tired."[1067] The following week when the students were again supposed to do their practical work at the mission hospital, Nicholson wrote that "NOT ONE GIRL REPORTED."[1068] The following day she interviewed each student privately in her office and discovered that the students and their parents felt that the work at Shah Reza Hospital was sufficient and they did not care to learn the working plans of the American Hospital. Some students told her that when they entered the school, they thought they would only have to do classroom work. Other students said that they lived too far away from the mission hospital and

1065. Ellen Nicholson, "Report of School of Nursing, Meshed," June 20, 1937, PHS RG 91-7-25.

1066. Ibid.

1067. Ellen Nicholson, "Report of School of Nursing, Meshed," June 20, 1937, PHS RG 91-7-25.

1068. Ibid.

they were not willing to walk that far. Nicholson informed them that they had to carry out practical work at the mission hospital and that "when, where and how much practical work is not their jurisdiction." She also told them that they would have to do some night duty before they could get their diploma. Later on, "each girl reported that [her] parents WILL NOT permit ANY night duty." The following week, six students reported to the mission hospital, but only three students came the week after. The "principle cause" of their discontent was the "necessity of working in the American Hospital." Nicholson was unable to mete out any punishment because that would reflect badly on her and her effort to establish the school. Eventually, Nicholson transferred most of the practical work back to Shah Reza Hospital.[1069] Thus, Nicholson was forced to give in to the students' demands in order to continue on with the nursing school.

In 1940, a nursing student in Mashhad challenged Degner's authority. Degner took over from Nicholson at the government school. Once the nursing students had completed their two years of training in the government nursing schools, they were required to take government examinations. A committee of physicians acted as the examining board. Degner had dismissed one of the nursing students at the government nursing school in Mashhad because the student had stopped attending the lectures and only completed one year and four months of the program. Apparently, Degner consulted with Dr. Zais, a physician at Shah Reza Hospital, and the Governor, who both gave her permission to dismiss the student.[1070] However, when it came time for the government examinations, the student managed to pull some strings and the Governor gave her permission to take the examinations. On the morning that the examinations were to begin, Degner and the physicians on the examining board got into an argument over whether the

1069. Ibid.

1070. Emma Degner to Rolla Hoffman, January 5, 1940, RH Papers.

student could take the exam. The Board insisted that the student be allowed to take the examinations and Dr. Zais stated that he had never given Degner permission to dismiss the student. Even though Degner would not give her consent for the student to take the examinations, the Board bypassed her and let the student take the examinations, which she passed. The student was soon after hired as supervisor of the contagious department in a newly opened city hospital.

The conflict over the examination of the student reveals some interesting ways that power was contested in the newly established area of nurse training. First, the student was able to oppose Degner and negotiate permission for taking the examinations. Degner was upset that her authority had been challenged, but the student recognized that the Governor had more power than Degner over the training program. In a letter to a missionary physicians, Degner commented: "Like the Board, the student too thinks she understands all about nursing, but knows absolutely nothing … Just because she has passed the ridiculous government examinations, she will get her diploma and be considered a graduate nurse."[1071] The challenge that Degner posed by contradicting the Governor and the physicians was also significant as the Governor subsequently requested that Degner be transferred elsewhere. Degner reported that she was so "disgusted and disheartened with the whole affair"[1072] that she sent her resignation to Tehran, but later changed her mind and decided to finish off the remaining nine months of her contract. This demonstrated how much power a student could wield. Students recognized and leveraged their authority to improve their situations. It also revealed the limits to missionary nurses' authority within the government nursing school project.

1071. Ibid.

1072. Ibid.

Conclusion

Historian Ellen Walsh argues that Presbyterian mission education in Puerto Rico had "emancipatory effects, including an expansion of the public sphere in terms of content and participation and the introduction of new social and occupational roles for women."[1073] Although mission records are limited, they do reveal that Iranian women were not oppressed victims within colonial mission institutions, but agents who took advantage of nursing education and work to shape their futures. Professional nursing presented Iranian women with opportunities for financial, social, geographical and professional mobility. Many women chose to enter public spaces through paid nursing work and some seemed happy with their choices. Iranian women's investment in the professional ideals of the occupation enabled them to become contributors to the civic community and to carve out spaces of leadership within the field of health in Iran. Ultimately, Iranian women pursued nurse training and work within the context of their lives and experiences. They used mission nursing schools as a way to enter paid employment, gain greater independence and financial autonomy. Furthermore, missionary nurses' focus on nursing professionalism engendered the nationalization of the nursing profession.

1073. Ellen Walsh, "'Advancing the Kingdom': Missionaries and Americanization in Puerto Rico, 1898-1930s [PhD diss., University of Pittsburgh, 2008], iv.

Chapter 5

Nurses as Administrators: Implementing Higher Standards of Nursing Education

World War Two drove the American medical mission into a state of crisis, which ironically, propelled missionary nurses to expand their professional agenda and strengthen their position within the mission. By the 1940s, missionary nurses were firmly committed to fostering professional nursing standards. This chapter explores their efforts to establish an institute of higher nursing education in Iran and the ensuing battle that emerged between nurses and physicians over the project. It reveals that doctors and nurses had different goals for the future of the medical project. I argue that nurses used this educational project to carve out a stronger position for nursing within the mission.

A Mission in Crisis

On the eve of World War Two, the American Mission to Iran was facing a precarious future. Internal and external factors had led to a decline in missionary personnel and resources. While the 1920s had been an era of major expansion in American missions worldwide, the onset of the Great Depression had caused financial support for existing missionary work to dry up. As a result, the BFM cut missionary personnel in Iran by one third. Reza Shah also imposed greater restrictions on missionary work. In 1940, the Iranian government closed down all mission schools in the country. Medical missionaries worried that it was only a matter of time before the government would close down the mission hospitals. The war altered this expected trajectory. Following Reza Shah Pahlavi's forced abdication after the Anglo-Soviet invasion of Iran in 1941, medical missionaries faced more freedom with their medical work, although they also faced the challenge of operating hospitals during wartime.

Mission Medicine in the Context of War

The Second World War radically transformed American mission medical work in Iran. In order to meet the wartime demands for medical care, hospitals operated at full capacity. Medical missionaries expanded their scope of medical work to treat the influx of patients injured and effected by war. For example, they treated soldiers and Polish refugees for war injuries, malnutrition and infectious diseases.[1074] As the cost of living increased, inflation imposed severe hardships on some segments of the population. Medical missionaries increasingly relied on the support of local, national and international agencies for supplies and funds to carry out their medical work.[1075] For example, the Anglo-Iranian Relief Organization gave the hospital in Mashhad "money to use taking care of poor people" which "helped keep the hospital chock full of patients."[1076] However, missionaries faced new challenges. Medicines and medical supplies were difficult to purchase and import during the war. In 1944, a U.S. diplomatic representative in Iran wrote that the American Presbyterian Mission had informed the American Legation that it

1074. "Iran Mission Narrative, 1941-42," PHS RG 91-8-2.

1075. It is unlikely the hospitals could have continued to operate without the assistance of many organizations. In 1944, the American Red Cross donated 114 cases of bandages, 3050 cotton blankets, 16 cases of medicine and 100,000 tablets of quinine to the mission. It also supplied the mission with vitamin concentrates, powdered milk and grapefruit juice to give to Polish children. The local health department in Mashhad supplied the mission hospital with typhus vaccine, which it had obtained from the United States. The Anglo-Iranian Relief Organization gave the hospital coupons for rice, tea, sugar, kerosene and charcoal so that it could distribute these to families in need. Medical missionaries relied on donations from individuals and relief organizations to keep the hospitals going as more and more patients were unable to pay for medical care due to inflation. Iranian businessmen and British and American military personnel and advisors all donated personal funds to the hospital work during the war. The mission hospitals had never been dependent on outside agency donations for their sustainability before. Rolla Hoffman to Friends, December 2, 1943, RH Papers; Rolla Hoffman, *Pioneering in Meshed, The Holy City of Iran: Saga of a Medical Missionary* (self-pub., 1971), 145; "Annual Report of Westminster Hospital, 1943-1944," PHS RG 91-19-30; Rolla Hoffman to Friends, December 2, 1943, RH Papers; Rolla Hoffman to Friends, December 2, 1943, Oregon; Rolla Hoffman to Glenn Hoffman, June 20, 1942, RH Papers.

1076. Rolla Hoffman to Glenn Hoffman, June 20, 1942, RH Papers.

was "entirely out of certain badly needed drugs and its drug supplies generally are running dangerously low."[1077]

The hospitals also faced a severe staffing shortage, a crisis which precipitated the employment of Iranian physicians to run mission hospitals. Iranian graduate nurses could make more money – sometimes double the salary – working for army hospitals and other agencies than mission hospitals. During the war, missionaries increased hospital employees' salaries and gave bonuses several times, but all hospital employees' salaries remained inadequate. The mission medical force was also depleted. There were only eight missionary physicians in Iran in 1941 to staff six hospitals. The situation became more acute in 1942 when one physician resigned to join the U.S. military, one physician died of typhus and another physician retired. As a result, the mission closed the hospitals in Rasht and Tehran.[1078] Although these were supposed to be temporary closures, the mission hospital in Tehran was never re-opened. In 1944, the BFM acknowledged that the medical mission was in dire straits and it supplied funds so that the mission could hire Iranian physicians to work in the hospitals.[1079] By 1946, Iranian physicians were working in the hospitals in Hamadan, Kermanshah and Mashhad.

This wartime crisis forced medical missionaries to reconsider their ability to offer first-rate medical care. The staffing crisis and missionaries' exposure to advanced military medicine convinced some missionary physicians and nurses that mission medicine as it operated was no longer feasible. For example, when a patient arrived at the hospital in Mashhad in 1944 needing an urgent abdominal operation, missionary nurse Janet Fulton asked a military surgeon in a

1077. Richard Ford, "Telegram," April 14, 1944 (Telegram 253, 891.24/651), quoted in Majd, *Iran Under Allied Occupation*, 191.

1078. Arthur Boyle, "Mission Secretary's Report, 1946," PHS RG 91-1-12.

1079. "Minutes of the Executive Committee Meeting of the Iran Mission, 1944," PHS RG 91-6-20.

nearby camp to do the surgery as the missionary physician was on vacation. The military surgeon arrived at the mission hospital with a retinue of operating staff, including a graduate nurse, an orderly, an X-Ray technician and an anesthetist. Prior to the initiation of the surgery, Fulton found the anesthetist looking for places to plug in the oxygen machine and she was embarrassed to tell him that the hospital did not have oxygen.[1080] The surgeon then asked her to prepare blood to give to the patient after they surgery and she had to confess that they did not have a blood bank either. She wrote that the experience convinced her of "the great gulf between the equipment and facilities available in a military field hospital and the mission hospitals."[1081] Missionary physician Rolla Hoffman felt that mission hospitals could no longer supply the diagnosis and treatment that was needed. He wrote: "We are failing here." In his view, the mission hospitals had been reduced to "third-rate, out of date affairs" that could not "supply the diagnosis and treatment" that were needed.[1082] These wartime experiences exposed the limits of mission medicine and convinced some missionaries that they were no longer able to offer good medical care through the existing hospital set-up.

