The Siege of Krishnapur by J. G. Farrell

Selected Excerpts with Synopsis by Jane E Ferrie

Published in 1973, The Siege of Krishnapur is a novel which combines an action packed story full of detailed and accurate historical description with a deep but entertaining parody of Victorian beliefs and values and a nuanced critique of colonial rule. From the perspective of some of the British residents, it describes a siege of the British Residency (Figure 1) or cantonment in the fictional Indian town of Krishnapur during the Indian Rebellion of 1857. Inspired by the journals kept by Julia Inglis and Maria Germon during the siege of Lucknow, it moves in constricting circles over the course of a few months drawing ever more detailed and intense vignettes as the grip of the siege tightens and moves towards its final days. Farrell’s purpose was to chronicle the decline of the British Empire in India. This book was preceded by Farrell’s purpose was to chronicle the decline of the British Empire in India and a nuanced critique of colonial rule. From the perspective of some of the British residents, it describes a siege of the British Residency (Figure 1) or cantonment in the fictional Indian town of Krishnapur during the Indian Rebellion of 1857. Inspired by the journals kept by Julia Inglis and Maria Germon during the siege of Lucknow, it moves in constricting circles over the course of a few months drawing ever more detailed and intense vignettes as the grip of the siege tightens and moves towards its final days.

However, from Calcutta the novel follows the return of these characters to Krishnapur where increasing signs of danger confirm the foresight of the Collector in building ramparts and a trench to defend the Residency compound. The event that galvanises support for The Collector’s concern and stance is a rebellion of the Indian soldiers or sepoys at nearby Captainganj which leaves many British soldiers dead and, contrary to expectations, fails to bring the Maharajah’s forces out in defence of the colonisers. The soldiers and civilians that escape the Captainganj rebellion arrive at the Residency at Krishnapur bringing their wounded and their doctor, Dr McNab, who had recently been assigned to their garrison. On their arrival Dr Dunstaple, the civilian surgeon of Krishnapur, first treats the garrison’s wounded general before joining Dr McNab to treat the other wounded. Although Dr Dunstaple is a well respected and entrenched member of the Krishnapur elite, the reader has been given an insight into his character in an early vignette where he blames George Fleury for breaking a vase he had knocked over himself. On the arrival of Dr McNab with the wounded from Captainganj we again see his less pleasant side as he makes fun of the doctor, recounting to the Collector and Mr Willoughby, the Magistrate, in an exaggerated Scottish accent, McNab’s plan to try the local procedure of ‘stitching’ together wounds using the large and powerful jaws of burtunga ants.

As it becomes increasingly apparent that an attack on the Residency at Krishnapur is imminent, members of the British community living in the town and surrounding countryside, together with some European Asians (Eurasians) and Sikhs, but not the native Christians, are brought in to take shelter in the Residency and its surrounding buildings. They bring with them their treasured possessions, most of which will eventually end up shoring up the ramparts or being shot from a cannon. Issues of class and propriety recur as people used to owning property and servants are forced to inhabit confined spaces collectively. The women, most of whom are billeted in the billiard room, cling to their notions of hierarchy despite their challenging and cramped situation and apportion themselves according to the ranks of their

2 During the Indian Rebellion of 1857 the unsolicited delivery of chapattis was used to wage psychological warfare against the British as it signalled the likelihood of unrest.
3 A Collector during the British Raj held multiple responsibilities with overall responsibility for revenue collection and keeping the peace. The Superintendent of Police, Inspector General of Jails, the Surgeon General, the Chief Conservator of Forests and the Chief Engineer were all accountable to the Collector.
husbands or fathers. Regardless of origin the men work together to defend the Residency. Nonetheless, once the rebellious sepoys start their attack, the more capable younger men must still defer to the orders of a hung-over incompetent General.

Class, hierarchy and the ‘superiority’ of colonial technical, cultural and moral values are not the only issues examined and taken apart. As the siege intensifies increasingly heated, at times fanatical, arguments focus the spotlight on religious belief, science and progress, and the civilising role of culture and the arts, which variously see George Fleury pitted against the Padre or the Collector, and the Collector increasingly pitted against himself, as he is forced to revaluate dearly held premises. At the outset of the story the Collector is the archetypal loyal British subject; a firm believer in Britain’s altruistic and progressive goals for the country it occupies. For him these values found their highest expression in the Great Exhibition of 1851; an international exhibition held in the purpose built Crystal Palace in London to display the industrial, military and economic superiority of Great Britain.

