life-saving value of his prophylactic inoculations against plague. That system is based on calculating the relative ratios of mortality amongst the inoculated and non-inoculated, and if the same system be adopted for the serum treatment the ratio of recovery in the serum cases as to control cases would be as 1 of control to 1.55 of serum in all cases, and 1 to 1.96 when the moribunds and convalescents are excluded from both the series. Or to put it in another way, if 100 cases out of a given number recover under ordinary treatment the same number if treated with the serum would give 155 recoveries. And therefore the percentage of recovery is enhanced in one case by 55 per cent. and by 96 per cent. in the other.

These, Sirs, are the plain and unvarnished facts with regard to the use of Professor Lustig's serum in the treatment of plague and they place before the reader the truth, the whole truth and nothing but the truth. We have no reason to be dissatisfied with the progress made within two years of its application. Neither the mode of its preparation nor its application at the bedside have yet been finally determined and it is only by further research, experiment and prolonged clinical observations that we shall be enabled to place it on a proper basis. So far as we have gone we have been able to prove that the serum treatment is the only treatment that can in any way appreciably reduce the high mortality of plague and we abide by our experience. When the diphtheria antitoxin required more than a decade for its perfection is it not reasonable that sufficient time should be allowed for the application of a serum against a much more rapidly fatal and more deadly disease like plague? And is it demanding too much of special correspondents to ask them to withhold awhile their obiter dicta and let those best conversant with the subject to work out, quietly and undisturbed, their destiny until they reach their goal, which has but one and only aim in view – viz., the lessening of human suffering and the saving of human life?

I am yours faithfully,

NH Choksy

Commentary: An experimental theatre for vaccines—Bombay in the time of plague

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The letter by Dr Nusservanji H. Choksy, (the Chief Medical Officer, Arthur Road Hospital) to the Lancet (Professor Lustig’s plague serum) was written in the middle of a major plague epidemic in the city of Bombay, in western India. The Bombay plague has been seen as a watershed in the history of epidemics in modern India. David Arnold has described the plague and the subsequent interventionist sanitary measures undertaken by the colonial government as an ‘assault on the body’. The preoccupation with the sanitary measures undertaken has, however, overlooked the massive scale of experiments with vaccines that were simultaneously conducted in Bombay, to which Choksy’s letter refers.

In September 1896, plague broke out in the Mandvi region of Bombay and soon spread to other parts, killing thousands of people. The colonial authorities not only introduced strict and often unpopular sanitary measures, but also encouraged vaccination campaigns among the residents. Bombay soon became an important experimental site for various plague vaccines. At the time of the outbreak, there were several competing vaccines available for treating plague. The city of Bombay, with its massive and diverse population, jails, hospitals and slums provided an ideal site for experimenting with these various vaccines and serums. Several European bacteriologists visited Bombay with their vaccines. These included Alexandre Yersin and A. Lustig (Professor of Pathology, Royal University of Florence). Lustig came to Bombay in 1897 with his preventive serum prepared by injecting horses with nucleo-albumen...
derived from masses of plague germs treated with certain chemicals by experiment on small animals. His serum was put to human tests for the first time in Bombay and he found the operations to be ‘completely satisfactory in every regard.’ The experiments between 1896 and 1900 with various vaccines in Bombay were conducted by the Indian doctor, Choksy. He conducted experiments with vaccines by Yersin-Roux, Haffkine and Lustig along with those by Terni, Tavel, Palthauf, Vital Brazil and a Japanese one developed by Shibasaburo Kitasato. He found Lustig’s curative serum to be the most effective; it was initially tried in six serious cases and the results were ‘exceedingly satisfactory’ as all six cases recovered. Following these initial success, Choksy became a major advocate of Lustig’s method. The letter in question, written by Choksy, was in response to the criticism he faced from London for adopting a selective experimental method in the trial of Lustig’s serum. In a report in the Lancet, a correspondent had pointed out that the selective method adopted in Bombay, where patients at an advanced stage of the disease and those with mild cases were excluded, made it ‘impossible to place in the returns notwithstanding that the mortality under the serum treatment is reported to have been five times less than that of cases treated without it.’ Choksy’s response highlights two issues; first, the claim for legitimacy for an experimental method adopted in a city where plague was raging, and second, the validity of scientific experiments being conducted in the colony, often in the face of scepticism from Europe.