Nurses Pursue Independent Funding

In the midst of the turmoil and uncertainty of war, nurses continued to push for advancements in nursing education. The closure of the mission schools in 1940, presented missionary nurses with the opportunity to advocate for greater funding for nursing education and they pursued it. The Russell Sage Foundation, a philanthropic organization in the U.S. that endowed money to charitable, religious and educational institutions, had already allocated funds

1080. Janet Fulton, "Personal Report, 1944-45," PHS RG 91-7-8.

1081. Ibid.

1082. Rolla Hoffman, "Personal Report, 1945," PHS RG 91-7-8.

to Sage College, a mission-run institute of higher education for women in Iran. When the Iranian government nationalized the mission schools, nurses saw an opportunity to secure more funding for their nursing schools. They spearheaded an endeavour to have nurse training re-classified as educational work in an attempt to access those funds. Their hope was that the Sage Committee, a BFM committee that oversaw the distribution of Sage Funds, would agree to fund nursing education in place of its earlier financial commitment to the higher education of women in Iran. In April 1942, nurses asked the Sage Committee to consider redirecting the funds it had previously designated for Sage College to nursing education, "the only kind of organized educational work left to us in this country."[1083]

Financial Independence as a Vehicle for Greater Autonomy

The mission supported the nurses' attempt to access the Sage funds but it requested the nurses prepare a funding request that would demonstrate how the nursing schools would function as educational institutions. Nurses took advantage of this opportunity to argue for greater nursing autonomy within the mission. They submitted prospective budget proposals for each of the five nursing schools in Iran to provide proof of the cost of training nurses.[1084] Each budget was prepared by a nurse who was stationed at that school.[1085] For example, Frances Wooding prepared the budget for the nursing school in Tabriz where she was stationed.[1086] Although

1083. Janet Fulton, Annie Boyce and Jane Doolittle to Members of the Sage Committee, April 30, 1942, PHS RG 144-5-4.

1084. Ibid; Frances Wooding, "Concerning the Proposed Plans for Schools of Nursing in Iran," January 1944, PHS RG 91-11-12.

1085. In addition to the five budgets for the nursing schools, there was also a proposed budget for a Laboratory Technology Class in Mashhad prepared by Katherine Norem. Katherine Norem to Irene Sheppard, November 16, 1942, PHS RG 144-5-4; Katherine Norem, "Budget for Laboratory Technology Class," PHS RG 144-5-4.

1086. Frances Wooding to Irene Sheppard, October 21, 1942, PHS RG 144-5-4.

nurses were acting under the direction of the mission, their ability to detail how proposed funds would be used meant that they had the ability to shape the direction of the nursing education project. In the proposed budgets, nurses allocated money for the translation and purchase of textbooks, student uniforms, upkeep of school equipment and property and salaries for Iranian teachers and assistants.[1087] The prospective budgets were based on an average entry class of twelve students.[1088] The primary difference between nurse training and nurse education at this time appeared to be a financial one. The proposed budgets did not introduce novel educational resources or suggest innovative methods of instruction. However, nurses specified that nursing schools should be financially independent from mission hospitals. The proposed budgets were designed to ensure that nurses would have control over how Sage Foundation funds would be utilized if granted.

Nurses recognized that financial independence was key to implementing higher educational standards. As things stood, each mission hospital was responsible for supporting its own nursing school. Wilma Pease articulated her frustrations with this arrangement in a letter to the BFM: "I am convinced we cannot longer continue with our present system of training, supported entirely by what can be spared from the hospital budget, and give our students a fair education in nursing."[1089] She argued for the establishment of nursing in Iran on the basis of "education instead of 'training'"[1090] and bolstered her opinion with the inclusion of a quotation that she ascribed to a doctor for whom she had once worked, who allegedly said: "Train animals

1087. "Proposed Nursing Education Fund for Iran," PHS RG 144-5-4.

1088. "Budget for School of Nursing, American Hospital, Resht, 1942-43," PHS RG 144-5-4.

1089. Wilma Pease to Irene Sheppard, October 19, 1942, PHS RG 144-5-4.

1090. Ibid.

but educate nurses."[1091] Her comment indicated that she felt a separate budget would enable missionary nurses to institute a higher quality of nursing education. Nurses argued in their funding request that each school of nursing needed its own budget in order to support the high levels of nursing education that missionary nurses in Iran were keen to advance through these institutions. It acknowledged that a separate budget for the nursing schools was a "fairly new idea even in America," but without "proper budgets," missionary nurses would be unable to "carry out our ideals" for nursing education.[1092] Thus, financial autonomy was perceived as key to the attainment of their professional goals.

Professional Aspirations

The funding request also revealed the growing internationalism of nursing professionalism. Missionary nurses in Iran wanted to implement a standardized nursing education in their schools based on the latest standards for nursing education in the United States. In 1943, Wooding and Chambers submitted a set of recommendations at the Sage Committee's request that specified the strategies that mission nurses would take to upgrade nursing education in schools that might benefit from the support of Sage funding.[1093] The recommendations revealed that nurses planned to base the new nursing program in their schools on the curriculum guide issued in 1937 by the New York-based National League of Nursing Education (NLNE).[1094] Their hope was that Sage-funded schools would offer a three-year course

1091. Ibid.

1092. Janet Fulton, Annie Boyce and Jane Doolittle to Members of the Sage Committee, New York, April 30, 1942, PHS RG 144-5-4.

1093. Estella Chambers and Frances Wooding, "Recommendations Regarding Nursing Education in Iran," February 10, 1943, PHS RG 144-5-4.

1094. Ibid.

with a minimum entry requirement of ninth-class certification. Furthermore, Wooding and Chambers stipulated that there must be at least "two American nurses" assigned to each station with a Sage-funded school. Mission hospitals were supposed to be two-doctor institutions, so it is telling that nurses argued that there should also be two nurses assigned to each nursing school. This recommendation was meant to improve nursing education and nursing care within the mission. With two nurses assigned to a station, one nurse could oversee the nursing service in the hospital while the other could conduct the nursing school. Their emphasis on upgrading nursing education in mission nursing schools paralleled debates in the U.S. over how to raise nursing's professional standing. In the U.S., American nursing leaders who wanted to elevate nursing's professional status also argued that this could be achieved by improving nursing education.

Transnational Nurse Connections

It is not surprising that missionary nurses in Iran focused on improving nursing education given their connection to nursing leaders in North America and their awareness of current global debates about nursing professionalization. Following the First World War, American nursing leaders vied for control over setting international standards for nursing. American nurses within the U.S. and those affiliated with the ICN espoused a nursing professionalization model, which recommended a three-year training program. American leaders of international aid agencies working in Europe after the war believed in raising nursing education standards incrementally and in response to the local needs of individual countries. Ultimately, the implementation of higher standards through education became the primary model internationally for nursing professionalization.[1095] Missionary nurses were trying to impose this American nursing standard in Iran.

1095. Lapeyre, "Idea of Better Nursing."

Missionary nurses were well connected to American nursing leaders and made an effort to discuss the nursing situation in Iran with them. Between 1942 and 1944, nurses Pease, Chambers and Wooding all spent time in the United States: Pease resigned in 1941 and returned to the U.S. to care for an unwell parent, Chambers resigned in January 1943 and returned to the U.S. to join the army nursing corps and Wooding spent eighteen months in the U.S. for a combined furlough and study period. While they were in the U.S., they talked with key nursing educators, visited schools of nursing and studied different models of nursing instruction. Wooding made a point of sending summaries of these conversations and the advice that she received to the BFM. Prior to accepting a position with the Presbyterian Board of Foreign Missions, Wooding had worked as an instructor at the Yale School of Nursing, so it is not surprising that she discussed the situation in Iran with noted nursing leaders Effie J. Taylor and Annie W. Goodrich, the current and past deans of the Yale School of Nursing.[1096] Both women advised Wooding to tie the proposed mission nursing school to a government university in Iran as soon as possible. According to Wooding, Goodrich elaborated on this counsel by stating that "the mistake which was made in America was that nursing education was dependent on and connected with the hospitals" and "educational standards were kept too low."[1097] Missionary nurses carefully considered the advice they received from nursing leaders as they sought to work out their vision for nursing education in Iran.

The proposed nursing education project also enabled missionary nurses to foster new transnational nursing connections. Of particular significance was Wooding and Pease's

1096. "Re: Frances T. Wooding," PHS RG 360: Frances Wooding; "Conferences concerning Schools of Nursing in Iran," PHS RG 144-5-4.

1097. "Conferences concerning Schools of Nursing in Iran," PHS RG 144-5-4.

opportunity to connect with nursing leaders in Toronto, Canada.[1098] They took a one-month BFM-funded period of observation and study at the School of Nursing at the University of Toronto.[1099] The School of Nursing at the University of Toronto had paved the way in instituting high educational standards in Canada. In 1929, it became the first nursing school in the country to be completely university-based. By 1942, it had established the first four-year BScN degree program in the country and had acquired an international reputation for its approach to nursing education. While Wooding and Pease were there, they met daily with Edith K. Russell, the director of the school. They also talked with instructors, visited classes and observed the teaching and supervision of nursing students in the hospital.[1100] Wooding also took a postgraduate course in Ward Administration and Public Health while there.[1101] Reporting on this month-long study in 1943, Wooding noted that it was a "worthwhile experience" and gave her a "much better understanding of how a school of nursing can function as an educational institution, independent of the hospital."[1102] In recounting her final meeting with Russell, Wooding wrote: "Miss Russell … gave us counsel and inspiration which I hope we can carry over to our problems on the field."[1103] The advice obtained from Taylor, Goodrich, Russell and others was formative in

1098. Lynn Kirkwood, "Enough but Not Too Much: Nursing Education in English Language Canada (1874-2000) in *On All Frontiers: Four Centuries of Canadian Nursing*, ed. Christina Bates, Dianne Dodd, Nicole Rousseau (Ottawa: University of Ottawa Press and Canadian Museum of Civilization Corporation, 2005), 193.

1099. "First Meeting, Sub Committee of the Sage Fund Committee to Consider Requests for Use of Sage College Fund Income," April 6, 1943, PHS RG 144-5-4, PHS; "Recommendation of Foreign Council to Executive Council," December 17, 1942, PHS RG 144-5-4.

1100. Frances Wooding to Irene Sheppard, May 18, 1943, PHS RG 144-5-4.

1101. Irene Sheppard to Dr. Dodd, Dr. Dodds, Miss Kittredge, Dr. Young, Miss Kerr, May 24, 1943, PHS RG 144-5-4.

1102. Frances Wooding to Irene Sheppard, May 18, 1943, PHS RG 144-5-4.

1103. Ibid.

shaping missionary nurses' objectives for the nursing education project in Iran and their desire to be autonomous.