It is in one of many conversations about the Exhibition that the subject of cholera gets its first mention. The Collector is waxing lyrical about some model houses for workmen which he interprets as a sympathetic response by Prince Albert to the plight of the poorer classes, when the Magistrate, a freethinking rationalist and atheist, cuts in with a less flattering interpretation: ‘What prompted these trivial improvements, on the contrary, was the fear of a cholera epidemic among the wealthier classes!’ This is the first time cholera is mentioned, but once the first case of cholera appears among the besieged, and exhaustion begins to exacerbate fanaticism it becomes the main focus of Dr Dunstable’s intense dislike of

Figure 1 The British Residency at Hyderabad, drawn in 1813 (reproduced courtesy of the British Library). © The British Library Board (×400(190), plate 19)
and disagreement with Dr McNab. An intimation of the battle ahead appears midway through the novel in comments by Dr Dunstaple to the Collector who is visiting the stables, now a makeshift hospital:

'The Doctor looked surprised at first to be presented with the mustard and looked so irritated that the Collector wondered whether there had not been some mistake. But then the Doctor remembered, he had a case of cholera... it was almost certainly cholera, though sometimes when men first reported sick it was hard to know from their symptoms whether they were suffering from cholera or bilious remittent fever.'

Cholera. The collector could see Dr Dunstaple's anger swelling, as if himself infected by the mere sound of the three syllables. And the Collector dreaded what was to come, for the subject of cholera invariably acted like a stimulant on the already overwrought Doctor. Cholera, evidently, had been the causes of the dispute between him and McNab which had brought about an unfortunate rift between the two doctors. Now he began, once again, to speak with a terrible eloquence about the iniquities of McNab’s ‘experimental’ treatments and quackery cures. Suddenly he seized the Collector’s wrist and dragged him across the ward to a mattress on which, pale as milk beneath a cloud of flies, a gaunt man lay shivering, stark naked. He’s now in the consecutive fever... How d’you think I cured this man? How d’you think I saved his life?

The Collector offered no suggestions so the Doctor explained that he had used the best treatment known to medical science, the way he had been taught as a student, the treatment which, for want of a specific, every physician worthy of the name accorded his cholera patients... calomel, opium and poultices, together with brandy as stimulant. Every half hour he gave pills of calomel (half a grain), opium and capsicum (of each one-eighth of a grain). Calomel, the Collector probably didn’t know, was an admirable aperient for cleansing the upper intestinal canal of the morbid cholera poison. At the same time, to relieve the cramps he had applied flannels wrung out of hot water and sprinkled with chloroform or turpentine to the feet, legs, stomach and chest, and even to the hands and arms. Then he had replaced them with flannels spread with mustard as his dispensers were now doing... At this point the Doctor tried to pull the Collector to yet another bed, where an Eurasian orderly was spreading mustard thickly with a knife on the chest and stomach of yet another tossing, groaning figure. But the Collector could stand no more and, shaking himself free, made for the door with the Doctor in pursuit.

The Doctor was grinning now and wanted to show the Collector a piece of paper. The Collector allowed himself to be halted as soon as he had inhaled a draught of fresh air. He stared in dismay at the unnaturally bright flush of the Doctor’s features, at the parody of good humour they wore, remembering many happier times when the good humour had been real.

'I copied it from the quack’s medical diary... With his permission, of course. He’s always making notes. No doubt he thinks he will make an impression with them. Read it. It concerns a cholera case... He wrote it, I believe, in Muttra about three years ago. Go on. Read it...'. And he winked encouragingly at the Collector.

The Collector took the paper with reluctance and read:

She has almost no pulse,
Body as cold as that of a corpse.
Opening a vein it is hard to get any blood...what there is, is of a dark treacly aspect...

Her face has taken on a terribly cadaverous aspect, sunken eyes, starting bones, worse than that of a corpse.

The Collector looked up, puzzled. 'Why d’you show me this?'

'That was his wife!’ cried the Doctor triumphantly. 'Don’t you see, he takes notes all the time. Nothing will stop him... Even his wife! Nothing!’

