Narratives of the Bombay Plague


Room 000 sounds like the prequel for Room 101 in the Ministry of Love from George Orwell’s dystopic novel, Nineteen Eighty-Four, in which Winston is held captive. Room 101 is the room which holds every individual’s worst fear. In Winston’s case, it was rats. Nineteen Eighty-Four describes a regime within which everything is controlled, including thoughts (‘double-think’) and language (‘new speak’). Both the Rats and the British colonial rule in India provide a satisfying symmetry between the latest Kaplish Ratna book, Room 000, and Room 101.

Bubonic plague hit Bombay in 1896, but this story starts with a prologue set in 2007 at Grant Medical College, one of the most revered colonial medical schools. The neo-gothic turrets of the College remain, but the façade of the building has caved in with the space devoted to impounded vehicles. Bikes and scooters clustered, dusty and dead, flashing chrome on loosening carapaces, like trilobites preparing to fossilize. Even the iron railings meant to contain this chaos had split apart and toppled as a necessary step in the complex process of decay. In the entrance to the building is a plaque in memory of a Russian doctor—Waldemar Mordecai Haffkine—who in Room 000 at Grant Medical College celebrated his creation ‘of the very first successful vaccine against bubonic plague’ during the 1896 bubonic plague in Bombay. This laboratory room is no longer in use, and as Kalpish Ratna turns away, people appear to fill the portico of the building as if posing for a photograph. They are images of the past; their lives and experiences of plague are the narratives of this book.

This is not the first time that Kalpish Ratna has focused on plague. The Quarantine Papers (Harper Collins India, 2010) was set in 1992 and 1893 and highlighted the communal violence that erupted in Bombay in those years, affecting the same streets a century apart. The narrative is provided by a doctor, Ram Ratan, living in 1992, who has repeated hallucinations that he is his great-grandfather living in 1893. The text font changes between these two narratives, to ease the reader’s understanding. In Room 000, everyone on the portico of the College has a story. They ask Kalpish Ratna, ‘What are you going to say?... Whose story will you write? Ours? Or the cant in which we don’t appear at all?’

Kalpish Ratna, like Ram Ratan, is also two people—Kalpana Swaminathan and Ishrat Syed—both surgeons and both with strong Bombay roots. Their writing name is an anagram of their first names which they translate as ‘the pleasures of imagination’. Room 000 reads as if it is written by a single person who has spent a lot of time researching the historical manuscripts and thinking deeply about the plots and emotional reactions of the characters involved. The distinct narratives—some factual, some comic and many tragic—are held together by a mystery. What causes the plague?

There is a complicated cast of actors. Those who recur give the reader helpful threads to weave their way through Room 000. Dr Acacio Gabriel Viegas starts the story, ‘The Sunday Gentleman’ who diagnoses the first case of plague in Bombay in 1896. Viegas lives for his Sunday escapes, strolling about Bombay unnoticed by his patients. Daniel Defoe—author of Journal of Plague Year in 1722— is brought into the story as he too walked freely each week; being bankrupt and a debtor he could not be arrested on Sundays. Nusserwanji Surveyor, a physician and bacteriologist, sets up a lab in Room 000 and discovers the same ‘safety pin’-shaped bacillus from body fluids of the first few patients identified. Surveyor is warned: ‘They’ll [the British] take your germ and make sure nobody hears of you again’. Ernest Hankin, a bacteriologist expert in staining bacteria, joins the Room 000 laboratory and expands their studies to rats, with comical consequences. The action
moves to Hong Kong to bring in Alexandre-Émile-Jean Yersin, a French bacteriologist whose name was given to the plague bacillus, Yersina pestis. Tatyta Lakshman, a detective of the Maharashtra police, is introduced to add his skills to the ongoing Bombay murder mystery. Surprisingly, his story is about the arsenic eaters of Graz, Austria, who gain youthful looks (and sexual prowess) from the addictive, and ultimately fatal, habit. Next, Haffkine is invited to Bombay at the height of the epidemic and makes his name by developing vaccines, injecting himself with no major adverse effects, and conducting trials to evaluate their effectiveness. Paul-Louis Simond appears late in the story and asks the key question–how does the plague get from rat to rat, and from rat to human? He discovers the agent—the rat flea.

Nusserwanji Choksy is the most experienced clinician, having documented over 4000 cases of plague, and is an acknowledged infectious disease specialist. His narratives are concerned with the understandable fear of plague and the greater fear of hospitals. With over 90% case fatality, it is no surprise that hospitals seem to cause death. The question ‘Why is the Sarkar [British overlords] trying to kill us all?’ echoes around Bombay. Preventive measures at the time are limited to scouring, disinfecting and lime-washing houses in affected districts and clearing the sewers. Civil unrest is rife, fuelled by the setting up of plague camps to isolate people from the insanitary conditions that are thought to be causal. The Sarkar deals with insurrections brutally with soldiers, horses, lathi sticks, and big guns as a reserve measure. Indian people did what seemed most sensible—they left affected areas as quickly as they could—and grabbed moribund relatives from the hospitals and camps to take with them.