Nurses' connections with prominent American and Canadian nursing leaders reveals the extent to which nursing internationalism shaped their agenda. Wooding and Pease re-articulated their aims for nursing education in Iran and became more vocal and assertive about their professional goals. Wooding in particular began to communicate directly and regularly with members of the BFM. In May 1943, she sent BFM Secretary Irene Sheppard two documents that she had worked on with Pease regarding the establishment of the "Schools of Nursing in Iran on a new basis" as they "wanted to get our thoughts down on paper."[1104] The contrast between the original recommendations that Wooding and Chambers submitted to the Sage Committee, at its request in February 1943, and the recommendations that Wooding and Pease drafted and presented to the Sage Committee of their own initiative in May 1943, three months later, revealed their desire for independence and control.

Nursing Control over Nursing Education

Nurses seized the opportunity to argue for nursing oversight over nursing education. Wooding and Pease addressed their recommendations for the proposed education project to the Iran Mission, rather than the BFM or the Sage Committee. Pease and Wooding wrote that the "Mission should understand" that each Sage-funded school should be "administered by nurses," "independent of the hospital," possess a "separate budget" and be "staffed by two American nurses."[1105] This meant that the hospital would have to supply its own nursing staff "to cover the

1104. Frances Wooding to Irene Sheppard, May 9, 1943, PHS RG 144-5-4.

1105. Wilma Pease and Frances Wooding, "Regarding Establishment of Schools of Nursing in Iran on a New Basis," PHS RG 144-5-4.

nursing requirements of all its patients and not be dependent on student service from the school."[1106] These recommendations were designed to ensure that nurses would obtain complete authority over the development, finances and administration of these nursing schools. Wooding and Pease indirectly implied that they had BFM support for their recommendations by stating that the proposal was the product of their BFM-financed study of various schools of nursing in North America. Perhaps this was an attempt to grant legitimacy to their proposition and convince members of the Iran Mission to vote in favour of the principles that they outlined. They were strategic as well; rather than circulate the documents directly among members of the mission, they forwarded the documents to BFM Secretary Sheppard, which ensured that the BFM Executive was aware of their recommendations and that the documents were available for consideration by the Sage Committee as it deliberated on the nurses' funding request. They were successful in this regard as the Sage Committee later indicated that it had reviewed the documents as part of its assessment of the nursing project in Iran.

The stated goal of the proposed educational project was to establish mission nursing schools that had an "increased emphasis on the education program,"[1107] but Pease and Wooding had more extensive designs for their work in Iran. They hoped that the new schools would "serve as a demonstration" and produce "graduates who could be used in government schools of nursing" and become "the leaders in nursing in Iran for the future."[1108] They remained committee to the development of Iranian nursing leadership. They wanted to create a cadre of professional nurse leaders in Iran and saw the proposed schools as a way to implement a higher standard of

1106. Ibid.

1107. Wilma Pease and Frances Wooding, "Questions which should be considered in connection with establishing Schools of Nursing in Iran on a new basis," PHS RG 144-5-4.

1108. Wilma Pease and Frances Wooding, "Regarding Establishment of Schools of Nursing in Iran on a new basis," PHS RG 144-5-4.

nursing education and practice in the country. This had always been the goal of many of the missionary nurses in Iran, as previously discussed, but they saw the proposed education initiative as a new way see this goal realized.

Missionary nurses and physicians had different objectives for their work in Iran. By the 1940s, missionary nurses were not as interested in the status of mission nursing per se than in the status of the nursing profession in Iran. They were focused on preparing professional nurses for positions of leadership in the country, not merely within mission institutions. Missionary nurses' outward-looking perspective distinguished them from missionary physicians who, although they were engaged in medical dialogue with Iranian physicians, were more interested in creating first-rate mission hospitals and trying to secure a position for themselves within the medical field in Iran.

BFM Support for Nursing Education

The BFM supported nurses' demands for adequate nursing resources.[1109] In 1942, the BFM formed its own committee to study the nursing situation in Iran and voted to endorse the mission's request to the Sage Committee. The BFM affirmed that nursing instruction was "a form of education for women … in Iran"[1110] and it made six recommendations to guide the Sage Committee in its consideration of the mission's petition for financial assistance.[1111] The main directive was that the development of nurses' education should be confined to one or two centers, preferably Mashhad and/or Tabriz, so as to concentrate resources and strengthen the project. The BFM also instituted a condition that two missionary nurses must be assigned to each

1109. "Sage School of Nursing, 1944" PHS RG 91-8-3.

1110. "Recommendation of Foreign Council to Executive Council," December 17, 1942, PHS RG 144-5-4.

1111. "Sage School of Nursing," 1944, PHS RG 91-8-3.

of the centers that embarked on the new program of nursing education, declaring that this was an "essential" requirement.[1112] This ensured that Sage funding would be contingent upon adequate nursing staff. In the past, physicians took precedence in the mission's requests for new recruits. The BFM's assessment affirmed the important work of nursing education within the mission.

The BFM assumed that the missionaries in Iran supported the proposed project since it was the mission that had initiated the funding request. Indeed, the early correspondence between missionary personnel in Iran and the BFM suggested that there was widespread support for the project among members of the Iran Mission. In October 1942, Sarah McDowell, writing to the BFM on behalf of her husband, missionary physician Philip McDowell, stated: "We both think that the nursing schools are one of the greatest opportunities for service in Iran. They should certainly be encouraged and supported."[1113] In their view, the American nurses of the mission were "overloaded" and were "spread … terribly thin trying to run both a nursing school and a hospital" as there was rarely ever "more than one nurse to a hospital."[1114] They considered it "more imperative than ever that the Mission should go ahead with the nursing program."[1115] Their comments indicated that they supported the educational objective of the project and the allocation of more resources and personnel for nursing work. Likewise, missionary physician Hartman Lichtwardt, in a letter to the BFM, argued that "nursing education is one way in which Christian democracy in its broadest sense can be brought to needy nations" and he advocated that the main ideas of the nursing program should "be worked out at once."[1116] The correspondence

1112. "Recommendation of Foreign Council to Executive Council," December 17, 1942, PHS RG 144-5-4.

1113. Sarah McDowell to Irene Sheppard, October 17, 1942, PHS RG 144-5-4.

1114. Ibid.

1115. Ibid.

1116. Hartman Lichtwardt to Irene Sheppard, October 10, 1942, PHS RG 144-5-4.

revealed that missionary physicians, not just nurses, initially backed the project. After reading this communication, Sheppard indicated in a memo that she circulated among members of the BFM in December 1942 that "practically all the medical personnel, both doctors and nurses, agree on the importance of nurses' education, and also agree in general on the items in the proposed budgets."[1117]

The Sage Committee decided to fund the nursing education initiative in Iran. In April 1943, it voted to approve an appropriation of $1000 to finance one nursing school. This was to be increased to $2000 the following year to support two nursing schools.[1118] In a letter to Wooding in September 1943, BFM Secretary Leroy Dodds wrote that "it is understood that the Sage Committee will be willing to continue appropriations for a period of years but that future appropriations will be based on later and more detailed estimates made up after the plan has been put into operation."[1119] Wooding was unhappy with the decision as she felt that the appropriation "gives the mission little assurance" and she doubted that missionaries would vote in favor of the project unless there was "a definite provision for a stated number of years."[1120] In a letter to Dodds, she stated that the money as granted would not allow her to "start to build anything up."[1121] Wooding was correct in her assessment of the mission's reaction as it voted against starting the new educational project at its annual meeting in 1944.[1122]

1117. Irene Sheppard to Members of the committee appointed to study proposed nursing education project in Iran (Dr. Dodds, Miss Kittredge, Dr. Dodd, Dr. Young), December 2, 1942, PHS RG 144-5-4.

1118. "Action of Sage Committee," March 24, 1943, PHS RG 91-8-3, PHS; "Action of Sage Committee," April 6, 1943, PHS RG 91-8-3.

1119. Frances Wooding, "Concerning the Proposed Plans for Schools of Nursing in Iran," January 1944, PHS RG 91-11-12.

1120. Frances Wooding to Leroy Dodds, quoted in Irene Sheppard to E. M. Dodd and L. Dodds, November 3, 1943, PHS RG 144-5-4.

1121. Ibid.

Missionary Physicians Object

Tensions developed between nurses and physicians over the project. As the BFM and the Sage Committee came to support the new nursing educational endeavour, some missionary physicians in Iran grew increasingly critical of it. The disagreement over the nursing education program became polarized along professional and gender lines, with male physicians and female nurses disagreeing over the utilization of scarce personnel and material resources within the mission. At a time when resources and funding were scarce, and all missionary personnel in the field were overworked, some physicians objected to the designation of funds for an area of medical work that they did not consider to be that important. They argued that funds should be devoted to reinforcing the physician workforce and maintaining the hospitals, rather than attempting to implement higher nursing educational standards. On the surface, the conflict appeared to be about resource allocation, and it was, but it was also more profoundly about the future goals of the mission and the rise of nursing as one of the most important avenues of mission work in Iran.

Physicians voiced their opposition to the nursing education project in letters that they addressed directly to male members of the BFM. In a letter to BFM Medical Secretary E. M. Dodd, missionary physician Payne indicated that there had been "quite a lot of vigor" in the letters circulated among members of the mission's Medical Committee. Payne's main objection to the advanced nursing education project was the issue of funding allocation. Due to the slim quotas imposed by "the assigners of passages to Iran," he argued that the mission's "first, second and third urgent needs are for doctors" and not a nurse "'specialist' for whom there is now no

1122. "Action of Annual Meeting 43-44," PHS RG 144-55-4.

opening."[1123] At the time of his letter, there was only one doctor on the staff who was not due or overdue for furlough. He was not willing to support an "advanced step" in nursing education until more physicians were assigned to Iran. Yet the situation was no less dire for the nurses on the field, who were also overworked and shorthanded.[1124] Furthermore, he wrote that members of the Medical Committee took particular objection to the BFM's consideration of Pease for the position of the nurse "specialist" to be assigned to the advanced training center, arguing that there were other nurses on the field who were less "temperamental" and better qualified to fill the position. The Medical Committee indicated that it would welcome Pease to the field, but it "desired that she help carry the nursing load as it exists."[1125]

Missionary physician Bussdicker also opposed the project and wrote "I cannot approve of starting a Higher Nursing School project in Iran."[1126] He argued that there was no need to improve nurse education because the training that students received in the mission schools was already "similar" to the training that nursing students in the United States received. Although he did not believe that the nursing students in the mission schools were "equal to the best of … American graduates," he alleged that they were no "less efficient than the worst products" of American Schools of Nursing. He mentioned that he visited schools of nursing while he was on furlough and thus relied on personal experience and study to back up his claims. He noted that there was a "policy" in the U.S. to put "nursing students into a special class like medical

1123. John Payne to E. M. Dodd, November 6, 1943, PHS RG 144-5-4.

1124. Irene Sheppard listed the available personnel. There were seven doctors on the field and three on furlough. There were three nurses on the field, plus four "part-time" nurses (Helen Easton Hoffman, Blanche Bussdicker, Hilda Lichtwardt and Jean Wells Packard), and one nurse on the way. So in some ways the situation was much more critical for the nurses. Irene Sheppard to Committee, December 2, 1942, PHS RG 144-5-4.