Beaten back by the repeated and successful attacks of the insurgent sepoys, their numbers continually depleted by death and their strengths depleted by increasing privation and disease, the surviving occupants gather for regular services and other meetings in the cellar of the Residency. It is here one day, during a lull in the attacks provided by a month of torrential rain, that the first of the public battles between the two medical protagonists takes place (Excerpt 1).

The second public battle occurs after the Magistrate, his witness of the siege having stripped him of his previous interest in the welfare of humanity and the cruel iniquities of capitalism, decides that an auction will be held to sell the little remaining food to the highest bidder. As it becomes obvious that the auction is rigged, the Collector finally sees fit to intervene on the side of a more equitable approach. He is revelling in the applause that attends this move when he is pulled from his chair by Dr Dunstaple who attacks...
Dr McNab on his treatment of cholera for the second time (Excerpt 2).

Later the same evening, after drinking a vial of rice water from a cholera patient to prove his theory that the disease is caused by the inhalation of malodorous air rather than via contaminated water, Dr Dunstaple is rumoured to have contracted cholera. As treatment using the remedies he espouses appears ineffective his daughter calls for help from Dr McNab who injects him with saline. However each time he rallies after this rehydration a furious Dr Dunstaple insists on returning to his own prescriptions. Eventually he locks himself away with his dispenser and towards morning the residents hear that he has died, inconclusively, of a heart attack. However, although the circumstances of Dr Dunstaple’s death were well known by everyone; ‘it was not generally considered that, by dying, that the Doctor had lost his argument with McNab.’ The Collector, however, is amazed and confides to Dr McNab that he could never have believed such stupidity could exist.

After Dr Dunstaple’s death the rain eventually ceases, the attacks by the sepoyos recommence and the siege continues to intensify. However, just as the residents beat a final retreat to the banqueting hall, where the survivors have pledged to blow themselves up rather than surrender, a relieving force of British troops arrives and they are saved. Many years later back in London, the Collector, now an old man, encounters George Fleury in Pall Mall. As the latter passes on the information that his sister has remained in India and married Dr McNab; the Collector remarks ‘Ah yes, McNab.’ ‘He was the best of us all. The only one who knew what he was doing.’

Excerpt 1

‘It was after the evening service in the vast cellar beneath the Residency that Dr Dunstaple suddenly chose to speak his mind. Hardly had the Padre finished saying the Nunc Dimittis when the Doctor, who had been kneeling innocently in the front row, sprang to his feet. While skirts were still rustling and prayer-books being closed, he shouted: “Cholera!” Silence fell immediately, a silence only made more absolute by the sound of a distant cannon and by the gurgling of rainwater. This was the word that every member of the garrison most dreaded.

“Ladies and gentlemen, I need not tell you how we are ravaged by this disease in Krishnapur! Many have already departed by way of this terrible illness, no doubt others will follow before our present travail is over. That is the will of God. But it is surely not the will of God that a gentleman who has come here to practise medicine…’ I cannot dignify him with the name of ‘physician’…should send to their doom many poor souls who might, with the proper treatment, recover!’”

“‘I don’t pretend that medical science has yet found a method of treating cholera that’s quite satisfactory, I don’t say there isn’t room for improvement, ladies and gentlemen…but what I do say is that it’s the duty of a member of the medical profession to use the best available treatment known and accepted by his fellow physicians! It’s his duty. A licence to practise medicine isn’t a licence to perform whatever hare-brained experiments may come into his head.’

“‘I’m perfectly willing to discuss the pathology of cholera with Dr Dunstaple,’ said Dr McNab in a mild and gloomy manner, “but I doubt if there’s anything to be gained by doing so publicly and in front of those who may tomorrow become our patients.”

“See! He tries to avoid the issue. Sir, there is everything to be gained from exposing a charlatan.”

The Magistrate’s eye moved from one doctor to the other over the passive rows of tattered skeletons and he forgot for a moment that he was as thin and ragged as they were. What chance was there of this little community, riddled with prejudice and of limited intelligence, being able to discriminate between the strength of one argument and the strength of another? They would inevitably support the man who shouted loudest. But what better opportunity could there be of examining the fate of those seeds of reason that might be cast on the stony ground of the communal intelligence?

