

Urology as a Specialty in the History of Contemporary Medicine in Iran

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Urol J. 2007;4:125-8.
www.uj.unrc.ir

Urology Journal is the only urological journal published in English in Iran that is distributed internationally. It was deemed advisable to review the history of Iranian urology in this journal. Since the history of urology in Iran is inseparably related to Sina Hospital, I tried to gather information on the foundation of the hospital to the time of its affiliation to Tehran University.

SINA HOSPITAL

Sina Hospital was founded by King Nasereddin after his return from a trip to the European countries in 1914 and was named as *Governmental hospital* (Figure 1). Moshiroddoleh, the chancellor in the realm of Ghajar, and Aligholi Mirza Etezadossaltaneh had a substantial role in the establishment of this hospital. Between 1919 and 1940 some non-native physicians were the working in the Governmental

Hospital: Drs Lout, Culling, Igberg, Neligan (surgeon), Scott (surgeon), Wolf (surgeon), and Forsecue (the English colonel in India).

Ali Akbar Khan Nafisi Nazemol-Atebba was of the first Iranian physicians who were practicing at Sina Hospital. Of the other pioneering physicians were Dr Mohammad Khan Kermanshahi (known as blaspheme doctor, since he had returned from the foreign countries), who used to performed the bladder calculus surgery via the perineum; Dr Abolghasem Khan Bahrami; Dr Mirza Zeinol-Abedin Khan Loghmanol-Mamalek; Dr Mohsen Loghman Adham; and Dr Hossein Khan Motamed, one of the most famous and successful surgeons for 2 decades and the chief of the surgery department in Razi Hospital. Since the Islamic Revolution in 1978, the dean of the hospital was Dr Seyed Ali Mir

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Figure 1. Left, Sina Hospital at its early years of activity. Right, Sina Hospital in 2007.

Mozafari (anesthesiologist), and then, Dr Gholamreza Pourmand, Dr Parviz Jabal-Ameli, and Dr Mehraei, were the urologists appointed as the hospital dean from 1981 to 1989, respectively. Since 2006, Dr Gholamreza Pourmand (the director of Urology Research Center) has had this position for the second time.

Before affiliation of Sina Hospital to Tehran University, departments of internal medicine, surgery, urology, otolaryngology, dentistry, and dermatology had been set up, and thereafter, by transferring of some departments to the other university hospitals, departments of surgery and urology became more active, directing by professors Yahya Adl and Saeed Malek who had returned from Paris. Professor Saeed Malek had been one of the students of Dr Marion, professor of urology in Paris.

In 1945, during the period of my internship, the urology ward was a dependent part of the department of surgery of the hospital, consisting of a part of an old building with limited rooms for men and only one for women, a hall which was used for endoscopic procedures (cystoscopy and retrograde ureterography), and an operating room in the west part of the building with primitive instruments (sterilization of the instruments had been performed using the boiling water and Primus, a conventional portable oven). The surgical procedures including bladder, ureteral, and kidney calculi removal, and emergency operations had been performed in a same place. A clinic with a poor hygienic condition was also located in the northwest of the hospital yard for patients with gonococcal infections and outpatient practice.

In 1947, when I was a resident of urology, the chief of the department was Dr Saeed Malek, and Dr Mehdi Pezeshkan (graduated from Paris), Dr Karim Motamed (head of the clinic), and I were the physicians working at the urology department. Gradually, we progressed owing to our interest and the load of the work (Figure 2). Also, the thought of a new building appropriate for to the circumstances of that time and our activities grew, and ultimately, it was built with the latest facilities available by the help of a royal social service.

It has to be mentioned that the chief of the department was so interested in elevating and



Figure 2. Right to left: Drs Biouk Farvar, Mehdi Pezeshkan, Alaeddin Manouchehri, Saeed Malek, Serouj Karapetian, Nasser Ghods, Rene Couvelaire (Paris), Yahya Moaser, Karim Motamed, Hassan Abolmolouki.

promoting the level of scientific and practical skills of the surgeons. Gradually, the number of patients referred for urological problems increased. However, most of the urological operations were being performed by our surgeon colleagues, and therefore, we decided to make ourselves independent. In 1959, a notice was published and the specialty of urology attained independency:

Notice

Hereby, the result of the exam for urology specialists affiliated to the Iranian Association of Clinicians is announced:

Chief: Dr Saeed Malek

Assistants: Dr Mehdi Pezeshkan, Dr Yahya Moaser, Dr Karim Motamed, and Dr Alaeddin Manouchehri

Secretary: Dr Seyed mahmoud Jahromi

Treasurer: Dr Hassan Abolmolouki

Consultant: Dr Biouk Farvar

[Signature:]
Yahya Adl, MD

President, Iranian Association of Clinicians

The primary pivot of the department of urology was formed in June 7, 1959. The Iranian Urological Association was then registered founded in July 21, 1962. Dr Malek made several contacts with Dr Marion, in Paris, and could officially introduce our association and register the Iranian urologists in the International Society of Urology. By the kind



Figure 3. Professors Manuchehri, Adl, and Kiafar (left to right) in a meeting on emergency medicine at Sina Hospital.

consideration of professor Adl, the independent activities of the association were started and scientific meetings were held (Figure 3).