1125. John Payne to E. M. Dodd, November 6, 1943, PHS RG 144-5-4.

1126. Russel Bussdicker to E. M. Dodd, December 15, 1943, PHS RG 144-5-4.

students," but he argued that this policy "was not generally adopted" and "was not even generally accepted as the best way to educate nurses."[1127] In his view, nurse training in Iran was no different than in the United States, except that Iranian graduate nurses were not *quite as good* as American-trained graduates.

Bussdicker recognized that pursuing advances in nursing education would influence the future direction of the mission as a whole. Even though he said that the only difference, in his opinion, between the current and proposed project was that "two American nurses" would be assigned to the station with the new nursing school, his subsequent comments reveal that he realized that there was much more at stake. He noted that if the proposed school of nursing was opened in Tabriz, then "the Mission would have to see that Tabriz Hospital be kept open and in continuous operation regardless of any other needs of the Mission." That meant that the mission had to be "willing to close Meshed [*sic*], Hamadan, Resht [*sic*] or Kermanshah Hospitals" so that the physicians at those institutions could cover for the physician at Tabriz while he was on furlough.[1128] Bussdicker's remark indicated that he realized that the nursing education project, if implemented, would direct the priorities of the medical work and dictate which hospitals would need to remain open and which hospitals would need to close.

Non-medical members of the mission were also divided in their opinions on the project. In a letter to the BFM, Reverend Hugo Muller argued that the "big need … is for staff to enable us to keep our hospitals going."[1129] He suggested that the nurses were "everlastingly" on the "'crusade' for 'higher standards'" and even though the mission "believed in higher and higher

1127. Ibid.

1128. Ibid.

1129. Hugo Muller to E. M. Dodd, December 20, 1943, PHS RG 144-5-4.

standards," he felt that it would be "foolish to attempt to add this burden to the Mission's load."[1130] Muller contended that the main priority should be to "strive to save our existing hospitals, and to refloat the Tehran Hospital." Once the hospitals had all been "rescued," then he believed the "Mission would be glad to cooperate in the proposed experiment."[1131] Despite the decline in finances and staff, many of the missionaries, medical and non-medical, wanted to re-open Tehran Hospital, which had been closed in 1944 and turned over to the U.S. Army during the World War Two. Of course non-medical missionaries had a vested interest in re-opening the hospital. The educational work in Tehran had ended in 1939 and without a hospital, the mission station in Tehran had little of practical value to offer Iranians. Payne and Muller were particularly keen to re-open Tehran Hospital. However, some of the non-medical women in the mission supported the project. Jane Doolittle, an educator who had assisted with the submission of the funding request, wrote that the educators had "tried to get into action to help out the nurses in their problem of developing nurses' training, but as yet nothing has emerged." They hoped that the nurses would be able to "find a solution to their very urgent problem."[1132] However, as previously mentioned, while some of the physicians did support the project, at least one nurse opposed it. The entire Medical Committee opposed the project and missionary nurse Ellen Nicholson, the only nurse who sat on the committee, wrote to Wooding that she had also voted against the project.[1133]

Teaching public health and preventative medicine to nursing students also emerged as a contentious issue. In their recommendations to the Sage Committee, Wooding and Pease

1130. Ibid.

1131. Ibid.

1132. Jane Doolittle, "Sage Scholarship Committee Annual Report, 1943-1944," PHS RG 91-8-3.

1133. Frances Wooding to Leroy Dodds, February 4, 1944, PHS RG 91-11-12.

indicated that they intended "to put new emphasis on the preventative nursing" rather than focus only on "curative bedside nursing."[1134] Nursing leaders in the North America had pursued public health nursing as a means of achieving greater autonomy and influence. Missionary nurses were impressed by the way that preventative nursing had been incorporated into the entire nursing program at the School of Nursing at the University of Toronto. After her study period there, Wooding wrote that she felt that she had learned how to apply preventative nursing to the curriculum.[1135] Bussdicker countered that the "emphasis on public health and prevention is a grand aim" but his "experience shows" that it would be "impossible" for missionaries to take the lead in this area. He stated that he was closely associated with the provincial Health Department in Kermanshah and there was "opposition in official circles to any efforts … along this line."[1136] However, the nurses felt that preventative nursing was one of the ways that the educational program could be strengthened and improved. Responding to physicians' opposition to the program, Wooding wrote that "the preventative aspect of medical work" is "an attitude of mind which the bed-side nurse needs to have as well as the school nurse or visiting nurse. It also fits her to be a better home-maker when that opportunity comes."[1137] Physicians were focused on the provision of mission medicine through mission hospitals and public health nursing was not in line with their own interests in mission medicine.

The physicians, like the nurses, were trying to push their own agendas. By writing directly to male members of the BFM, physicians hoped that their interests would take

1134. Wilma Pease and Frances Wooding, "Reasons for establishing Schools of Nursing now with increased emphasis on the educational program," PHS RG 144-5-4.

1135. Frances Wooding to Irene Sheppard, May 18, 1943, PHS RG 144-5-4.

1136. Russell Bussdicker to E. M. Dodd, December 15, 1943, PHS RG 144-5-4.

1137. Frances Wooding, "Concerning the Proposed Plans for Schools of Nursing in Iran," January 1944, PHS RG 91-11-12.

precedence. In a move demonstrating careful strategy, physician Payne sent a copy of a letter he had written to the BFM to missionary physician Joseph Cochran, who was on furlough in the United States, and told him that the letter was a summary of the general attitude of the Medical Committee in Iran. If Cochran was "put on the red carpet in New York" about the Medical Committee's attitude on the nursing school, Payne hoped that Cochran would be "able to quote" from the letter.[1138] More importantly, Payne wanted Cochran to ask Dodds if the BFM was going to give the mission the "$20,000 extra help this year" that it had given to the mission the previous year, so that the money could be used "to set the [Tehran] Hospital up again."[1139] He tried to persuade Cochran to advocate for this plan by implying that the folks in Tehran "hope that you will be the one to ultimately open up the hospital." Therefore, he stated, those in Iran "hope that you won't be backward in supporting the Mission's request."[1140] Of course, "the Mission" in Payne's point of view meant the Medical Committee, not the nurses who supported the nursing education project. The correspondence between the missionaries on the field and the BFM reveals some of the politics that were involved in the negotiations surrounding this project. Male physicians wrote directly to the male members of the Council, Dodd and Dodds, while female nurses initially wrote directly to Irene Sheppard to voice their demands. Wooding eventually wrote directly to Dodds, but only after he initiated direct conversation with her. This gendered professional divide was significant, especially when Sheppard began to agree with the nurses and advocate for the project on their behalf.

1138. John Payne to Joseph Cochran, January 3, 1944, PHS RG 144-5-4.

1139. Ibid.

1140. Ibid.

In response to Wooding's comments about the insecurity of the initial appropriation from the Sage Committee, which did not provide funding for a set number of years, Sheppard wrote to the BFM and indicated that if the Executive Council did not provide something more "definite … on the financial side," Wooding "will be stymied."[1141] Thus, Sheppard aligned herself with the nurses and drafted her own set of recommendations which led to a revision of the Sage Committee's commitment to the nursing education venture in Iran. Her main recommendation was that the Sage Committee should guarantee funding for six years in order to "assure an adequate period of development of nurses' education."[1142] She also suggested that only one school for nurses' education should be established since there were so few medical missionaries in the country and the project was dependent on there being a second nurse available in the station where the school was located. The BFM presented these proposed amendments to the Sage Committee, which voted to accept them in January 1944. This was perhaps the first time in the history of the mission where the BFM intervened to support a matter of nursing interest, and it did so without the authorization of Iran Mission's Medical Committee. As a result, the Sage Committee increased the appropriation to $1500 per year for a six-year period to provide the salary for one missionary nurse who would oversee the development of the nursing education program in one station.[1143] Another $1000 was granted in order to finance the translation and preparation of textbooks and teaching materials for the new school. The Sage Committee stipulated that the "budget for nurses' education is to be kept separate from that of the hospital"[1144] and used only for the nursing education project, not for "the work of the

1141. Irene Sheppard to Dodd and Dodds, November 3, 1943, PHS RG 144-5-4.

1142. Irene Sheppard to Kittredge, Dodd, Dodds and Young, December 16, 1943, PHS RG 144-5-4.

1143. "Sage Committee Actions," January 18, 1944, PHS RG 91-8-3; "Sage Committee Actions," December 19, 1944, PHS RG 91-8-3.

Mission."[1145] The inclusion of this stipulation suggests that the Sage Committee was aware of the tensions between doctors and nurses over the project.

Wooding and Sheppard were clearly instrumental in securing more Sage Committee funding for nursing education in Iran, but the BFM was also keenly interested in the nursing work of the mission so it is not surprising that it supported the project. Nursing education had become a hot topic in discussions about the future of global missions. In June 1944, the Christian Medical Council for Overseas Work held an interdenominational Medical Missions Conference, which Dodd attended along with about one hundred doctors and nurses from around the world. Nurses at this conference drafted a statement and recommendations pertaining to mission nursing education which were adopted by the Conference. In a letter to Wooding in September 1944, Dodd indicated that he was surprised to learn that it "covered exactly what we had been thinking for Iran"[1146] and as soon as the nurses presented the statement, he "promptly got up and supported it."[1147] He enclosed a copy of the statement in his letter to Wooding, hoping that she would be able to use it to bolster support for the education project in Iran as it represented "the best thinking on the field."[1148] By the time she received it, however, the mission had already held its Annual Meeting and voted against initiating the project. In visionary words that predicted the rise of nursing's place in the work of the Mission, Dodds wrote: "I have a feeling that the whole nursing side of our program is going to move ahead after the war … in some other countries, it may be that we will have increasing difficulty with doctors' licenses but not for the nurses. So all

1144. "Sage Committee Actions," January 18, 1944, PHS RG 91-8-3.

1145. Ibid.

1146. E. M. Dodd to Frances Wooding, September 12, 1944, PHS RG 91-11-12.

1147. Ibid.

1148. Ibid.

in all, the nursing contribution from North America may be the longer lived, geographically larger part of our medical work.[1149] Nursing work was an important focus of discussion among medical missionaries and American healthcare professionals. The similarity of these contemporaneous discussions benefited missionary nurses in Iran as their objectives were mutually reinforced by both professional medicine and the global medical mission community. Dodd, for example, seemed thrilled that his study of the nursing project in Iran made him aware of contemporary thought and trends in nursing education, writing that the nurses at the conference seemed pleased to have the backing of "a 'Doc' so intelligent on what they were driving at."[1150] This likely reinforced his standing within the international medical mission community and furthered his support for the project in Iran.