“Dr Dunstaple, you will hardly make any progress if you continue to abuse Dr McNab in this way. If you insist on a public debate then I suggest you give us your views in a more suitable manner.”

“Certainly,” said Dr Dunstaple. His face was flushed, his eyes glinting with excitement; he seemed to be having difficulty breathing, too, and he spoke so rapidly that he slurred his words. “But first ladies and gentlemen, you should know that Dr McNab holds the discredited belief that you catch cholera by drinking…more precisely, that in cholera the morbific matter is taken into the alimentary canal causing diarrhoea, that the poison is at the same time reproduced in the intestines and passes out with the discharges, and that by these so-called ‘rice-water’ discharges becoming mingled with the drinking-water of others the disease is communicated from one person to another continually multiplying itself as it goes. I think that Dr McNab would not disagree with that.”

“I’m grateful to you for such an accurate statement of my beliefs.” Could it be that McNab was actually smiling? Probably not, but there had certainly been a tremor at each corner of his mouth.

“Let me now read to you the conclusion of Dr Baly in his Report on Epidemic Cholera, drawn up at the desire of the Royal College of Physicians and published in 1854. Dr Baly finds the only theory satisfactorily supported by evidence is that ‘which regards the cause of cholera as a matter increasing by some process, whether chemical or organic, in impure or damp air’… I repeat, ‘in impure or damp air’.” Dr Dunstaple
excitement that bordered on ecstasy. The Magistrate, stroking his cinnamon whiskers with result of atmospheric infection. Speedily passing into collapse, proves that it was the suddenly seized with premonitory symptoms, and formed into Sir Isaac Newton, mounting such an impressive attack. But Dr Dunstaff was now moved on to the treatment.

“What must it consist of? We must think of restoring the animal heat which has been lost and we must consider means of counter-irritating the disease... Hence, a warm bath, perhaps, and a blister to the spine. To relieve the pains in the head we might order leeches to the temples. An accepted method of counter-irritation in cholera is with sinapis applied to the epigastrium...or, if I must interpret these learned expressions for the benefit of my distinguished colleague, with mustard-plasters to the pit of the stomach...”

There was subdued laughter at this sally. But the Doctor held up his hand genially and added: “As for medicine, brandy to support the system and pills composed of calomel, half a grain, opium and capsicum, of each one-eighth of a grain, are considered usual. I could continue to talk about this disease indefinitely but to what purpose? I believe I have made my point. Now let Dr McNab justify his curious treatments, or lack of them, if he can.”

At length, with a sigh and in a conversational tone which did not match Dr Dunstaff’s oratory for effect, he [McNab] observed: “Dr Dunstaff is quite wrong to suggest that there is an accepted treatment for cholera. The medical journals still present a variety of possible remedies, many of which sound most desperate and bizarre...missionaries report from China that they have been cured by having needles stuck into their bellies and arms, yet this is not thought too strange to mention...and almost every variety of chemical substance has been proposed at one time or another, all of which is a sure sign that our profession remains baffled by this disease.”

“In the greater number of epidemic diseases,” McNab went on, “the morbid poison appears to enter the blood in some way, and after multiplying during a period of so-called incubation, it affects the whole system. Such is undoubtedly the case in smallpox, measles, scarlet fever and the various kinds of continued fever...but it must be remarked that in these diseases the illness always begins with general symptoms, such as headache, rigors, fever and lassitude...while particular symptoms only appear afterwards. Cholera, on the other hand, begins with an effusion of fluid into the alimentary canal, without any previous illness whatsoever. Indeed, after this fluid has begun to flow away as a copious diarrhoea the patient often feels so little indisposed that he cannot persuade himself that anything serious is the matter.”

“Irrelevant!” muttered Dr Dunstaff loudly but McNab paid no attention and continued calmly.

