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Review Article

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From Hefz-ol-Sehheh to the Medical Practice Act: The Role of the First and Second Constitutional Majles in the Legal and Administrative Modernization of Iran's Health System

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Abstract

Background: From the mid-nineteenth century, the modernization of medicine in Iran began with Dar al-Funun, students studying abroad, and the formation of Hefz-ol-Sehheh (Public Hygiene Administration). Yet health entered legislation and governmental responsibility more clearly after the Constitutional Revolution and establishment of the National Consultative Assembly. This study analyzes the role of the First and Second National Consultative Assemblies in transforming health from an individual, professional, and charitable issue into a governmental responsibility.

Methods: This historical-documentary study uses qualitative content analysis of laws, minutes of the First and Second Majles, Majles Newspaper, and related historical sources. The units of analysis were legal statements, parliamentary debates, and legislative events concerning public health, Hefz-ol-Sehheh, medical practice, health financing, oversight, and institution-building. The selected documents were read in full and classified in an analytical matrix covering governance level, institutional implication, and policy consequence.

Results: The findings show that the First Majles, through the Municipal Law and the Law on the Formation of Provinces and Districts and the Instructions for Governors, incorporated public health into the duties of municipalities and local governors. In the Second Majles, health moved beyond a general administrative duty and became more prominent in financing, vaccination, quarantine, the Medical Practice Act, and parliamentary oversight of sanitary affairs. The allocation of part of the vehicle tax to smallpox vaccination, the passage of the Medical Practice Act, and the formation of the Committee for the Inspection of Sanitary Affairs were early signs of administrative, financial, and supervisory order in public health in Iran.

Conclusion: The First and Second Majles provided an important legal and discursive foundation for the gradual publicization of health. This transformation did not mean the full emergence of a modern health system; rather, it marked the beginning of the transfer of health from the realm of traditional and individual relations to the domain of law, budget, oversight, and governmental responsibility.

Keywords: Constitutionalism, Health system, Health legislation, History of Iran's health system, National consultative assembly

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Introduction

The first efforts to modernize Iran's health system emerged in the second half of Qajar rule. Long-established medical foundations were undergoing fundamental changes driven by the demands of educated groups and advocates of medical modernization in the late reign of Naser al-Din Shah and on the eve of the Constitutional Revolution (1). The Qajar era represents a period of transition from a tribal political system and traditional bureaucracy to a centralized state administration. During this period, Iran's administrative system evolved as a result of relations with the West and the influence of Iranian intellectuals (2). In nineteenth-century Iran, more than 160 books were published, 88 of which dealt with military affairs, language manuals, and medicine (3).

Between 1184 and 1299 SH, approximately one thousand students were sent abroad for higher education, 55 of whom were medical students. These individuals were mostly from prominent families and, in socioeconomic terms, from the upper strata of society (4).

This period constitutes a turning point in the history of contemporary medicine in Iran, to the extent that the division of Iranian medicine into traditional and modern periods may be traced to this era (5). Nevertheless, until the Constitutional period, the dominant discourse of the country's health system remained influenced by traditions and customs that had already been widely prevalent.

With the occurrence of the Constitutional Revolution, this transformation became faster, more operational, and, most importantly, formalized through legislation; on this basis, a new health system emerged. In reality, the process of transitioning away from traditional medicine began with the establishment of Dar al-Funun and reached its peak after the Constitutional Revolution. Following the establishment of Dar al-Funun, a new approach to medicine in its modern sense can be observed.

With the victory of the Constitutional Revolution and the establishment of the National Consultative Assembly, health gradually entered the sphere of formal legislation and public administration in the country. The significance of the First and Second Majles in the history of health in Iran lies in the fact that, alongside efforts to limit monarchical power and organize ministries, these assemblies also addressed areas such as municipalities, *Hefz-ol-Sehheh*, medical practice, quarantine, smallpox vaccination, and oversight of sanitary affairs. This entry did not necessarily mean the immediate creation of a modern health system, but it can be understood as the beginning of the legal formulation of public health in Iran.

Existing studies on the history of medicine and health in Iran have generally focused on the introduction of modern medicine, the establishment of Dar al-Funun, the role of physicians, the formation of the *Hefz-ol-Sehheh* Council, or sanitary developments in the late Qajar period (5-9). Some studies have also examined the relationship between physicians and politics or the reflection of medical discourse in the press of the Constitutional period (10). However, few studies have attempted to show, through the laws and debates of the First and Second Majles, how health was transformed into a public and governmental issue within the process of Constitutional legislation.