The conflict that developed over the establishment of an institute of higher nursing education led to conflict between physicians and nurses. After spending eighteen months in the U.S. for furlough and study, Wooding returned to Iran in 1944 and faced hostile opposition to the project from missionaries on the field. In a letter addressed to "dear Dr. Dodds," she stated that "most of what has come from America had not helped to stimulate interest or approval from the members of the medical committee," but "seems to have antagonized and put them on the defensive."[1151] She was perplexed by physicians' antagonism toward the project, writing: "perhaps [they] do not understand why this is a good thing but I had hoped that they would trust the nurses."[1152] The resistance from physicians made more sense to her when she situated it within the historical context of the doctor-nurse relationship. Ruminating on the situation, she

1149. Ibid.

1150. E. M. Dodd to Frances Wooding, September 12, 1944, PHS RG 91-11-12.

1151. Frances Wooding to Leroy Dodds, February 4, 1944, PHS RG 91-11-12.

1152. Ibid.

stated: "Actually we are facing much the same problem that nursing leaders have faced from the time of Florence Nightingale on down. Nurses have had to prove to doctors and to hospital boards the value of intelligent nursing. It is *not* enough for us to continue to care *just* for the nursing in our mission hospitals."[1153] Her comment indicated that she interpreted opposition to the project in gendered and professional terms.

Nurses increasingly saw the new nursing education project as a means of advancing their professional goals. They wanted control over nursing education in the mission, and they wanted to advance the nursing profession in Iran. Unlike missionary physicians, they were more interested in furthering the professional interests of nursing than they were in the sustainability of nursing care within mission institutions. Wooding was the most vocal on this front. She hoped that the graduates of the mission nursing schools would "become leaders, who will themselves carry the best type of nursing service into their own hospitals."[1154] Thus, her vision for nursing education was much broader than physicians who were concerned with the immediate staffing needs of the hospital. Missionary nurses wanted to create a cadre of professional nurses who would go on to develop and strengthen professional nursing in Iran, something that "foreign nurses can never do."[1155]

Missionary nurses articulated a different vision for mission medicine than physicians. In an attempt to counter the criticisms levied against the project by fellow missionaries in Iran, Wooding drafted yet another statement about the project that she disseminated to each station. In an extensive, five-page document, she reiterated the important points that Pease, Chambers and

1153. Frances Wooding, "Concerning the Proposed Plans for Schools of Nursing in Iran," January 1944, PHS RG 91-11-12.

1154. Ibid.

1155. Ibid.

herself had raised in earlier recommendations concerning the project. She rearticulated that the new school should be nurse administered, operated independently from the hospital, be under the direction of two missionary nurses and accept only those applicants who had completed the ninth class. There must have been substantial disapproval over the separation of the nursing school from the hospital because Wooding spent an entire page discussing this. She argued that the "aim of a school of nursing is the education of the nurses" while the "aim of the hospital is to take care of its patients."[1156] In the present system, she argued, where the nursing school is an adjunct to the hospital, the demands of patient care take a toll on a student's time and strength, leaving her little time to study. The conflict between the goals of the school and the goals of the hospital paralleled the differing aims of missionary physicians and nurses. Wooding did concede that it did not seem feasible to start the project at that moment due to war conditions, the impending closure of at least one mission hospital, and the lack of medical personnel on the field, but she confided in Dodds that she hoped that the mission would approve the project even if its inauguration needed to be postponed. In order to drum up approval for the project, she intended to send a copy of her statement to each member of the Medical Committee with "personal letters."[1157] She asked the mission to approve starting one nursing school in line with the proposed plans for the new project and sending a request that the SC allocate $2000 for one school (rather than $1000 for two separate schools) and that funding for the project be assured for a trial of five years.

When disagreement arose between nurses and physicians over the nursing education project, the BFM sided with the nurses. Sheppard was once again instrumental in mitigating

1156. Ibid.

1157. Frances Wooding to Leroy Dodds, February 4, 1944, PHS RG 91-11-12.

challenges to the project by refuting the objections put forward by physicians in the field. Although Bussdicker's letter, mentioned previously, was addressed to Medical Secretary E. M. Dodd, it must have come through Sheppard because she forwarded the letter on to Dodds, with commentary. In an attached letter, addressed to Dodd and Dodds, she countered every point of opposition raised by missionary physicians Payne and Bussdicker. She argued that Bussdicker was "misinformed" about plans for the project and she disagreed with him over the purpose of mission work. Unlike Bussdicker, who felt that nurse training in Iran was equal to nurse training in the United States and thus good enough as is, Sheppard felt that the "mission hospitals and projects should aim to be as advanced as possible in order to have the highest standards and types of work in whatever we do."[1158]

Missionary physicians felt that nursing education was a waste of time. In his letter, Bussdicker wrote that nurse education was a waste of resources since so many graduates went on to get married or work in other institutions and few chose to remain in the employ of mission hospitals. But Sheppard maintained that nurse education was not a "dead loss at all" as the mission was still "accomplishing a most worthwhile thing" by training women who could employ medical knowledge to care for their family members and members of their communities, even if they were not formally employed.[1159] Furthermore, she perceptively asked whether graduate nurses within mission hospitals were being offered employment "at the salary that a graduate nurse ought to get?"[1160]

1158. Irene Sheppard to Dodd and Dodds, April 6, 1944, PHS RG 144-5-4.

1159. Ibid.

1160. Ibid.

Sheppard realized that the much larger issue in the debate over nurse education was competing professional interests. She wrote: "I can well appreciate the point of view of those working in the provincial hospitals in their apprehension that they and their needs will be ignored and lost sight of."[1161] Viewing the opposing views as a conflict between the two professions, she hoped the BFM could do something in order "to keep these nurses with this vision satisfied."[1162] She suggested that the mission should "at least approve the plan" for one school.[1163] In a separate memo, she indicated that it seemed as though the Payne and Bussdicker were acting as though the BFM was "putting over something instead of trying to do what the nurses in Iran want."[1164]

At the same time, Dodds wrote to Mission Treasurer Hugo Muller in Iran about the issue of nursing education. He acknowledged that the BFM "probably bungled the matter of nurses' education badly" and should have "attempted to pass on some of our enthusiasm for the project."[1165] He wrote about how he hoped that Wooding, who had recently returned to Iran, would be able to clarify the position of the BFM. Ultimately, it was up to the mission to decide whether it wanted to carry through with the project or not, but he made it clear that the funding would not be available indefinitely. He stated:

> I am sure that the Mission will recognize that the desire of the Sage Committee is to help Iran and to enable the Mission to do something that it could not do apart from this help. There is also the desire that Iran should continue to benefit from the Sage Fund. Naturally, there is not a little pressure brought on the Sage Fund Committee to divert its funds from Iran to other countries and other projects. The education of a higher grade of nurses appeared to be the one project in Iran which would justify the continued grant of

1161. Ibid.

1162. Ibid.

1163. Leroy Dodds to Hugo Muller, May 5, 1944, PHS RG 91-13-12.

1164. Irene Sheppard, "memo," PHS RG 144-5-4.

1165. Leroy Dodds to Hugo Muller, April 8, 1944, PHS RG 91-13-12.

> money there. Of course, if circumstances make it impossible for the Mission to carry through this project, the only answer it can give would be a regretful negative.[1166]

The communication surrounding the nursing project reveals that the mission had a lot of power in determining what happened in Iran. While the BFM allocated resources and funds to the mission, the mission had the power to decide what would take priority with the work.

The mission eventually came to support the new nursing education project after the Sage Committee revised its original commitment to the project by guaranteeing funding for a minimum six-year period.[1167] Once the Sage Committee agreed to the six-year commitment, and also likely due to increasing pressure from the BFM, the male missionaries changed their minds. Perhaps they came to realize that the external funding could benefit the medical project more broadly. By 1944, the mission voted to approve the recommendations that there be a minimum six-year period of $1000 per year for each of two centers and that there should be a second nurse at the hospital.

Missionary Nurses Discuss Their Goals

By July 1944, all of the mission hospitals were in a state of crisis as a result of the war. The situation of missionary physicians was particularly dire. The hospital in Tehran remained closed and, as the mission was unable to adequately staff its existing hospitals, it realized that it would not be able to re-open the hospital. The hospitals in Rasht and Tabriz had no missionary physicians on staff. Both hospitals were being operated by one missionary nurse and one Iranian physician. The hospital in Rasht functioned as a dispensary only and it was eventually closed temporarily. In Hamadan, the hospital was staffed by a missionary doctor, who was one year

1166. Ibid.

1167. "Sage School of Nursing: Sage Committee Actions, 1944," PHS RG 91-8-3.

overdue for her furlough, a refugee doctor and a missionary nurse. The hospitals in Kermanshah and Mashhad were both staffed by one missionary physician and one missionary nurse, but the physician in Kermanshah and the nurse in Mashhad were both a year overdue for their furloughs.[1168] Missionaries commented that "unless some unexpected doctors turn up very soon I don't see how we can avoid closing all but one or two hospitals."[1169]

Although mission hospitals were struggling, nurses continued to advance their professional goals. In July 1944, the nurses convened in Kermanshah for three days to discuss the new school of nursing and "other matters of interest to nurses."[1170] Four months prior, the mission had charged the nurses to use the meeting to develop "definite steps for realizing the suggested [nursing education] program"[1171] and propose them to the mission at its summer meeting. The nurses produced a four-page document that addressed objections to the project and offered advice for putting the nursing education program into operation. They proposed that one inaugural Sage-funded school be started in Tabriz, once the Sage-funded nurse arrived in Iran. They continued to argue that one of the responsibilities of the missionary nurse was to "prepare nationals to provide nursing service to their own people."[1172]

The nurses also took the opportunity to propose actions pertaining to nursing issues that were not directly related to the new school. By this point, the mission was having trouble obtaining government recognition for mission-trained nursing students. Some of the schools had

1168. Russell Bussdicker, "Report of Medical Secretary, July 1944," PHS RG 91-8-3.

1169. Hugo Muller to J. L. Dodds, January 25, 1944, PHS RG 91-13-12.

1170. "Recommendations and Actions of Nurses' Conference," July 17-19, 1944, PHS RG 91-8-3; Frances Wooding to Friends at Home, December 15, 1944, PHS RG 360: Frances Wooding.

1171. "Action 44/16," PHS RG 91-6-20; Leroy Dodds to E. M. Dodd, Miss Sheppard and Miss Kittredge, May 23, 1944, PHS RG 144-5-4.