“The symptoms which follow the affection of the alimentary canal are exactly what one would expect. If you analyse the blood of someone with cholera you’ll find that the watery fluid effused into the...
stomach and bowels isn’t replaced by absorption. The experiments of Dr O’Shaughnessy and others during the cholera of 1831-2 show that the amount of water in the blood was very much diminished in proportion to the solid constituents, as also were the salts…Well, the basis of my treatment of cholera is quite simply to try to restore the fluid and salts which have been lost from the blood, by injecting solutions of carbonate of soda or phosphate of soda into the blood vessels. Does that sound unreasonable? I don’t believe so. At the same time I try to combat the morbid action by using antiseptic agents such as sulphur, hyposulphite of soda, creosote or camphor at the seat of the disease…that’s to say, in the alimentary canal…”

“How eminently full of reason!” thought the Magistrate. “It will be too much for them, the dolts!”

“It’s often been regretted by physicians that calomel and other medicines aren’t absorbed in cholera… but this regret is needless, in my opinion, as they don’t need to be absorbed. If calomel is given in cholera it should obviously not be in pills, as Dr Dunstaple suggests, but as a powder for the sake of better diffusion.”

To say that the audience had found Dr McNab’s discourse dull would not be entirely correct; they had found it soothing, certainly, and perhaps monotonous. Many of those present had found it hard to pick up the thread of what he was saying and instead had thought with a shiver: “Needles driven into your belly! Good heavens!” But Dr McNab had at least one attentive listener and that was Dr Dunstaple.

“Dr McNab has omitted to mention certain post mortem appearances which refute his view of cholera and support mine,” cried Dr Dunstaple waving his arms violently in his excitement and making thrusting gestures as if about to spear a particularly fine pig.

“He hasn’t mentioned the distended state of the pulmonary arteries and the right cavities of the heart. Nor has he mentioned the breathlessness suffered by the patient after he has inhaled the cholera poison!”

Dr McNab shrugged negligently and said: “These symptoms are obviously the result of the diminished volume of the blood… Its thickened and tarry condition impedes its passage through the pulmonary capillaries and the pulmonary circulation in general. This is also the cause of the coldness found in cholera.”

“Pure reason!” barked the Magistrate, unable to contain himself a moment longer.

“Nonsense!” roared Dr Dunstaple and started forward as if he meant to make a physical assault on Dr McNab. He was halted in his tracks, however, by a shout from the Padre.

“Gentlemen! Remember that you are in the presence of the altar. I must ask you to stop this quarrelling instantly, or to continue it in another place.” Furious, Dr Dunstaple now seemed on the point of turning on the Padre and mowing the wiry cleric down with his fists, but by this time Louise and Mrs Dunstaple had hastened to his side and now they dragged him away, hushing him desperately.”

Excerpt 2

“No sooner had he freed the platform of the Collector’s superfluous presence than the Doctor sprang into his place and held up his hand for silence. The Collector had already perceived that all was not well with the Doctor. While speaking he had been aware of the Doctor’s red, exasperated features grinning in the first rank at the foot of the stairs; he had seemed nervously excited, anxious, impatient that the auction should be over. “Disgraceful!” he had muttered. “We could all be dead.” But now the Doctor had begun to speak.

“Ladies and gentlemen, Dr McNab still hasn’t offered any evidence to support his strange methods which amount, it seems, to pumping water into cholera victims. Nor has he provided any evidence to support his belief that cholera is spread in drinking water. Now, ladies and gentlemen, shouldn’t we give him his opportunity?” And Dr Dunstaple laughed, though in a rather chilling manner.

As before in the cellar, all eyes turned to McNab who, once again, happened to be leaning against a wall at the back. On this occasion, however, his calm appeared to have been ruffled by Dr Dunstaple’s words and he replied with a note of impatience in his voice: “If any evidence were needed it would be enough to see what happens when a weak saline solution is injected into the veins of a patient in the condition of collapse. His shrunken skin becomes filled out and loses its coldness and pallor. His face assumes a natural look...he’s able to sit up and breathe more normally and for a time seems well... My dear Dr Dunstaple, perhaps you could explain to us why, if the symptoms are caused, as you seem to believe, by damage to the lungs or by a poison circulating in the blood and depressing the action of the heart...why it’s possible that these symptoms should thus be suspended by an injection of warm water holding a little salt in solution?”

Dr McNab had asked this question with a smile. But the smile only irritated Dr Dunstaple and heellowed: “Rubbish! Let Dr McNab give his reasons for saying that cholera is spread by the drinking of infected water!” He paused a moment to let his words sink in, and then added: “Perhaps he’ll explain away the case, reported officially to the Royal College of Physicians, of a dispenser who accidentally swallowed some of the so-called ‘rice-water’ matter voided by a patient in a state of collapse from cholera... but who suffered no ill-effects whatsoever!”