The contribution of this article lies in analyzing the relationship between Constitutional legislation and the legal-administrative modernization of public health. Rather than focusing solely on medical events, the present article examines the laws and debates of the Majles as documents that both reflect the demands of political elites and part of urban society and reveal how health entered the agenda of policy making in Iran. The main research question is: How, and through which laws, debates, and oversight mechanisms, did the First and Second Constitutional Majles transform health from a matter that was largely individual, professional, and charitable into a public, administrative, and legal issue?.

Materials and Methods

Conceptual framework

In this article, "modernization of the health system" is not used to mean the complete formation of a modern health system in its present-day sense. In the period under study, there was still no independent health ministry, universal service coverage, national health and medical care system, or coherent professional medical system. Therefore, the more precise term for this period is "the legal and administrative

modernization of public health", meaning a process through which health gradually entered the realm of law, budget, public administration, and governmental oversight.

Based on this definition, four analytical dimensions were considered for examining documents from the Constitutional period. The first is the publicization of health, meaning the transformation of health from an individual and family matter into a matter related to the public interest. The second is the administrative organization of health, meaning the assignment of certain duties related to *Hefz-ol-Sehheh*, hospitals, pharmacies, and medical oversight to municipalities, governors, and the Ministry of the Interior. The third is the fiscalization of health, meaning the allocation of budgetary and tax resources for sanitary measures such as smallpox vaccination and quarantine. The fourth is the professionalization of medical practice, meaning the effort to regulate authorization to practice medicine and the registration and supervision of physicians.

Within this framework, the laws of the First and Second Majles were analyzed not merely as scattered legal articles, but as indicators of change in the relationship between the state, society, and public health.

Research method

This study is historical-documentary in nature and is based on qualitative content analysis of documents. The research data were extracted from four groups of sources: first, the laws enacted by the First and Second National Consultative Assemblies; second, the detailed proceedings of the First and Second Majles, where laws and debates were examined in full text; third, reports in *Majles Newspaper* in which health-related topics were raised, identified through keyword searches; and fourth, historical sources and secondary studies on the Qajar period, the Constitutional Revolution, the history of medicine, and administrative transformation in Iran.

The unit of analysis in this study was any legal or verbal statement related to health. For example, articles of the Municipal Law concerning hospitals, pharmacies, and *Hefz-ol-Sehheh* measures; provisions of the Law on Provinces and Districts concerning governors' duties regarding the health of the people; debates related to smallpox vaccination; the Medical Practice Act; and the formation of the Sanitary Committee were entered into the analytical matrix as units of analysis. The criterion for including a document was its direct or indirect implication for one of the four dimensions of public health, medical practice, health financing, or oversight.

The study was designed and carried out in three phases. In the first phase, documents were read in full and health-related statements were extracted. In the second phase, thematic coding was conducted around axes such as *Hefz-ol-Sehheh*, municipalities, medical practice, vaccination, quarantine, budget, oversight, and local governance. In the third phase, the data were historically interpreted within the framework of the legal and administrative modernization of public health. To reduce interpretive bias, the extracted statements were compared with secondary historical sources and related studies.

The chronological scope of the study extends from the establishment of Dar al-Funun in 1230 SH/1851 CE to the end of the Second Majles in 1290 SH/1912 CE. Although the main focus of the analysis is on the First and Second Majles, the pre-Constitutional section is included in order to explain the historical background to the introduction of modern medicine and the formation of the public health issue in Iran.

Results

Pre-constitutional background: from dar al-funun to the Hefz-ol-Sehheh council

Before the Constitutional Revolution, health modernization in Iran was influenced byseveral simultaneous developments: contact with Europe, the dispatch of students abroad, the military and administrative needs of the Qajar state, the presence of foreign physicians, and the establishment of Dar al-Funun. According to historical sources, the first missions for the study of medicine were shaped by the reform needs of the state and the army, and over a long period a number of Iranian students were sent abroad to study medicine (4,11). Nevertheless, the mere presence of educated physicians did not, by itself, lead to a transformation of the health system. The main transformation began when the state sought to regulate medical practice and to view health within administrative and public institutional frameworks.