1172. "Recommendations and Actions of Nurses' Conference," July 17-19, PHS RG 91-8-3.

official government recognition, but others did not. The nurses requested that the mission make an appeal to Iran's Ministry of Education to ask that nursing students from all of the mission hospital nursing schools be permitted to take the government licensing exams for nurses. Church Missionary Society (CMS) missionaries in southwest Iran were facing the same obstacles and contacted the Presbyterian Mission to collaborate on the issue of nurse licensing. At the meeting, Nicholson was appointed to correspond with the CMS Hospitals on this issue and report back to the nurses.[1173] Finally, the nurses wanted the mission to ask the BFM to appoint two American nurses to each mission hospital, "as a matter of policy," which was a "long cherished ideal on the part of all of us."[1174]

The conference was significant for several reasons. It was the first time that the nurses had met to discuss matters that were relevant to nursing practice and education. Wooding and Pease had long advocated for nursing collaboration at the mission level. In an earlier document, they had urged the mission to arrange a conference for all of the missionary nurses in Iran so that they could "study the nursing education project together."[1175] This suggests that they recognized that there was value in being able to organize. After spending so much time conversing with nursing leaders in North America, it is likely that they considered nursing collaboration an important means of strengthening nursing's position within the mission. At the conference in Kermanshah, the nurses acted to form a Nursing Committee, "composed of all the American nurses of the Mission."[1176] Nicholson was appointed chairman of the committee. The formation

1173. Ibid.

1174. Ibid.

1175. Wilma Pease and Frances Wooding, "Regarding Establishment of Schools of Nursing in Iran on a new basis," PHS RG 144-5-4.

1176. "Recommendations and Actions of Nurses' Conference," July 17-19, PHS RG 91-8-3.

of the committee is evidence that the nurses considered collectivity key to attaining their objectives. The newly-formed nursing committee would give American nurses in Iran a platform to present their objectives at meetings of the mission, separate from the medical work. For the first time, American nurses had an avenue to advocate for nursing issues within the mission, which was crucial to expanding their independence and enhancing their authority over their nursing work. The nurses seemed to have realized that the meeting was a significant step in achieving some of their desires for the nursing service in Iran as they wrote that they felt that "the time spent together was very profitable."[1177]

The nursing conference also had the more immediate outcome of procuring mission support for the new nursing education project. In July 1944, the mission, "after giving careful consideration to the report and recommendations of the Nurses' Conference," voted to "plan to enter upon a program of nursing education."[1178] It voted to ask the BFM to send the Sage-supported nurse to Iran as soon as possible in order to relieve a nurse already in the field to undertake textbook translation and lesson preparation. It also appointed Fulton and Wooding to a committee that was charged with developing a curriculum and course of study for the school. However, the mission stipulated that the opening of the new school would not take place until "there is a nurse in each of the hospitals of the Mission in addition to the nurse supplied by the Sage Committee."[1179] As there were three nurses due for furlough in the summer of 1945, the mission did not anticipate opening the school until the fall of 1946.[1180] While the mission

1177. Ibid.

1178. "Action 44-75," quoted in Dr. J. L. Dodds to Dr. E. M. Dodd, October 18, 1944, PHS RG 144-5-4.

1179. Ibid.

1180. "Minutes of the Annual Meeting of the Iran Mission, Hamadan, July 22 to 29, 1944" PHS RG 91-1-11.

approved the proposed educational project in theory, the added provision actually ensured that the project could not be implemented for some time.

The mission also acted on some of the nurses' other recommendations. In a letter to Dodd, Muller wrote that "not all of [the nurses'] recommendations were adopted," but the mission took some actions as a result of "the findings of their conference."[1181] For example, the mission agreed to "ask the Board to appoint two American nurses [to] each hospital" as "a matter of policy." It also stipulated that the mission would request the Department of Education in Iran to permit students attending mission nursing schools to take the government examinations in nursing and recommended "the ultimate separation of the budgets of the Nursing Schools from those of the hospitals."[1182]

The staffing crisis prevented the mission from implementing the nursing education initiative during the war, but it highlighted the significant contribution of missionary nurses to mission medicine. Bussdicker, the Medical Secretary for the Mission in 1944, wrote in his annual report that the hospitals in Rasht and Tabriz were operating "under the direction" of Nicholson and Wooding, the only missionaries on staff. Interestingly, both hospitals also employed an Iranian physician, but Bussdicker gave more credit to missionary nurses to running these institutions than the Iranian physicians, who were just as vital to the continuation of the hospital work.[1183]

Missionary nurses were given, and took, greater responsibility for the medial work when missionary physicians were not present. At the same time, they continued to demand greater

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1181. Hugo Muller to Joe Dodds, August 8, 1944, RG 91-13-12, PHS.

1182. "Minutes of the Annual Meeting of the Iran Mission, Hamadan, July 22 to 29, 1944" PHS RG 91-1-11.

1183. Russell Bussdicker, "Report of Medical Secretary, July 1944," PHS RG 91-8-3.

professional autonomy. Despite the severity of the staffing situation, Fulton "continued her eager propaganda for the Sage School of Nursing."[1184] Physicians, however, were focused on replenishing the missionary physician workforce. In 1945, the Medical Secretary of the Mission in Iran asked the Board to assign ten doctors to Iran which he believed was necessary "to restore the medical work of the mission."[1185] This speaks to the differing aims of nurses and physicians. While nurses focused their attention on developing Iranian nurse leaders, physicians argued for missionary physicians.

The Sage School of Nursing

Following the war, the mission authorized the opening of The Sage School of Nursing in Tabriz. It asked the BFM to send out a Sage-supported nurse and secure the $1000 annual appropriation which had been pledged to the school's budget. The mission also requested that the BFM present a request to the Sage Committee for $50,000 for the construction of a Nurses' Home.[1186] Dodds wrote that the Sage Committee was already prepared to pay the salary of one of the mission's nurses, who would be designated as the Sage-funded nurse, as soon as the school was set up. He indicated that the "[initiation] of the Sage School of Nursing depends more upon the Mission than it does on the Sage Appropriation."[1187] Once the school was established, the BFM would send the money. It took another year for the mission to actually launch the school.

1184. "Iran Mission Narrative, 1944-1945," PHS RG 91-8-3.

1185. Ibid.

1186. "Nursing Education," PHS RG 91-6-20; C. H. Allen to Rev. Hugo A. Muller, January 26, 1948, PHS RG 91-13-15; Cady Allen to Rev. Hugo A. Muller, January 26, 1948, PHS RG 91-13-15.

1187. Leroy Dodds, October 22, 1946 as quoted in Frances Wooding, Annie Boyce, Emma Degner and Esther Harvey, "Report of Committee for Sage School of Nursing, 1946-47," PHS RG 91-8-4.

The aim of the Sage School of Nursing was to implement "standards as high as possible [as appropriate for] present conditions in Iran."[1188] They hoped that the school would be able to "produce for Iran the finest nurses yet made available in this country"[1189] They succeeded in raising the admission standards of the school.[1190] The three-year program limited classroom and practical work to forty-eight hours per week.[1191] Students were taught scientific principles during their first year, then spent one year on medical and surgical nursing and the final year was devoted to studying nursing specialties (obstetrics, pediatrics, psychiatry). Students were not to go on night duty until their second year. The committee also suggested that when the curriculum was presented to the Iranian Ministry of Education for acceptance, that the names of the courses align with the courses required for the government schools of nursing. They argued that this was a "technical detail" that could be taken care of when the occasion occurred.

They meticulously compared the proposed curriculum with the NLNE Curriculum Guide and noted where the number of hours assigned to a particular subject deviated from the NLNE guidelines. The curriculum had to adjust for the 182 hours set-aside for learning English, which meant that other areas received less focus then in the NLNE guide. Another variance was the inclusion of "Religious instruction" in the Sage School curriculum, although the committee did not allot any hours to this area. According to the report, two members of the committee felt that there should be a definite plan for religious instruction included in the course of study, either as a separate course or as part of an existing course, like Ethics. But two of the committee members

1188. Fulton, Wooding, Boyce and Doolittle, "Report of the Sage School of Nursing Committee," n.d., PHS RG 91-8-3.

1189. Ibid.

1190. Ibid.

1191. Ibid.

did not feel that religious instruction should be included as part of the curriculum or even that the "whole course should be infiltrated with religious instruction, ideal and guidance."[1192] Rather, they argued that it should follow nursing curricular guidelines in the U.S. and focus on teaching professional nursing.

The Sage School of Nursing was initiated in Tabriz in October 1947.[1193] Five students, all with ninth-class credentials, were admitted to the inaugural class, but three students soon dropped out, one to be married and two reportedly because of unsettled conditions in the province.[1194] Other students had applied to the school, but were turned down because they did not meet the ninth-class standard required for admission.[1195] Only two students: an Assyrian Christian student, Mary Davud, and a Muslim student, Shokat Reza, carried on with the program. They were capped in April 1948 and graduated in September 1950.[1196] When they graduated, the government permitted them to take the government examinations in nursing, something that the missionary nurses had "long been hoping" for.[1197]

Even after the school was started, missionary physicians and nurses held different ideas about the purpose nursing education. In 1947, missionary physician Charles Lamme wrote that "the hospital" in Tabriz had taken a "leading part" in nursing education and he hoped that the "efforts … to ever improve the quality of nursing in Iran will be of a unique nature."[1198] Yet he

1192. Ibid.

1193. "Report of Medical Secretary and Medical Committee, 1946-47," PHS RG 91-8-4.

1194. Frances Wooding, Annie Boyce, Emma Degner and Ellen Nicholson, "Report of the Sage School Committee, 1947-1948," PHS RG 91-8-5

1195. Ibid.

1196. Frances Wooding, "Sage School of Nursing, Committee, Report, 1950-1951," PHS RG 91-8-8.

1197. "Report of Medical Secretary and Medical Committee, Iran Mission, 1946-1947," PHS RG 91-8-4.

1198. Charles Lamme, "Tabriz Hospital, 1946-1947," PHS RG 91-8-4.

referred to nursing education as a "department of the hospital's work" and stated that "this branch of our activities may be primarily for the purpose of the carrying on of our hospital care of the sick more efficiently."[1199] His opinion differed dramatically from Wooding, who wrote the report on the school of nursing that year. She wrote that the missionary nurses intended the school to be of value for the "education of nurses who will be of assistance in the advancement of nursing in this part of the world."[1200] Missionary physicians were more interested in sending out medical men who could "restore American prestige,"[1201] while missionary nurses wanted to develop the nursing profession. During the war, when missionary nurses and Iranian physicians worked together to keep mission hospitals running, missionary nurses often praised Iranian physicians for their work in mission institutions.

The competing opinions surrounding the establishment of the new nursing education project revealed that American nurses and physicians in Iran were battling for control over nursing resources. The nurses were emphatic about their desire for nursing control over nursing education. Unlike the physicians, staffing was never their primary concern. Their primary concern was the advancement of nursing education and nursing standards, not hospital sustainability or functioning. While the mission hospitals were experiencing a severe crisis in personnel and finances, the conflict between American nurses and physicians in Iran cannot be understood solely in terms of these realities. The physicians framed their objections in terms of competition over resources, but the conflict was more than that. As the nurses mentioned in the recommendations stemming from their conference in Kermanshah: "One of the fears of the

1199. Ibid.

1200. Frances Wooding, "Report of the School of Nursing, American Hospital, Tabriz," 1947, PHS RG 91-8-4.

1201. Hugo Muller to J. L. Dodds, August 8, 1944, PHS RG 91-13-12.

Mission seems to be that this school will be a free institution with no responsibility to the hospital."[1202] The physicians who opposed the project objected to the degree of power and autonomy that nurses were able to achieve through the proposed project. Perhaps they also realized that the nursing education project would re-shape the future direction of mission medicine and raise the status of nursing within mission medical work.

