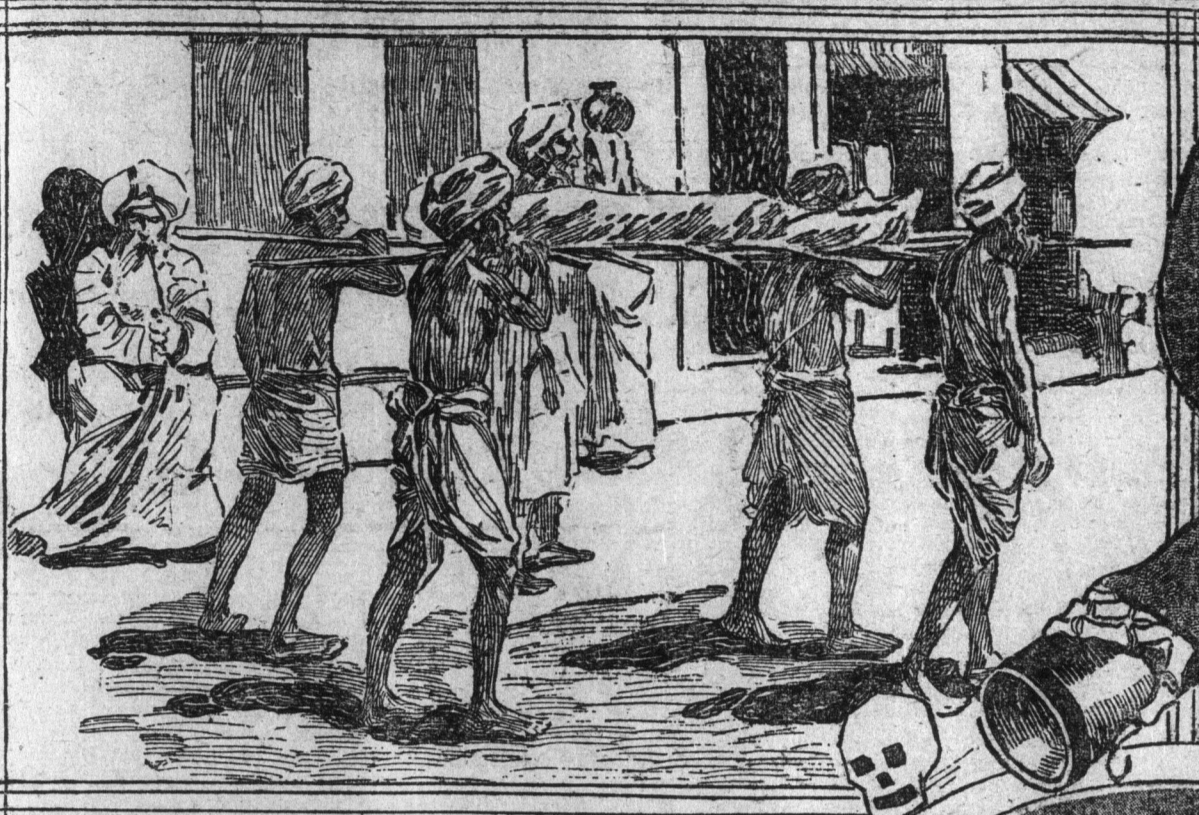
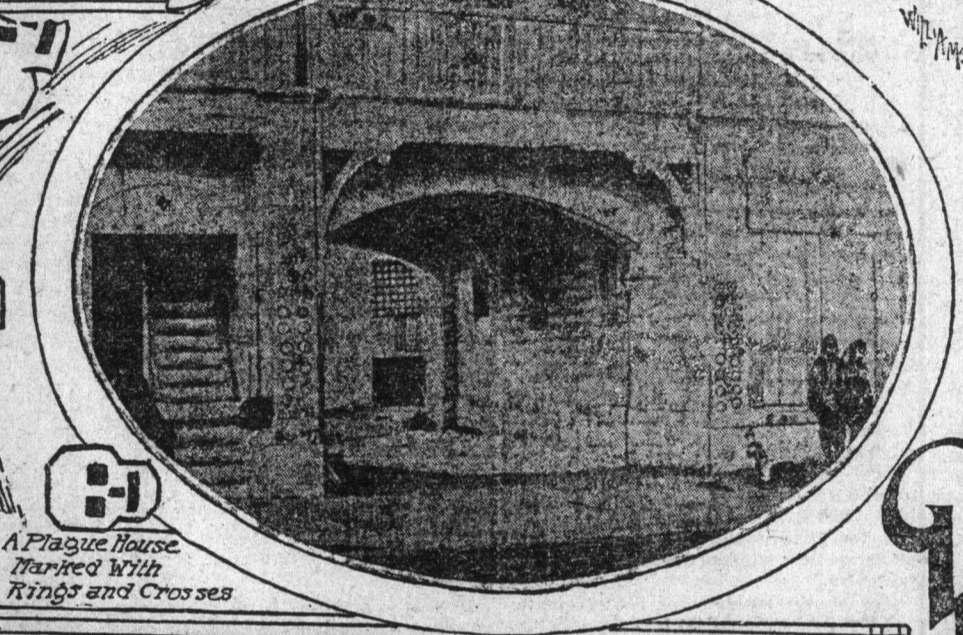