“No, I can’t explain that,” replied McNab, who had now recovered his composure and was speaking in his usual calm tone. “Any more than I can explain why cholera should have always attacked those of our soldiers who had recently arrived in the Crimea in
preference to those who had been there for some time... Or why, as has been suggested, Jews should be immune to cholera, and many other things about this mysterious disease.”

Ah, it had been a mistake to mention Jews. The Magistrate could see people thinking: “Jews! Whatever next!”

“How d’you explain its high incidence in places known to be malodorous?”

“It should be obvious that in the crowded habitations of the poor, who live, cook, eat, and sleep in the same apartment and pay little regard to the washing of hands, the evacuations of cholera victims which are almost colourless and without odour can be passed from one person to another. It has often been noted that the disease is rarely contracted by medical, clerical or other visitors who don’t eat and drink in the sick-room. And consider how severely the mining districts were affected in each of the epidemics in Britain. The pits are without privies and the excrement of the workmen lies about everywhere so that the hands are liable to be soiled by it. The pitmen remain underground for eight or nine hours at a time and invariably take food down with them into the pits and eat it with unwashed hands and without a knife and fork. The result is that any case of cholera in the pits has an unusually favourable situation in which to spread.”

“Gentlemen,” interrupted the Collector, “it’s clear that the difference between you is a deeply felt and scientific one which none of us here are qualified for adjudicating... To an impartial observer it seems that there’s something to be said on either side...” The Collector hesitated. “Let us therefore be content, until the... the march of science has freed us from doubt, to take precautions against either eventuality. Let us take care, on the advice of Dr Dunstable, to ventilate our rooms, our clothes and our persons as best we can lest cholera be present in an invisible poisonous miasma. And at the same time let us take care with washing and cleanliness and other precautions to see that we don’t ingest the morbid agent in any liquid or solid form. As for the treatment of those unfortunate enough to contract the disease, let them choose whichever approach seems to them the most expressive of reason.”

The Collector fell silent, hoping that these words might bring the meeting to an end without leaving too great a schism between the two factions. But Dr Dunstable’s bitterness was too great to be satisfied with this armistice.

“Dr McNab still hasn’t granted my request for evidence that cholera is spread by drinking water. Does he expect us to be convinced by his words about the prevalence of cholera in the pits? Ha! He’s forgotten to mention, by some slip of the memory, the one fact about the pits which is known to everyone... the impurity of the air breathed by the pitmen! Moreover, I should warn those present of the risks they expose themselves to under McNab’s treatment... which is, however, not a treatment at all, but a waste of time. Let him who is prepared, should McNab decide on another experiment, to have needles driven into his stomach, allow himself to be treated by this charlatan. I believe I’ve done my duty in making this plain.”

“I shall also give a warning to those present, to the effect that, in my view, nothing could be worse for the treatment of cholera than the warm baths, mustard-plasters and compresses recommended by Dr Dunstable, which can only further reduce the water content of the blood... No medicine could be more dangerous in cholera collapse than opium, and calomel in the form of a pill is utterly useless.”

“Thank you, Dr McNab,” put in the Collector hurriedly, but McNab paid no attention to him.

“As for the evidence that cholera is spread in drinking-water, there is, as Dr Dunstable should be well aware, a considerable amount of evidence to support this view. I’ll mention one small part of it only... evidence collected as a result of the epidemics of 1853 and 1854 by Dr Snow and which concerns the southern districts of London. These districts, with the exception of Greenwich and part of Lewisham and Rotherhithe, are supplied with water by two water companies, one called the Lambeth Company, and the other the Southwark and Vauxhall Company. Throughout the greater part of these districts the supply of water is intimately mixed, the pipes of both companies going down all the streets and into almost all the courts and alleys. At one time the two water companies were in active competition and any person paying the rates, whether landlord or tenant, could change his water company as easily as his butcher or baker... and although this state of things has long since ceased, and the companies have come to an arrangement so that the people cannot now change their supply, all the same, the result of their earlier competition remains. Here and there one may find a row of houses all having the same supply, but very often two adjacent houses are supplied differently. And there’s no difference in the circumstances of the people supplied by the two companies each company supplies rich and poor alike.