Even before the establishment of Dar al-Funun, however, despite the presence of physicians trained in the West, no change had occurred in the condition of medical practice or in the country's healthcare arrangements. The disorder and disruption that had arisen in matters of health and treatment led Amir Kabir to consider enacting a specific law in this regard and establishing a particular order and discipline in medical practice. Adamiyat writes in this regard: "In 1267 AH it was decided that physicians, unless they obtained certification from the teacher of medicine and demonstrated their knowledge and experience, would not be permitted to practice medicine" (12).

The establishment of Dar al-Funun, in addition to its educational role, paved the way for the entry of modern medical knowledge into the formal structure of the state. Graduates of Dar al-Funun were sent to different regions, and in confronting contagious and endemic diseases, the need for coordination and collective decision-making in sanitary affairs became more apparent. These same conditions led to the formation of institutions such as the *Hefz-ol-Sehheh* Council, whose aim was to improve community health and prevent disease (7,8,13). Thus, before the Constitutional Revolution, the foundations for health modernization had been prepared, but health had not yet been embedded within the framework of law and governmental responsibility.

The victory of the constitutional movement

With the victory of Iran's Constitutional movement and the establishment of the National Consultative Assembly, the emulation of certain achievements of Western civilization accelerated. In the field of medical sciences, including the use of new medicines, attention to public hygiene, and the promotion of public health, this emulation attracted the attention of the Qajar government and educated strata (14). From the Constitutional period onward, attention to modern medical knowledge was seriously strengthened, and this led to the passage of laws in favor of modern medicine in the Majles (15).

In his book *The Constitutional History of Iran*, Ahmad Kasravi, referring to the first legal cabinet after the Constitutional Revolution (1285 SH), quotes the Minister of the Interior as listing the departments of this ministry as follows: the Department of Provinces, the Telegraph Department, the Post Department, the Police Department, the Prison, the Qarasuran Department, the Municipal Department, the Police and Gendarmerie Department, and *the Hefz-ol-Sehheh* Department (16).

During this period, in the Constitutional Revolution, physicians were active not only in the social sphere but also in the political sphere. The revolutionary committee consisted of fifty-seven members, among whom there was one physician (3).

The first majles: the entry of health into the domain of municipalities, governors, and public law

On August 18, 1906, the first provisional assembly was opened to draft the electoral regulations for the Consultative Assembly and the Senate. The First National Consultative Assembly was opened by Mozaffar al-Din Shah at the Golestan Palace on October 5, 1906, and on June 23, 1908, by order of Mohammad Ali Shah, Russian Colonel Liakhov bombarded the First Majles and the assembly was dissolved (17).

In the first parliamentary term, elections had a class-based character, and most representatives belonged to groups that had played an essential role in the creation of constitutionalism (18). In this period, deputies were divided into two groups. Half of the members of the Majles were representatives of guilds, and half were representatives of the constitutionalists, including political figures and clerics (19). Five physicians were present among the representatives of the First Majles (20).

With the formation of the Majles, a favorable political context emerged for reforming the administrative structure and creating new institutions. Majles Newspaper, in the form of letters addressed to representatives, wrote: "Today, the most essential and important task is the formation and organization of the state departments on the basis of a correct rule, so that none of the departments is allowed to transgress the established law" (21). From the earliest sessions of the Majles, the organization of departments attracted the attention of the representatives. In this context, the First Majles sought to establish a new order for the composition of the cabinet and the division of ministries (22).

One of the measures taken by the First Majles was the passage of the Municipal Law and the legalization of the municipal organization and city council. The first Municipal Law, consisting of 108 articles, was approved by the Majles on June 2, 1907, and was published under the title *Booklet of the Municipal Law*. This booklet was the first serious and comprehensive body of laws prepared in Iran concerning the administration of cities and the implementation of urban reforms, or, in the words of its first article, for "... preserving the interests of cities and meeting the needs of urban residents".

In the Municipal Law, Hefz-ol-Sehheh measures were placed among the duties of the municipality of the time. Pursuant to Article 2 of this law, the establishment of almshouses, homes for the disabled, hospitals, and similar institutions, as well as assistance in Hefz-ol-Sehheh measures, the protection of livestock and animals, and the establishment of pharmacies and similar institutions, were placed among the duties of the municipality. Moreover, pursuant to Article 90 of the same law, the Municipal Association could establish the necessary rules concerning the cleaning of alleys, Hefz-ol-Sehheh measures, disinfection, and the cleanliness of public squares (23).