Choksy is also involved in evaluations of several competing vaccines (Haffkine, Lustig, Yersin-Roux and Kitasato, among others). He is treated harshly by the Plague Commission, led by Almroth Wright, who criticizes his scientific method in comparing a selected group of vaccinated plague patients (not moribund and not close to recovery) with a control group comprising all the other patients. Choksy argues that a curative vaccine should only be tested in those capable of benefiting, but Wright demands that the alternation method should be used, and a trial of Lustig’s vaccine in 1000 patients is started.

Haffkine knew about using alternation to assess effectiveness of vaccines. In the same year as the Bombay plague of Room 000, the effects of Haffkine’s cholera vaccine, evaluated using alternation during an epidemic in Darbhanga Jail, Bihar, were reported by Surgeon Captain Harold Brown in the Indian Medical Gazette and reprinted in the IJE. Brown lamented that the numbers of patients studied were probably too small to be of statistical value (vaccine efficacy = 65%, Fisher’s exact test \( p = 0.12 \)). However, he felt that the facts spoke for themselves. No one died in the vaccinated group but all who were unvaccinated and contracted cholera died.

Choksy has also appeared in the IJE before. A letter to the Lancet, published in 1900, provides the findings of this trial and was reprinted in IJE in 2013 with several commentaries. An earlier Lancet report had denigrated the value of the vaccine, and Choksy wanted to present findings of unequivocal benefit of the vaccine and thus rebut British criticisms of his scientific method. A commentary by Swaminathan and Syed, the authors of Room 000, provides useful background. Bombay was affected by a massive famine; political fall-out over plague camps; a desperate situation as nothing seemed to help cure or prevent plague; and death rates of around 90% regardless of hospitalization or care at home.

The ethics of an alternate allocation of Lustig’s vaccine was debatable—there was evidence that it reduced symptoms in most patients and was effective in some, reducing death rates—which was why Choksy wanted to use it in all

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patients rather than alternate. Swaminathan and Syed write:

British policies in India during the plague served as models. Isolation, internment and racial categorization were effective tools of political control. Acts of omission like the ‘rational alternation’ can only be viewed against the larger canvas of megadeath, mahamari. Meanwhile, the Bombay plague established the pattern of domination that would lead elsewhere to death camps, genocide and ethnic cleansing.

In 19th century India, plague and famine might seem inescapable but the pernicious influence of the Sarkar Raj continued to cause famine and death right up to independence in 1947.

The parallel and sequential narratives which make up Room 000 provide a web of causality rather than a neat ‘story line’. The Indian poor and the smell of death and decay are always present. The British colonial power that engineers poverty, famine and decay for most Indians, develops an elaborate social stratification of society, and a general disdain for Indian scientists seeps from the pages. The authors have successfully linked these narratives through a ‘who dunnit’ detective story, puzzles about rats, and the theme of mistrust—of patients, of scientists and of administrations and commissions.

Bombay is a confusing peninsula from the delights of Chowpatty beach with hawkers of pani puri snacks and nimbu pani, to the abandoned cotton mills and the bustee of Dharavi. My Hankin-Janklin Indian English dictionary (an updated Hobson-Jobson) came in handy for looking up words like bustee (slum), chawl (a tenement building), chowki (a police/military post on a road), gharry (cart) and junglee (wild, without manners). A glossary or footnotes for some of the more important Indian-English words would be helpful in this book.

The front and back plates of the cover have an artful map from 1897 which may have helped the British administrators of the time determine workload and potential hazards to the expatriate communities. The originals can be found in the National Library of Scotland’s archive and, online, the size of the maps can be increased to make legible the places mentioned in Room 000. The arid report exonerating British rule during the plague years of 1896–97 is also worth browsing.

Plague continued to come and go in Bombay—further epidemics occurred in 1908, 1949 and 1952. Rat control and DDT spraying were implemented in attempts to keep plague at bay, but without effect. Bombay’s population grew dramatically over the 19th and 20th centuries, famines pushed people into the city and the need for housing drove rats out of their natural habitat and into people’s homes. The fundamental questions ‘Where does plague come from? When does it stop? Why or when does it reappear?’ are reiterated in the last chapter of Room 000. Room 000 no longer exists, but the story of Bombay continues. The authors point out that despite massive scientific progress, we are still facing epidemics we don’t understand and cannot control. The associations between repeated famines, the ensuing mass migrations and diseases were not appreciated. ‘Then, as today, in the thick of the event, nobody notices the obvious’.

Shah Ebrahim
E-mail: shah.ebrahim@lshtm.ac.uk

References