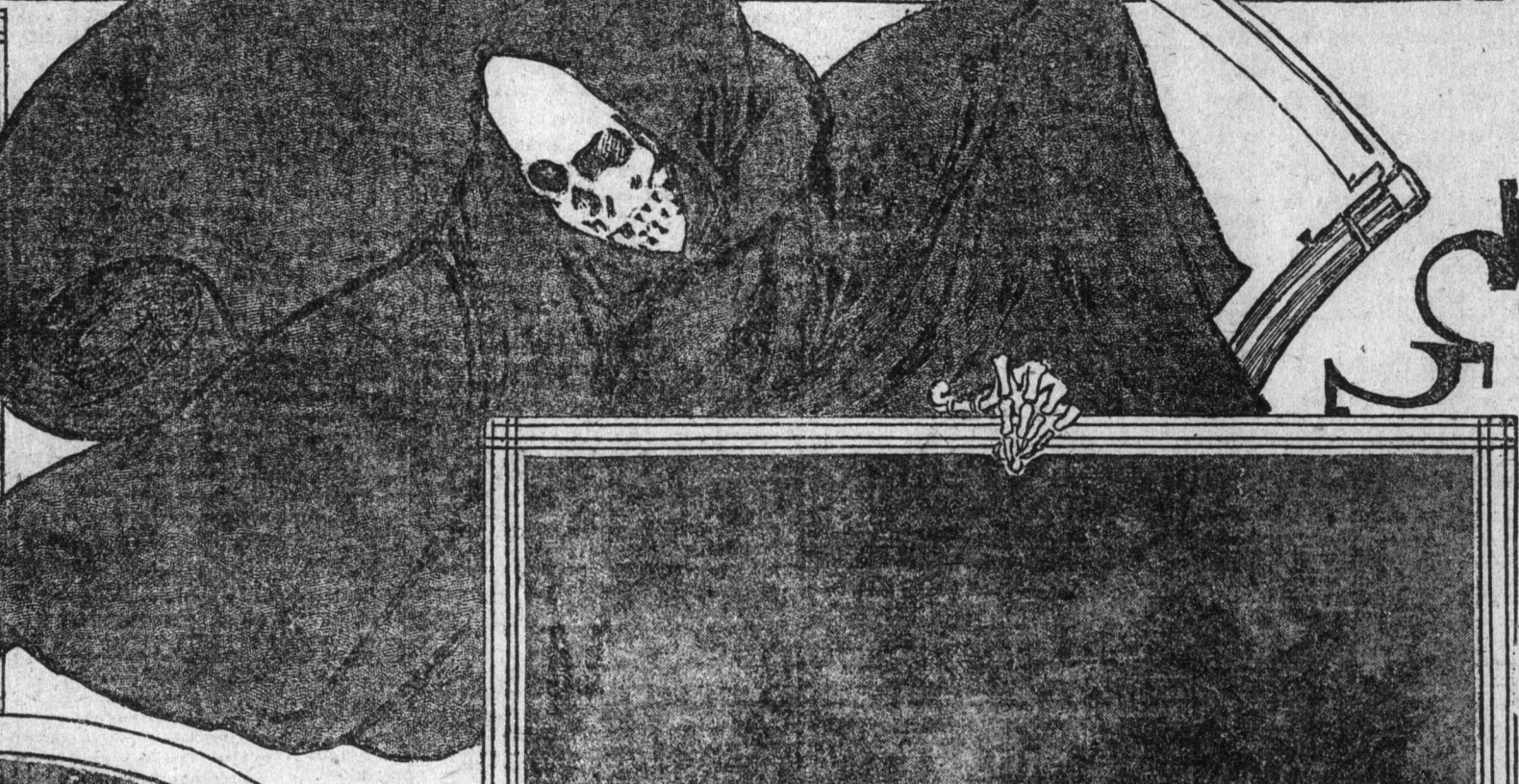