The first Municipal Law was, in effect, the formalization of a modern, multidimensional welfare organization that may be regarded as an early manifestation of a basic form of welfare governance at the level of local governance. Under this law, the municipality was required to intervene in matters related to poverty, illness, illiteracy, and the improvement of the living environment. In the field of treatment, although the municipality was required to establish hospitals, this obligation was generally oriented toward the treatment of the poor; in relation to *Hefz-ol-Sehheh*, the protection of livestock and animals, and the establishment of pharmacies, it occupied an assisting role (24).

This measure was an important step toward recognizing citizens and transforming them from subjects of the monarch into bearers of rights.

It should be noted, however, that given the political conditions and atmosphere of the country in the early Constitutional period, no serious support was provided for establishing a legal municipality. The influence of these factors was such that, despite the efforts made, the municipality in its legal sense did not take shape in the early Constitutional period; the first legal municipality in Tehran was formed in 1911, nearly three years after the Law Establishing Municipalities had been passed by the National Consultative Assembly.

The Law on the Formation of Provinces and Districts and the Instructions for Governors was another law enacted by the First Majles. Under Article 49 of this law, approved on December 21, 1907, the National Consultative Assembly assigned the preservation of public health and the implementation of medical regulations and Hefz-ol-Sehheh to the provincial governors operating under the Ministry of the Interior. Article 50 also assigned governors the duty of inspecting hospitals and specified that the governor should entrust the inspection of hospitals to the provincial Hefz-ol-Sehheh physician or to his deputies.

This law was the first law that formally assigned the state a duty toward the health of the people; it took medicine out of its traditional and individual condition and turned it into a responsibility of governance.

In fact, the first measures to organize hygiene and establish a health system were founded in this Majles. Overall, it should be said that the First Majles was one of the most active national assemblies in Iran. It attempted to bring the country out of lawlessness, disrupt previous political arrangements, and establish a new order. This also occurred in the field of health, where the Majles sought, through legislation, to make governors and khans accountable to the legislative body. Although legislation was halted when the Majles was bombarded, the role of the First Majles should therefore be seen more at the level of "defining a public duty" than at the level of creating durable institutions. This Majles did not have sufficient time or executive capacity to build a new health system, but it provided the legal ground needed to present health as a duty of municipalities and governors.

The second majles: financing, vaccination, the medical practice act, and parliamentary oversight

The second legislative term began on November 15, 1909, and was dissolved on January 14, 1912, following the occupation of Tehran and the northern

part of Iran by the Russian army (25). Five physicians were also present among the representatives of the Second Majles (20).

One of the first enactments of the Second Majles was the 1910 budget. In this law, under the heading "expenses of *Hefz-ol-Sehheh* and quarantine," it was stated: "Nearly thirty thousand tomans, according to the detailed statement received from the Hefz-ol-Sehheh Council, was spent on *Hefz-ol-Sehheh* in this same year, and as a precaution, the sum of twenty thousand tomans in addition to that amount has been allocated for the following year".

In the government's explanatory note on this matter, it was stated: "The honorable representatives will, of course, approve this amount without hesitation, given the importance of *Hefz-ol-Sehheh*, which entails the preservation of lives and the elimination of pretexts for foreign interference, so that if an occasion for expenditure arises, the Ministry of the Interior may be free to act".

Vaccination and quarantine were among the other issues repeatedly discussed in the Second Majles. In the Second Majles, Dr. Amir A'lam presented a bill to the assembly proposing that ten percent of the revenue generated by the municipal tax on vehicles, which had been passed in the First Majles, be spent on health. On Tuesday, October 31, 1910, in defending this bill in the Second Majles, he stated:

"The importance of this bill is clear to the representatives. According to a report received by the Hefz-ol-Sehheh Council, approximately one hundred thousand children die each year from smallpox and diphtheria, whereas by applying the principles of Hefz-ol-Sehheh we can prevent this, so that at least ninety-thousand out of one hundred thousand may recover. If this were a disease that could not be prevented, that would be another matter; but a disease that can be prevented must be addressed so that such losses do not occur. Because lives are at stake, we have therefore allocated one-tenth of the transport tax for this purpose, and I believe there will be no opposition to it. Since one of the most important duties of the municipality is to observe the sanitary affairs of city residents, I therefore propose the following two legal articles. First, from the transport tax, one Qeran per Toman shall be allocated to the reform of Hefz-ol-Sehheh affairs, especially the free generalization of smallpox vaccination and treatment of diphtheritic throat disease. Second, the funds obtained from this source shall be given to the official state Hefz-ol-Sehheh Council, to be spent under the supervision and approval of the Council of Deliberation" (26).