What was the nature of this selective process adopted by Choksy in Bombay? Lustig’s vaccine was a curative serum, which needed to be tested on plague patients. Choksy first rejected all those patients who were diagnosed to have ‘hardly any probability of benefiting by the serum treatment’. The convalescent and semi-convalescent cases were further eliminated, as well as those in whom the illness had already lasted for 6 days (the latter were excluded since experience had shown that patients who were alive on the 6th day were either too far advanced for treatment or were just beginning to improve spontaneously). According to him, the reasons for such exclusions were ‘obvious to all experimenters’. The aim was ‘to eliminate all disturbing factors that tend to vitiate the final results’. In other words, Choksy had sought to convert Bombay into an experimental laboratory. From his experience of treating plague in Bombay the above two cases were found to be such ‘disturbing factors’ and thus excluded. The advanced cases were found to be beyond the reach of all possible human help, and in the case of the latter the ‘battle... had been already fought and won outside the hospital.’ According to him such a method indicated the value of the serum method in the ‘really acute’ cases, which were ‘fit for treatment’. Choksy later described this as a ‘rational system of treatment’ necessary for the extensive trial of different varieties of vaccines.

Two important points are evident from Choksy’s response; first, the extensive vaccinations in Bombay were not just for curative or prophylactic purposes, they were also for trials of vaccines. Bombay had become an experimental theatre. Secondly, from the striking language used by Choksy it is evident that although he wished to conduct his experiments in Bombay ‘quietly and undisturbed’ he also sought for legitimacy for his experimental method from London.

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Two important points are evident from Choksy’s response; first, the extensive vaccinations in Bombay were not just for curative or prophylactic purposes, they were also for trials of vaccines. Bombay had become an experimental theatre. Secondly, from the striking language used by Choksy it is evident that although he wished to conduct his experiments in Bombay ‘quietly and undisturbed’ he also sought for legitimacy for his experimental method from London. Whereas Bombay was the experimental theatre, scientific opinion in and sanction from England about its modes and methods remained fundamental.

As an epilogue to these events, trials of vaccines (both prophylactic and curative) continued in Bombay and even became popular. By 1900 around 7000 people came forward every week in Bombay alone to be vaccinated. Vaccination was introduced in other parts of the country, including the Punjab and Hyderabad. In Punjab around 200 000 were inoculated in the first 2 weeks. However, in November 1902, in the village of Mulkiwal (Punjab) 19 people vaccinated with Haffkines’ vaccine, developed tetanus and died. The incident effectively ended the plague vaccination campaign in India.

Conflict of interest: None declared.

References

Nasserwanji Hormusji Choksy (1861–1939) was the Chief Medical Officer of the Arthur Road Infectious Diseases Hospital in Bombay, which had been set up exclusively for treating infectious diseases, in 1892, and is still functioning today. He served here, till 1922, his name becoming synonymous with this institution. During the plague epidemic of 1896–97, Choksy worked, in the face of public apathy and suspicion. Most victims were sent there, under compulsion, and Choksy had not only to contend with their ignorance and prejudice, but they were more often brought in when they were beyond all help. The hospital was short staffed and the few, who were induced to join, ran away within hours or days, not even coming back to claim their wages. They had never seen so many people die of plague, for the largest number of people died at the hospital, not only because of numerous admissions but also because many cases were admitted in a moribund condition. There were apprehensions that the authorities took people to hospitals to make a speedy end of them, and the means used to resuscitate and support the strength of patients, through subcutaneous injections, were misconstrued. It was openly stated that the patients were deliberately killed and their hearts taken out to be sent to the Queen in England, to appease her wrath, on account of the disfigurement of her statue, which had occurred at the beginning of the epidemic.

Choksy’s experience of treating plague patients with Lustig’s serum, during this epidemic, caused him to comment1 on the critique of a paper by Dr Alfons Mayr, of the Bombay Municipal Laboratory, by a special correspondent of the Lancet2 (2 June 1900). Choksy clarified that Mayr, who had based his observations on the monthly reports submitted by Choksy to the municipality, had mixed up his arguments and presented them so confusedly as to prejudice those not conversant with this line of treatment of plague. Choksy pointed out that he had personally conducted all the clinical observations and was solely responsible for the results.

Alessandro Lustig (1857–1937), with his pupil, G. Galeotti, had extracted from Bacterium pestis, a substance having the chemical characteristics of nucleoproteins and demonstrated its immunizing properties. These investigations stand in the history of bacteriology and immunology as one of the first attempts at the chemical identification of a bacterial antigen and at using chemically defined antigens to induce active immunity. These substances were used by Lustig and his colleagues as chemical vaccines to immunize animals and obtain immune sera that were employed for serum therapy in plague cases. Lustig, Galeotti and another pupil, G. Polverini were invited to India to apply the results of their research. When they arrived in Bombay, in June 1897, the epidemic had run its course and they treated a few sporadic cases with a serum that had been prepared in the Laboratory of General Pathology, Florence. The results proved satisfactory and they then went upcountry, since no material for further observation was available in Bombay city, where they successfully treated 30 cases. After his return to Florence, when Lustig heard of another outbreak in Bombay, he offered to prepare and send another batch of serum to test its efficacy, on a larger scale. This offer was accepted by the municipality, and Galeotti and Polverini arrived with a sufficient quantity of serum and, as the epidemic was at its height, arrangements were made to start the serum treatment immediately. Observations were conducted over two periods (March–November 1900; 155:1608).