35,000 A WEEK DYING OF PLAGUE IN INDIA - England at Last Makes Frantic Effort to Stop the Disease



Carrying Victims Through the Streets



A Plague Horse Marked With Rings and Crosses



Burning the Bodies of Plague Victims in Bombay

AROUSED at last by the terrible and unprecedented ravages of the plague in India, the English Government has taken steps to investigate and stamp out the fatal disease.

If permitted to continue, the malady not only threatens to depopulate India, but presents a serious menace to the world at large.

Already this year three-quarters of a million of people have perished of the plague.

Moreover, the mortality is leaping upward at a rate of thousands per week. Conditions in the stricken land beggar description.

So serious has the situation become that a few weeks ago the *Lancet*, probably the most influential medical journal in the United Kingdom, gave warning that, unless radical steps to stay the progress of the plague were taken without delay, the government would probably have a rebellion on its hands.

Taking heed, a joint commission from the Royal Medical Society, the Lister Institute and the Indian Office was named and is to begin work immediately.

EVERYWHERE in India funeral pyres incinerating victims of the plague—they do not bury them—are burning day and night. Through the streets of cities and villages alike throngs may be seen carrying the bodies of grim figures, who, clad in breech cloth and turban alone, await to thrust them upon the flaming heap.

Unfortunates caught by the plague away from home die on the sidewalks. In passing along the highways one notices houses marked at the doorways by rings and crosses, each ring or cross representing a single victim who succumbed within. Sometimes no fewer than ten or twenty such marks are seen upon one house.

A stow is the native of India, relative or friend may die beside him, but he does not vacate the dwelling. He does not even burn the bed, such as it may be, or scrub the floor. Purgation he does not understand. He simply remains right there, and if the disease grips him, like his loved one, he, too, probably succumbs.

In the densely packed and ignorant population of Bombay or Calcutta it is difficult to combat such a disease as the plague. So far very few really successful treatments for the disease have been found. One is a serum which is apparently more of a palliative than a cure. The proportion of persons inoculated in it who die when stricken is two and a half times smaller than the proportion who die among the victims not inoculated.

AN ALARMING DEATH ROLL

The present outbreak of the black death, or plague, dates from Hong Kong, China, in 1894. Two years later it reached Bombay, India, and from there spread to Madagascari, East Africa, Mecca, Turkestan and Manchuria.

In 1899, in Bombay alone, its virulence was claiming 60 victims a day, and it was reaching out its death tentacles into all surrounding territory.

For several years this startling mortality wrought its devastating work without attracting more than passing attention from the outside world, except that quarantine regulations became more stringent and the watchfulness of medical officials at the outposts of nations increased.

Instead of abating, however, the dread disease has gone from bad to worse, until to-day its ravages are more startling than ever. A few figures will make this assertion plain:

During the week ending December 31 last there were 2,646 deaths in India from the plague. The preceding week had witnessed 19,466 deaths, so that seven days had brought an increase of 16,820.