In defending the bill, he said: "I had very much hoped that this bill would have come to the Majles and been passed sooner; if it had come earlier and passed, it might have preserved many of the children of the homeland who perished for lack of smallpox vaccine, especially the children of the poor, whether because they had no money or because the vaccine was unavailable. Now, although it has taken a long time, I am still very grateful; thousands of children with smallpox share in my gratitude".

Dr. Amir A'lam requested urgency for the bill, and the representatives voted in favor of its urgency and regarded it as necessary. They believed only that the amount of the budget was small and that it would be better for the municipality to spend it on urban hygiene.

In any event, on November 8, 1910, the Law Concerning Hefz-ol-Sehheh and Smallpox Vaccination, based on Dr. Amir A'lam's bill, was approved by the Majles. Under this law, it was decided that "ten percent of the tax on vehicles shall be allocated free of charge to the reform of health affairs and the generalization of smallpox vaccination and diphtheria serum".

This measure was so influential that Dr. Georges, then head of the Hefz-ol-Sehheh Council, thanked the Majles for it in a letter (27).

This law should be regarded as the first formal tax law for the field of health in Iran. Another important point is that, according to the debates, the designers' perspective was directed toward preserving the health of poor strata of society.

The next measure in the structure of health and treatment occurred in the Medical Practice Act. In the Medical Practice Act of February 1, 1912, the National Consultative Assembly stipulated that authorization to practice medicine should be obtained from the Ministry of Education and registered with the Ministry of the Interior. Here, in practice, the health structure was assigned to the Ministry of the Interior.

This law had also been prepared on the basis of a proposal by a group of physicians educated in

European scientific centers, including Alikhan Hakim A'zam, Yahya Mirza Lesan al-Hokama, and Amirkhan Amir A'lam.

The detailed parliamentary proceedings concerning this law and the strong opposition to it indicate the resistance of society to transformation in the health system.

For example, the spokesman of the Majles Education Committee, opposing the bill, stated: "The means available in Tehran are not available in the provinces, so we cannot implement the law in the provinces in the same way as in Tehran; nor are there enough competent physicians in the provinces" (28).

Even one of the physicians in the Majles said: "If we want to implement this law in all places, we must close all clinics; then we will have no physicians at all. And if today you have few physicians, I do not think it is at all possible to implement it in all provinces in this manner" (ibid.).

One of the issues raised in the Second Majles was the formation of a Sanitary Committee (29). In some sessions, however, this committee was recorded as the "Committee for the Inspection of Sanitary Affairs." The proposal to create this committee was raised on November 10, 1910, by Dr. Amir A'lam. In defending the formation of this committee, which was not among the committees listed in the internal regulations of the Majles, representatives raised the need to oversee the performance of the Hefz-ol-Sehheh Council, which at that time was a subdivision of the Ministry of the Interior, and it was stated that the Ministry of the Interior did not allocate the necessary budget to health affairs (30). This was the first time in Iran that the failure to allocate budget to health affairs was formally announced and that a group pursued the realization of that allocation.

Some representatives defended the formation of this committee by saying: "This committee will be specifically devoted to sanitary affairs, and it is not less important than the previous committee; rather, it is much more important". For some, it was also surprising that a committee should go and question the Ministry of the Interior (ibid.). Ultimately, on November 10, 1910, a six-member committee for inspection in Hefz-ol-Sehheh affairs was formed. Although, according to the detailed proceedings of the Majles, it was dissolved after a period of time (31), it nevertheless dealt, during its period of activity, with oversight in the health field, and its meetings were held with the attendance of ministers and members of the Hefz-ol-Sehheh Council (32).

The important point is that this was the first supervisory committee of the Majles and indicated the necessity of oversight over health affairs in that period. It also shows that the officials of the Ministry of the Interior at that time did not pay much attention to health.