Conclusion

The opening of the Sage School of Nursing revealed the success of missionary nurses' efforts to achieve higher standards of nursing education with mission nursing. Although there was a financial impetus for developing the school, nurses took advantage of the opportunity to advance their professional goals and carve out an autonomous space for nursing within mission medicine. Missionary nurses' efforts to develop the school revealed their increasing commitment to international nursing professionalism. They studied cutting edge nursing programs in the United States and Canada and promoted their vision for nursing at the Executive level. Furthermore, the nursing education project in Iran did more than advance higher educational standards of nursing within the mission, it reshaped the future direction mission medicine and influenced the rise of nursing as one of the most important avenues of mission work in Iran in the postwar period.

1202. "Recommendations and Actions of Nurses' Conference," July 17-19, 1944, PHS RG 91-8-3.

Conclusion

Nursing Iranian Nationalism

The Persistence of Mission Nursing, 1947-1979

The establishment of the Sage School of Nursing symbolized the direction of mission nursing in postwar Iran. After World War Two, professional nursing in Iran expanded rapidly and missionary nurses recognized that their position was shifting.[1203] By 1956, Iran had thirteen nursing schools, including the prestigious Princess Ashraf School of Nursing.[1204] The postwar period also saw the emergence of prominent Iranian nurses leaders who set the agenda for the future of nursing in the country. In 1957, the Iranian Nurses Association, formed in 1943, joined the International Council of Nurses (ICN). Once the Ministry of Health established a nursing division in 1952, Iranian nurses were officially incorporated into the structures of government.[1205] Yet despite the changing economic, political and social context, American

1203. Mohammad Reza Shah carried out an extensive program of state expansion and his modernization initiatives and development projects were partly funded through U.S. development aid, which, as historian Nikki Keddie states, "put Iran in a position of long-term dependence on Western countries, especially the United States." Along with the influx of foreign capital, came an influx of foreign advisors, including international nurses, in the postwar period. Nurses with the World Health Organization set up several Maternal and Child Health Centers in Iran. The Iranian government hired British nurses to teach in the Princess Ashraf School of Nursing. American Point Four nurses were also active in the country. These nurses had far greater access to financial resources than missionary nurses. Nikki Keddie (and Yann Richard), *Modern Iran: Roots and Results of Revolution*, 2nd ed. (New Haven, CT: Yale University Press, 2003), 123; Wytenbroek, "Negotiating Relationships of Power," 87-122; Sara Ehsani-Nia, "Go Forth and Do Good: US-Iranian Relations during the Cold War through the Lens of Public Diplomacy," *Penn History Review* 19, no.1 (Fall 2011): 76-116.

1204. Ruth Frances Woodsmall, *Women and the New East* (Washington: Middle East Institute, 1960), 58. According to Firoozeh Kashani-Sabet, there were sixteen nursing schools in Iran by 1970. Three of them were located in Tehran. The High Institute of Nursing in Tehran was the only school that offered a four-year program leading to a bachelor's degree. The other nursing schools offered a three-year program leading to a nursing diploma. The Imperial Organisation for Social Services (IOSS), an organization founded by Ashraf Pahlavi, established the Princess Ashraf School of Nursing in 1949. British nurses were initially hired to run the school. It graduated fifty nurses per year. Kashani-Sabet, *Conceiving Citizens*, 191; Ali Asghar Shamim, *Iran in the Reign of His Majesty Mohammad Reza Shah Pahlavi* (Tehran: Kayhan Press, 1966), 174; Abdolreza Ansari, *The Shah's Iran - Rise and Fall: Conversations with an Insider*, trans. Katayoon Ansari-Biglari (London, UK: I.B. Tauris, 2017), 210.

1205. Mohsen Adib Haibaghery and Mahvash Salsali, "A Model for Empowerment of Nursing in Iran," *BMC Health Services Research* 5, no. 24 (March 2015): 2.

missionary nurses in Iran continued their efforts to hold administrative control over their nursing schools and financial independence from the medical mission. As a result, they were able to adapt their vision for mission nursing and ensure the sustainability of their schools after the mission hospitals were closed.

Although they were no longer at the forefront of nursing initiatives in the country, missionary nurses deftly navigated and advanced their position within Iran's burgeoning healthcare system by articulating new professional goals. In 1956, Iranian nursing leaders, with the backing of the Ministry of Health, held a ten-day Grand Nursing Conference. They invited about 100 guests to attend, including WHO nurses, U.S. Point Four nurses, British nurses who taught at the Ashraf School of Nursing, ICN Executive Secretary Daisy Bridges, Chief Nurse of the U.S. Public Health Service Pearl McIver, British-trained Iranian nurses, twenty Iranian nurses who had graduated from American mission nursing schools, and five Presbyterian missionary nurses, among others.[1206] The conference made two recommendations. First, all first-grade nursing schools were to have a three-year program with an eleventh or twelfth class admission requirement. Second, schools for practical nurses were to be established. These schools were to offer a two-year course and have a ninth class admission requirement.[1207]

As a result of the conference, mission nurses made two strategic decisions. First, they upgraded the nursing school in Tabriz so that it would classify as a first-grade nursing school. They raised the entry requirement, updated the curriculum to included public health and found clinical placements for their students in other institutions. The mission hospital in Tabriz lacked

1206. Pari Fateme Salsali, "Iran's Nurses," *American Journal of Nursing* 61, no. 3 (March 1961): 100; Azar Riahi, "Nursing Education in Iran," *International Journal of Nursing Studies* 5 (1968): 268. The Point Four program was the U.S. government's Cold-War-era, technical aid program. American Point Four personnel were active in Iran in the 1950s.

1207. Frances Wooding, "conference on nursing," September 10, 1956, PHS RG 360: Frances Wooding; "Mission Nursing Committee, 1956-1957," PHS RG 161-2-13.

some services, such as pediatrics, so missionary nurses had to find suitable placements for their students elsewhere. Second, they downgraded the nursing school in Mashhad to a two-year program for practical nurses.[1208] This decision enabled mission nurses to concentrate their resources and meet the standards set by the Ministry of Health.

Mission nursing flourished in the postwar period, demonstrating that the nurses' strategy was extremely effective. Enrollment in the two schools peaked in the 1970s. There were 121 students enrolled in the nursing school in Tabriz in 1970, and Wooding was credited for keeping the standards at the school high and in line with educational advancements in the country.[1209] The Nurbakhsh School of Practical Nursing in Mashhad, which missionary nurses initiated in 1956, had sixty students by 1970.[1210] It was one of the earliest schools to start training practical nurses. In 1967, the government asked missionaries in Mashhad to "enlarge our school as fast and as much as possible."[1211] The High Council of Nursing Education granted both schools government recognition in 1964. In 1966, mission nurses signed contracts with the Ministry of Health and the Social Insurance Organization (SIO) agreeing to send a set number of students to both bodies for professional placement. In exchange, the Ministry of Health and the SIO covered the cost of running the practical nursing school.[1212] Both schools were financially independent from mission hospitals in the postwar period.

1208. "Mission Nursing Committee, 1956-1957," PHS RG 161-2-13.

1209. "Personal Development Interview Report: Esther Mary Harvey," April 6, 1977, PHS RG 360: Esther Mary Harvey.

1210. Ibid; "Presbyterians in Iran during the Year of Cyrus: 1971 Annual Narrative Report," PHS RG 161-2-25.

1211. Miriam and Bob Eaton to Friends, November 18, 1967 in Bob and Miriam Eaton, *Letters from Iran, 1959-1969,* comp. R. Philip Eaton (self-pub., 2014), 48.

1212. "Personal Development Interview Report: Esther Mary Harvey," April 6, 1977.

Missionary nurses continued to work in Iran until the Revolution in 1979, even though the last two remaining mission hospitals in Tabriz and Mashhad closed in 1970.[1213] In fact, some missionaries felt that it was "only because of the [nursing] school that the government allows the hospital to continue" as long as they did.[1214] Even after the Ministry of Health took control of the school in Mashhad, it hired missionary nurse Harvey to continue on as its director.[1215] The BFM noted that it was "primarily through her efforts that the school continued to function after the closing of Meshed [*sic*] Christian Hospital."[1216] This was, in part, because she had "succeeded in developing the relationships which enabled the students to continue their clinical training."[1217]

Mission nurses also occupied new positions in Iran in the postwar period, in part because they had used their furloughs to advance their education and professional qualifications. After the closure of the mission hospitals, the University of Tabriz hired four missionary nurses as faculty members.[1218] One missionary nurse was hired by the university to do in-service training in the six hospitals that were affiliated with the university's Medical Faculty. She had earned a master's degree from Columbia University in this area while she was on a prior furlough which equipped her for the role.[1219] Harvey also had used her furloughs to further her studies and

1213. The mission hospital in Hamadan was closed in 1959; the mission hospital in Kermanshah was closed in 1961; the mission hospital in Rasht was closed at some point in the early 1960s. "Action 692-1089," PHS RG 161-3-4; "Action 60-1511," PHS RG 161-3-46; "Action 61-920," PHS RG 161-3-46.

1214. Margaret M. Craig to Ted Stevenson, July 20, 1967, PHS RG 161-3-52.

1215. In 1972, the Nurbakhsh School amalgamated with the Ferdowsi government school to form the Nurbakhsh-Ferdowsi School of Practical Nursing under the direction of Harvey. The number of students more than doubled. "Personal Development Interview Report: Esther Mary Harvey," April 6, 1977.

1216. Ibid.

1217. Ibid.

1218. Teddy to Gertrude Nyce, October 13, 1970, PHS RG 161-3-55.

1219. "Personal Development Interview Report: Esther Mary Harvey," April 6, 1977.

eventually earned a Bachelor of Science in Nursing in 1965. It is unlikely that she would have been hired as an advisor by the government without a degree. In 1977, the Ministry of Health hired Harvey to oversee the amalgamation of six nursing schools; she also taught the Iranian educators affiliated with these schools.[1220] The Ministry of Health employed another, new missionary nurse, Charlotte Self, in 1977 to work on the country's five-year development plan which was to go into effect in 1978.[1221] These accomplishments demonstrate missionary nurses' foresight and commitment to professional nursing. It was not until the Revolution in 1979 that the association between missionary nurses and nursing in Iran was severed. Missionary nurses fled Iran and were assigned to work in other countries or returned to the United States.