“Now in 1849 both companies supplied virtually the same water... the Lambeth Company got theirs from the Thames close to the Hungerford Bridge; the Southwark and Vauxhall Company got theirs at Battersea-fields. Each kind of water contained the sewage of London and was supplied with very little attempt at purification. In 1849 the cholera epidemic was almost equally severe in the districts supplied by each company.

“Between the epidemic of 1849 and that of 1853 the Lambeth Company removed their works from Hungerford Bridge to Thames Ditton, beyond the influence of the tide and out of reach of London’s sewage. During the epidemic of 1854 Dr Snow uncovered the following facts... out of 134 deaths from cholera during the first four weeks, 115 of the
fatal cases occurred in houses supplied by the Southwark and Vauxhall Company, only 14 in that of the Lambeth Company's houses, and the remainder in houses that got their water from pump wells or direct from the river. Remember, this was in districts where houses standing next to each other very often had a different water supply.”

“Pure reason!” ejaculated the Magistrate. “It will be too much for them. Ha! Ha!” If anything was destined to distract the assembly from an objective consideration of rival arguments it was this strange, almost mad, outburst from the Magistrate. Dr McNab continued, however: “During the epidemic as a whole which lasted ten weeks there were 2443 deaths in houses supplied by Southwark and Vauxhall as against 313 in those supplied by the Lambeth Company. Admittedly the former supplied twice as many houses as the latter…but if the fatal cases of cholera during the entire epidemic are taken in proportion to the houses supplied, it will be seen that there were 610 deaths out of 10,000 houses supplied by the Southwark and Vauxhall Company, whereas there were only 119 out of 10,000 supplied by the Lambeth Company. I challenge Dr Dunstaple to deny in the face of this evidence that cholera is not spread by drinking water!”

The effect of Dr McNab’s arguments was by no means as overwhelming as might be supposed; with the best will in the world and in ideal circumstances it is next to impossible to escape cerebral indigestion as someone quotes comparative figures as fluently as Dr McNab had just been doing. The audience, their minds gone blank, stared craftily at Dr McNab wondering whether this was a conjuring trick in which he took advantage of their stupidity. Very likely it was. The audience, too, was painfully hungry and yet in the presence of food which was not apparently destined for their stomachs; this made them feel weak and peevish. The heat, too, was atrocious; the air in the hall was stagnant and the audience stinking. Every time you took a breath of that foul air you could not help imagining the cholera poison gnawing at your lungs. Even Fleury, who was perfectly conscious of the force of McNab’s arguments, nevertheless gave a visceral assent to those of Dr Dunstaple.

What would have happened if Dr Dunstaple had replied to Dr McNab’s challenge it is hard to say. He had taken a seat on the stairs while McNab was speaking. As he finished, however, he sprang to his feet, his face working with rage, his complexion tinged with lavender. He opened his mouth to speak but his words were drowned by a volley of musket fire nearby and the crash of a round shot which brought down a shower of plaster on the heads of his audience.

“Stand to arms!” came a cry from outside, and immediately everyone began to disperse in pandemonium (and more than one tin of food was accidentally grabbed up in the confusion). The Doctor was left to wave his arms and shout; he could not be heard above the din. However, he had one final argument, more crushing than any he had yet delivered, and for this he needed no words. From his alpaca coat he whipped a medicine bottle of colourless fluid, flourished it significantly at Dr McNab and drank it all off. What was in the bottle that he had thus publicly drained to the last drop? The Doctor himself did not say. Yet it did not require much imagination to see that it could only be one thing: the so-called “rice-water” fluid from a cholera patient, which Dr McNab claimed was so deadly. Against this argument Dr McNab’s tiresome statistics could not hope to compete.”

Farrell attributed two sets of figures to John Snow in the excerpts reprinted above from The Siege of Krishnapur.1 ‘During the epidemic of 1854 Dr Snow uncovered the following facts…out of 134 deaths from cholera during the first four weeks, 115 of the fatal cases occurred in houses supplied by the Southwark and Vauxhall Company, only 14 in that of the Lambeth Company’s houses, and the remainder in houses that got their water from pump wells or direct from the river’.