These cases and contradictions indicate that the transformation and modernization of the medical sector in the country was initially accompanied by obstacles and resistance from different strata of the people, although reform measures had begun by drawing on models from countries headed by France (33).

Ultimately, the formation of the Committee for the Inspection of Sanitary Affairs indicates the entry of parliamentary oversight into the field of health. Even if this committee was short-lived, its proposal in the Majles shows that public health had become an area about which representatives questioned budget allocation, ministerial performance, and administrative responsibility.

Table 1 organizes the major constitutional-era health-related laws and events by approximate date, health topic, type of governance intervention, and analytical implication, thereby providing a concise framework for tracing the legal and administrative evolution of public health in Iran.

Discussion

The findings of this study suggest that health modernization during the constitutional era must not be reduced solely to the adoption of modern medicine or the mere establishment of medical facilities . The critical significance of the first and second Majles lies in their role as catalysts for institutionalizing health policy through legislative codification, fiscal appropriation, and administrative oversight. This transformation can be summarized in five analytical axes.

First, health was transformed from an individual and professional matter into a public matter. The Municipal Law and the Law on Provinces and Districts show that *Hefz-ol-Sehheh*, hospitals, pharmacies, urban

Table 1. Analytical matrix of documents and policy implications for health in the First and second majles

Document/ Event	Approximate date	Health topic	Type of governance intervention	Analytical implication
Municipal law	1907	Hospitals, pharmacies, Hefz-ol-Sehheh, urban sanitation and disinfection	Assignment of part of public health to local governance	Health entered municipal duties and urban welfare
Law on the formation of provinces and districts and the instructions for governors	1907	Preservation of public health, medical regulations, inspection of hospitals	Definition of duties for local governors under the Ministry of the Interior	Health was framed as an administrative responsibility of territorial governance and linked to the expanding bureaucratic authority of the state
Budget for Hefz-ol-Sehheh and quarantine	1909	Expenses of Hefz-ol-Sehheh and quarantine	Provision of public budget for health	Public health began to enter the domain of fiscal policy and state budgeting, indicating that sanitary affairs were increasingly recognized as matters requiring regular public expenditure
Law concerning Hefz-ol-Sehheh and smallpox vaccination	1910	Free smallpox vaccination and diphtheria serum	Allocation of part of the vehicle tax to health	Preventive health was linked to public financing, while vaccination policy was associated with broader concerns for social protection, equity, and access for poorer groups
Formation of the committee for the inspection of sanitary affairs	1910	Oversight of the Hefz-ol-Sehheh Council and the performance of the Ministry of the Interior	Entry of parliamentary oversight into health affairs	Health became an object of legislative scrutiny, bringing questions of accountability, implementation, and budgetary responsibility into parliamentary debate
Medical practice act	1911	Authorization to practice medicine, registration, and supervision of physicians	Professionalization and legal regulation of medical practice	The law contributed to drawing a formal boundary between authorized and unauthorized practice and marked an early stage in the consolidation of state authority over the medical profession

sanitation, and attention to the health of the people gradually came to be included among the duties of public administration. This transformation was linked to new interpretations of citizenship, urban welfare, and the accountability of governors.

Second, health was administered at the local and urban levels. Municipalities and provincial governors, despite their limited executive capacity, were officially mandated by legislation to assume partial responsibility for public health. This was an indication of the gradual transfer of health from the sphere of traditional and charitable relations to the sphere of local governance.

Third, health entered the logic of public financing. The discussion of the budget for Hefz-ol-Sehheh and quarantine, and the allocation of part of the vehicle tax to smallpox vaccination and diphtheria serum, show that preventive health was recognized as requiring a financial source. The important point is that, in Amir A'lam's debates, attention to the poor and to children was prominent. Thus, from the very beginning, the discussion of health was accompanied by a concern for social justice.

Fourth, medical practice moved toward

professionalization and administrative registration. The Medical Practice Act, although faced with opposition and executive concerns, was an effort to define the boundary between authorized and unauthorized medical practice. This law should be understood as part of the process by which the state's formal authority in the medical field was formed; a process that was completed in later periods.

Fifth, health became a subject of parliamentary oversight. The formation of the Committee for the Inspection of Sanitary Affairs and the debates related to the budget and the performance of the Ministry of the Interior show that the representatives of the Majles were not merely legislators; they also sought to oversee the implementation of sanitary affairs. This point is important for the history of health policymaking because it shows that, from the beginning of health's entry into the Majles, the issue was accompanied by questions of accountability and resource allocation.