The continuation of mission nursing following the closure of mission hospitals reveals a unique trajectory for mission nursing in Iran and the importance of including nurses in histories of mission medicine. Nurses' efforts to initiate and attain administrative and financial control over the Sage School of Nursing set them on a different course than physicians. In the postwar period, nurses continued to advance their own professional interests and were successful at carving out new areas of influence, specifically with the training of practical nurses. Missionary nurses also cultivated collaborative relationships with their former students and other Iranian nurse leaders. These relationships benefited them in the 1960s and 1970s when they were invited to participate in discussions about the future of nursing in the country and were later hired to work as advisors. The Iranian government also saw value in using missionary nurses in the postwar period as it expanded and reorganized the health system.

1220. Mary Harvey to Friends, February 13, 1978, PHS RG 360: Mary Harvey.

1221. Charlotte Self to Friends, February 13, 1977, PHS RG 360: Charlotte Self.

Nursing Internationalism, Nursing Nationalism

Histories of colonial medicine and mission medicine rarely consider nurses. Yet, as this research demonstrates, nurses did not always follow along with physicians. Mission nurses in Iran had their own political and professional goals, separate from physicians. They were strategic and resolved in their efforts to achieve their professional aspirations. Ultimately, they were more successful than physicians at navigating their position within the mission, as evidenced by their successful efforts to secure independent funding for the Sage School of Nursing and the continuation of their nursing work in Iran beyond the closure of the mission hospitals.

This dissertation argues that missionary nurses in Iran transitioned from a religious mission to a professional mission. In their applications, many wrote that they pursued nursing because it would benefit their missionary aspirations. Once they arrived in Iran, they increasingly pursued professional activities, often at the expense of evangelistic ones. This does not mean that they were not motivated by their faith. On the contrary, their letters revealed that they experienced tensions between their religious and professional activities. However, they increasingly privileged and pursued professional goals. Their mission was to develop the nursing profession and "produce fine nurses for Iran."[1222] In effect, they proselytized for the nursing profession. They also redefined Christian service as they went along. They reinterpreted their faith in light of their professional goals. This paralleled the experience of many Iranians at the turn of the twentieth century who reinterpreted religious tenets based on new microbiological understandings of disease. This work sheds light on professional identity formation among a group of religious women. While science and faith are often viewed as conflicting categories,

1222. Janet Futon, "Personal Report," 1953, PHS RG 360: Janet Fulton.

this work considers how missionary nurses reconceptualised their religious and professional identities in light of their experiences within the specific place of Iran.

Ironically, nursing internationalism facilitated Iranian nationalism. This dissertation contends that missionary nurses' efforts to cultivate American and international nursing standards in Iran intersected with the Iranian government's modernizing initiatives. In the twentieth century, the Iranian government increasingly regulated and restricted the work of foreign physicians, but mobilized American nursing knowledge and manpower in its construction of state medical services. This was especially evident in 1936, when the government hired three missionary nurses to establish the first three government nursing schools in Iran, but it was also apparent in the government's formal recognition of mission nursing schools, the attendance of government officials at nursing school graduations, the bestowing of a medal to a missionary nurse and consultation with missionary nurses in the 1930s when it developed the first national nursing curriculum. Reza Shah pursued nationalist and identity-building policies through his modernization program that were intended to foster a single Iranian national identity in place of the multi-ethnic, multi-linguistic, multi-religious identities of individuals living in Iran. Missionary nurses' efforts to construct a unified professional nursing identity amongst a diverse group of students fit nicely with this agenda. Although they were small in number, they contributed to new understandings about professional nursing in Iran and they served as a symbol of a modernized nursing profession. Their professional goals intersected with national goals in a way that led missionary nurses to serve the Iranian nation.

This research adds a new perspective to studies that have looked at the medical professionalization process in Iran. Cyrus Schayegh argued that Iranian physicians lobbied the government to restrict and legislate foreign physicians in order to obtain a monopoly over the

practice and provision of medicine in Iran. He suggested that this was part of the medical professionalization process.[1223] When one adds nurses to the story, a different picture emerges. In the earlier decades of the twentieth century, some Iranian nurses enhanced their professional goals via an association with missionary nurses. Their training in mission nursing schools facilitated their economic, geographic and political mobility. Furthermore, the Iranian government valued the contributions of American mission nurses to the project of nationalizing nursing in Iran. Missionary nurses in Iran found themselves important players in a country that was expanding the infrastructure of modern medicine.

Through their educative work, missionary nurses inadvertently facilitated the nationalization of nursing. Missionary nurses were keen to develop national nursing leaders. As Iranians embraced modern education and modern science and as the healthcare system was reorganized, some Iranian women embraced professional nursing. After WWII, a number of nursing leaders in Iran pursued education in the United States. The Chief Nurse of the Department of Public Health in Iran, Fatemeh Salsali, obtained a degree from Teachers' College in the late 1950s. In her application to the Rockefeller Foundation for a grant to carry out this period of study, she wrote: "In all our (12) nursing schools in Iran we do not have one single Iranian nurse with the degree. Therefore, my country needs special attention in the nursing field and we cannot accomplish what we need in nursing unless the young qualified nurses become interested in advanced education, and this can be accomplished through the understanding of nursing education in the free world."[1224] Her interest in developing educational standards as a means of professionalizing nursing echoed missionary nurses' internationalist, professional

1223. Schayegh, *Who Is Knowledgeable Is Strong*, 57-59.

1224. Fateme Salsali to Virgnia Arnold, "annual report," June 3, 1958, Rockefeller Foundation (RF) Archives, Folder 6620, Box 449, Series 771E, Record Group 10.1 Fellowships, Rochester, New York.

orientation and recognition of the importance of Iranian nursing leadership. In 1961, Salsali published an article in the *American Journal of Nursing* in which she stated: "Iran is a country of great and rapid changes and nurses are helping to make them."[1225]

When the first missionary nurse arrived in Iran in 1907 during the Constitutional Revolution, Iran was perceived within national discourse as an ill and dying nation in need of nursing care. By 1979, professional nurses had gained national visibility – appearing, for example, on two postage stamps – and they had also, to use Kashani-Sabet's terminology, "began to conceive of citizenship."[1226] Salsali articulated the idea of a nurse citizen when she wrote: "I believe a nurse is not only a member of the health team but also a member of society, therefore, college education will enable a nurse citizen to appreciate and participate in the society and community with a much broader understanding."[1227] By the time missionary nurses exited the country, Iranian nurses trained in modern medicine were at the forefront of the national agenda and they were also active as citizens. In 1964, nurses wearing caps and capes marched in an International Women's Day parade in Tehran.[1228] They took part in the Revolution, but also protested legislation requiring compulsory *hijab* shortly thereafter. A nurse, protesting the mandatory *hijab* in 1979, stated:

> We were part of this Revolution. We studied and worked in hospitals. We treated the wounded during the Revolution … We do not want *hijab* … We had the revolution to have equal rights for women and men … We have to speak up right now for our rights otherwise when they write the constitutional laws it will be too late … As nurses we cannot wear too much clothing. Our clothes must be comfortable. We cannot work

1225. Salsali, "Iran's Nurses," 99.

1226. Kashani-Sabet, *Conceiving Citizens*, 7.

1227. Salsali to Arnold, June 3, 1958, RF Archives.

1228. *Happy International Women's Day*, March 18, 1962, photograph, Gallery, Royal Ashraf School of Nursing, UC Tehran, Iranian Nurses Association, http://iraniannurses.com/gallery/parvin/p31.html.

> properly with that *hijab* and the kind of dress code they are asking us. It prevents us from serving our patients in the best possible way.[1229]

During and after the Revolution, Iranian nurses used nursing work as a way to simultaneously promote nationalist pride and critique nationalist policies.

By the time American nurses exited Iran, the nursing profession was recognized as important to the nation. It is impossible to determine exactly what impact American missionary nurses may or may not have had on this transition based on mission documents which are the major source on which this dissertation is based. What the records do reveal is that the Iranian government utilized missionary nurses in the process of modernizing Iran's healthcare system and that some Iranian women who attended mission-run nursing schools went on to have professional nursing careers. Through their schools, missionary nurses' encouraged new social actors and introduced new occupational categories. Iranian nursing leaders in the postwar period studied nursing trends in the United States and Britain and instituted nursing initiatives that were in line with American, and more significantly, international nursing trends. This dissertation argues that nurses were important to mission medicine in Iran and that nursing professionalism became increasingly significant to Iranian health care during this time period. American missionary nurses left Iran in 1979, but the idea of nursing as a profession, which they had nurtured for seventy years, endured.

1229. "March 8, 1979 Iranian Women March against Hijab and Islamic Laws," March 8, 1979, des femmes filment, from Arjang Sepasi, video, 3:31-5:03, https://www.youtube.com/watch?v=pxGYLk92edY.

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Appendix A: Data on Missionary Nurses in Iran, 1907-1947

Name	Date of A = Appointment R = Resignation RT = Retirement T = Termination D = Death	Age at Appoint.	Marriage	Length of Service
Flora Bradford	A 1907 – R 1908	28		16 months
Mira Sutherland Bird (born in Canada)	A 1912 – R 1922	30	M 1916 (missionary Rev. Frank Bird)	10 years
Helen Easton Hoffman (born in Iran)	A 1913 – 1916 (short-term assignment) A 1920 – D 1949	32	M 1919 (missionary Dr. Rolla Hoffman)	32 years
Mary Burgess	A 1915 – T* 1931	n/a		16 years
Faye Fisher	A 1916 – R 1917	n/a		17 months
Jean Wells Packard	A 1916 – RT 1944	26	M 1926 (missionary Dr. Harry Packard)	28 years
Grace Taillie	A 1919 – T* 1933	38		14 years
Jeanette Jones	A 1920 – R 1933	35		13 years
Blanche Bussdicker	A 1922 – R 1959	30	M 1920 (missionary Dr. Russell Bussdicker)	37 years
Wilma Pease	A 1922 – R 1941 A 1946 – RT 1963	24		36 years
Mabel Nelson	A 1922 – R 1937	30	M 1937 (missionary Rev. Charles Murray)	15 years
Ellen Nicholson	A 1923 – RT 1955	32		31 years
Frances Wooding	A 1927 – D 1958	27		31 years
Janet Fulton	A 1931 – R 1955	23		24 years
Estella Chambers	A 1936 – R 1942 A 1953 – RT 1973	28		26 years
Esther Mary Harvey	A 1938 – RT 1978	24		40 years
Gertrude Winkelman	A 1941 – R 1969	29		28 years
Elizabeth Carpenter Muller	A 1944 – R 1979	26	M 1944 (missionary Rev. Hugo Muller Jr.)	34 years
Emma Degner (born in Germany)	A 1945 - RT 1960	50		15 years
Dorothy Cochran (born in Iran)	A 1945 – R 1946	23	M 1946 (Tomic Romanossian)	10 months
Anna Klerekoper (born in Korea)	A 1945 – R 1951	40	M 1934 (missionary Rev. Frederick Klerekoper)	5 years
Eunice Baber (born in Belize)	A 1945 – T 1949	39		3 years
Nancy Murray	A 1946 – R 1969	25	M 1946 (missionary Dr. Thomas Murray)	22 years

* The personnel file suggests the candidate resigned, when in fact she was terminated.