January's death roll reached the alarming total of 10,000, and February's was about the same.

Still fatalities were increasing. The two weeks of March ending with the 25th rolled up 34,000 and 35,000, respectively. For the first of April these figures had taken a terrific upward bound.

For the week ending April 15 last there were 53,895 deaths, an increase of 18,895 over the preceding week.

Perhaps even a better idea of the plague's ravages may be gathered from figures dealing with certain districts.

Since 1901, in the Poona district, near Bombay, with a population of 153,320, no fewer than 15,587 people have died of the plague, or something over 10 per cent. Last November the death rate in Poona had reached the proportion of 104 per 1,000 inhabitants a year.

Since the plague began its devastations in 1898, 40,000 people of Poona have died from it, most of them toward the latter end of the nine-year period.

In its issue of March 11 last the *Lancet*, a medical journal of world-wide celebrity, stated that the number of deaths in the United Provinces—Punjab and Bengal—for the week previous had reached 15,357, as compared with 11,777 three weeks before.

Punjab alone had 972 deaths, as compared with 657 three weeks before, and Bengal had 619, as against 413 three weeks previously. In the district of Bombay deaths in that period had increased from 288 to 311.

And throughout the world, for that matter, the *Lancet* a number of weeks ago began to demand that the government should investigate the conditions in India, looking toward adequate and prompt remedial measures.

The charges were emphatically and persistently made that the government had not allowed itself to be contented with this alarming increase in the death rate; that it was taking no energetic steps toward abatement of a menace that was threatening not only India, but the entire world.

Such neglect of its East Indian wards in time of scourge, the *Lancet* argued, was liable to bring about a popular revolt as quickly and as surely as might political wrongs.

Stung to action by such a presentation of facts, the

British Government has just appointed a commission to make a careful study of the bacteriological features of the plague, and to recommend the best methods for stamping it out.

This commission includes the following members: Sir Michael Foster and Dr. J. R. Bradford, named by the Royal Medical Society of England; Colonel David Bruce and Dr. C. J. Martin, of the Lister Institute, and Surgeon General A. M. Brandegee, representing the Indian Office.

So far as is known, the plague assumes four forms: first, the bubonic, in which the victim takes the infection through the lymphatic system; second, the septemic form, where the disease is received directly through the blood stream; third, the pneumonic type, taken through the lungs, and producing a distinct form of lobular pneumonia; and fourth, the form induced by direct absorption of the poison through the gastro-intestinal canal.

Adults are more liable to the disease than children, and stout persons fall victims more easily than thin persons, although individuals of poor physique succumb quickly, as a rule, when attacked.

Recovering from an attack of plague of the pulmonary type, the patient often loses his memory of words. He may continue a year, or even eighteen months, in this condition.

White persons in India are not attacked nearly so readily as natives and frequently consider themselves immune. Whenever the plague has got a foothold in European cities, however, its ravages have been terrific.

Medical authorities do not doubt that it would sweep like wildfire through the slums of European cities, once it got a foothold there.

Even monkeys fall easy victims to the plague and die

in great numbers. In most parts of India they are not harmed by the natives, and infect the country in droves.

These animals, as well as others, assist in spreading the disease by contaminating the supply of water used by human beings. Rats frequently carry the infection, and in some parts of India it is known as the "rats' disease."

A popular idea prevails in India that the plague is taken up by natives through their feet. Nearly all the natives go about barefoot, and frequently wound their feet on stones and other obstructions in the highways.

Among those acknowledging faith in this theory is Dr. Shikare, of Bombay, who asserts that in many, if not most, cases of bubonic plague that have come under his observation the poison entered the system through small wounds or abrasions. Infected persons, infected rats and

And yet a startling problem as to the spread of the plague was raised when, in 1908, it jumped from India to the village of Auzep, in Turkestan.