These findings are consistent with studies that regard the Constitutional Revolution as a turning point in the formation of the modern state and the administrative transformation of Iran (2,3,9). furthermore, they concur with literature identifying the post-constitutional era as the genesis of Iran's medical and sanitary transformation (6,8,10).

In his study, Javanmardi states that the real transformation in medical knowledge began in the Constitutional period and that attention to modern medical knowledge was strengthened. This, in turn, led to the passage of laws in favor of modern medicine in the Majles (14).

Jafari and colleagues, in their study of the organization of the administrative system, write: "Although the victory of the Constitutional Revolution created changes in Iran's administrative-political structure and the First Majles enacted laws for every sector of the country, no action was taken to organize the country's administrative system because of the challenges and problems facing the government and the Majles. In the Second Majles as well, although a committee was formed to draft laws and determine how individuals should be employed, it remained without result because the Majles was closed following Russia's ultimatum" (2).

Nevertheless, the specific contribution of this article lies in shows how this transformation was formulated in legislative documents and what kind of relationship emerged among the Majles, the Ministry of the Interior, the municipality, the Hefz-ol-Sehheh Council, and physicians.

At the same time, excessive generalization should be avoided. The laws and debates of the First and Second Majles did not necessarily mean the full implementation of health policies. Political instability, lack of financial resources, weak administrative capacity, social resistance to modern medicine, and the shortage of sufficient human resources limited the implementation of many of the ideas raised. Therefore, it is preferable to refer to this period not as the period in which the modern health system fully took shape, but as the period in which the legal and administrative formulation of public health began.

Limitations of the study

This study relies on available documents, particularly laws and the detailed proceedings of the First and Second Majles. Accordingly, the findings mostly reflect the level of official and legislative discourse and do not necessarily provide a complete picture of the local implementation of laws or of the lived experience of people and patients. However, we have mitigated this constraint by analyzing the detailed parliamentary proceedings, which capture representative discourse regarding constituent concerns.

Another limitation is that many sources from the Qajar period, including newspapers and parliamentary proceedings, themselves carry the political, class-based, and elite language of their time. Their analysis must therefore be undertaken with awareness of possible biases. Future studies can use documents from the Ministry of the Interior, municipal records, reports of the Hefz-ol-Sehheh Council, and administrative correspondence from the provinces to provide a more precise picture of the implementation of health policies at the local level.

Conclusion

The First and Second National Consultative Assemblies began their measures in the field of health at a time when the foundations of traditional medicine were still strong. Among the most important

issues before the Majles were the diverse demands of intellectuals and graduates of modern medicine who sought to reform the existing situation, the thinking of traditional forces that aimed to preserve the status quo and resist modernization, the absence of necessary infrastructure, and the lack of state support.

Nevertheless, the laws and debates of these two assemblies demonstrate that health was incrementally integrated into the discourse of law, fiscal policy, parliamentary oversight, and public administration. In responding to social demands in the field of health and seeking to gain public trust, the representatives of the Majles paid attention to the importance of health as a governmental duty, the provision of health and vaccination for all members of society, the prevention of the class stratification of society, the emphasis on equity in health, and the correction of defects, shortcomings, and inadequacies in the existing traditional health system.

The Municipal Law, the Law on Provinces and Districts, the budget for Hefz-ol-Sehheh and quarantine, the Smallpox Vaccination Law, the Medical Practice Act, and the formation of the Committee for Sanitary Affairs each show part of this trajectory. These documents indicate that, in the Constitutional period, health was transformed from a matter that was largely individual, professional, and charitable into a public, administrative, and legal issue. Of course, this transformation occurred initially mainly at the level of legislation and political discourse, while its institutional implementation was pursued in later periods and with the formation of more stable structures.

On this basis, it can be said that the First and Second Majles did not fully construct the modern health system; rather, they initiated the legal and administrative formulation of public health in Iran. The historical significance of this period lies in the fact that, for the first time, the preservation of the health of the people, disease prevention, the regulation of medical practice, the financing of Hefz-ol-Sehheh, and oversight of sanitary affairs were translated into the language of law and governmental responsibility.

Conflict of Interest

There was no conflict of interest in this manuscript.

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