I became a member of the International Society of

Urology in July 14, 1967, and participated in the 16th Congress of the International Society of Urology in Amsterdam in 1973. At this meeting, I made a lecture on prostate cancer in Iran in French (Figure 4).

It should be stated that, especially during the past 2 decades, with the painstaking efforts of professor Gholamreza Pourmand and his colleagues, urology has been introduced countrywide and internationally by participating in the international conferences, raising the research field, and especially setting up kidney transplantation at Sina Hospital. They have had a great role in making this hospital one of the most import transplantation centers nationwide.

A MEMORY OF THE PAST

The First Congress of the Iranian Endourology and Urolaparoscopy Society was held in 2004, in which I attended with interest to see the progression of another new branch of urology in my country. This reminded me of the completion of my last 4 months

**XVITH CONGRESS OF THE
INTERNATIONAL SOCIETY
OF UROLOGY**



ABSTRACT BOOK

FREE COMMUNICATION
Monday, 2 July 1973
16.15-16.25 hrs.
in the Main Hall

Manuchehri, A.
Mehr General Hospital, Zardosht Avenue, Tehran, Iran

Cancer in Iran - A Survey of Malignant Tumors of the Prostate

Cancer of the prostate is very rarely observed in Iran; however, adenoma of the prostate is quite common in this country. On the basis of data gathered by the pathological laboratories of Tehran during the last 23 years (1948-1971), of the 3,219 cases of examined prostates, only 92 cases, or 3% of these were cancerous; whereas the remaining cases, or 97% of the examined prostates, showed symptoms of adenoma, or adenoma accompanied by prostatitis. In a pathological study carried out in Tehran between 1948 and 1965, of the various 93,000 cases subjected to pathological examinations, 28,069 of these were found to be cancerous. Of these figures, 15,484 cases belonged to male and 12,585 cases to female patients. On the basis of this study, the following conclusion has been made:

- 1- Of the total 28,069 malignant tumors, 0.18% of them were cancer of the prostate, holding the 39th rank in relation to all other types of cancer studied.
- 2- In relation to male cancers (15,484 cases), only 51 cases of cancer of the prostate were observed, forming 0.33% of all types of cancer, and holding the 30th place in relation to all types of cancer amongst men.
- 3- In the study of G.U. cancers of men, cancer of the prostate comprises 5.5% of all cancers, holding fourth rank after cancer of the bladder, testicle and kidney.

It should be noted that a statistical review of all biopsy and surgical specimens sent to the pathological laboratories within a period of 3 years (1961-1964) revealed that 1.16% of them were of prostatic tissues, and held 25th rank amongst all the specimens. A rough classification of clinical symptoms of patients suffering from tumors of the prostate indicate that about 30% suffered from pollakiuria and dysuria, 60% suffered from complete retention of urine or pains in groin, 10% suffered from symptoms of hematuria or pains in rectum and perineum.

INTERNATIONAL CONGRESS CENTRE 'RAI'
AMSTERDAM - THE NETHERLANDS

1-6 JULY, 1973
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Figure 4. Professor Manuchehri participated in the 16th Congress of the International Society of Urology in Amsterdam in 1973 and presented his paper.

of internship in 1945 at the urology department of Sina Hospital. For the first time, I was acquainted with cystoscope, an instrument with which they could have improved many urological problems of the patients at that time. It was obvious that only the chief of the department and his assistant could ever work with it, and we were sometimes permitted to see the bladder lesions by that cystoscope while they were teaching us.

After finishing internship and graduating from the medical school, I passed my period of compulsory military service in the army hospital No 2 in which the urology ward was established. The services I made there attracted the attention of the chief of the department. After the termination of the military service, the University of Medical Sciences announced the need for a urology resident. I registered for the exam and was admitted as the top student. In 1957, I was appointed as the assistant professor of Sina Hospital. Regarding my history



Figure 5. Professor Manuchehri started performing cystoscopy in 1940s.

of interest and services, I progressed well enough to be noticed by Drs Malek and Pezeshkan. They soon gave me permission to perform cystoscopy, retrograde ureterography, and small operations on my own (Figure 5). The cystoscope we used at that time was firstly made between 1886 and 1900 by Joseph Leiter which is now kept in the National Museum of the History of Science and Medicine in Leiden. Later, I purchased the complete set of instruments for the adults and the children, including cystoscope, ureteroscope, and set of transurethral resectoscope) personally which was used for many years. Those instruments were working by 6-V lamps connected to the alternating current electricity by an adaptor.

The other memory that congress made me remember was that in 1986, I attended the International Congress of Endourology in Madrid, Spain, and was acquainted with the new and modern endoscopic instruments (Figure 6). Now, in my final days of scientific activities that I can visit my friends at such meetings, I would like to recommend my dear young colleagues of mine who are interested in this field to benefit from such a great situation and invaluable professors to their best in order to become the source of services for our patients in future.



Figure 6. In 1986, professor Manuchehri participated in the International Congress of Endourology in Madrid, Spain.