"This town is 14,000 feet above sea level. In the mountains, where the climate is cold and dry—as diametrically the opposite of the steaming climates of Hong Kong, Calcutta and Bombay as it is possible for meteorological conditions to be," asserts one authority.

"The only means of reaching it, except by birds or road, as described as paths over jagged on the mountain sides, so dangerous as to deter the ordinary traveler. Nevertheless, the plague jumped to that town. It had then 50 inhabitants, but before intelligent aid came to help fight the disease 278 of them died."

The *Coleman* Statesman quotes a health official as declaring that the plague is spread by means of bales of cotton, and the *Pennec* another Indian paper, believes that it could be proved that the disease was spread by infected clothing.

Natives of India cannot understand why the simple washing of their clothing in cold water will not rid the garments of the plague, neither do they understand that to boil their clothing will kill the germs.

In many infected localities, the visitor will see holes cut in the roofs of dwellings for ventilation, or to "let out the disease."

So stupid, or so thoughtless, however, is the average

native, especially of the lower classes, that not even ordinary precautions are taken.

As an illustration, it is stated that some years ago health officials broke into a room and found half a dozen persons squatting about the floor playing cards.

The trained eye of one of the visitors noticed that the attitude of one of the "players" was constrained, and upon closer examination it was found that he was dead—a victim of the plague. And yet his fellows were continuing the game unmindful of the dread presence, and would, in course of time, have quietly dispersed to their homes and families, carrying the infection with them.

In many districts of India famine is frequently the most active ally of the plague. Through it the power of resistance is reduced to a minimum, and hordes of unhealthy, poorly fed natives fall easy victims.

Not only that, but plague germs thrive and multiply amid the filth and unsanitary conditions that prevail.

Dead cats, rats and other animals are permitted to remain in their squalid quarters for a time that is incomprehensible to persons of cleanly instincts.

Often, too, when a native becomes ill, he is permitted to remain in his squalid quarters instead of being hurried away to a hospital.

When death sweeps its relentless scythe through a family, the deserted dwelling frequently is not fumigated as it should be.

As an illustration of this fact, the following instance is mentioned. Health inspectors discovered a house where every window and door was securely fastened. Upon breaking in, they found the place empty—the plague had been there—but the floor of earth was strewn with the carcasses of rats.

Such instances are common in India.

Just what the newly appointed medical commission will do remains to be seen. Undoubtedly stringent methods of germination will be urged, but just how far such methods can be followed, owing to the ignorance of the natives, is a question no person seems able at present to say. The fact that their fellows are dying like flies in the autumn—at the rate of something like 35,000 a week—does not appear to move them. But should they become moved, as the *Lancet* fears, the agitation would probably take the form of a revolt against the government.

GOLDFIELD, THE CENTRE OF A NEW TREASURE-HUNTING FRENZY AND MANY HARDSHIPS



The Town of Goldfield

Loading at the Sandstorm a Load of Ore That Netted \$100,000

A Well in the Desert Between Goldfield and Tonopah

THE latest example of gold-mining frenzy centres about Goldfield, in southeastern Nevada. Rainbow chasers from all parts of the West are hastening there, and while some have made rich strikes, thousands of others are meeting disappointment.

Goldfield is a camp in the desert of some 600 permanent and 600 floating population, and all the old stories of rapid increase of prices on hills—leaps of from hundreds to thousands over night—are being retold. Men who roll into their blankets, covering nothing more tangible than pencil title to claims, awake in the morning wealthy through the necromancy of strikes of ore made in adjoining ground over night.

True enough, fortunes have been made quickly in Goldfield, but only for a favored few. One wagon load of ore hauled to Tonopah from there netted \$100,000, and this set the Far West wild.

Other rich veins of ore have been discovered, some yielding as high as \$100 to the ton. A number of men who were earliest upon the scene have become wealthy.

It is equal riches of golden ore may be found. Within a year after the discoveries were made Goldfield claims produced \$3,000,000—more than the Cripple Creek mines yielded in their first three years. But the richest pockets, it seems, were the earliest reached.

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