

LIVE FOR WEEKS IN THE BATHTUB

Feature of New Treatment for Those Who Fear
Insanity or Who Are Really Threatened with
Mental Breakdown—Novel Plans for Preventing
the Dread Calamity of Madness.



Dr. Charles W. Pilgrim, Superintendent of the Hudson River State Hospital for the Insane.

NEW YORK state's new Acute hospital, on the grounds of the Hudson River State Hospital for the Insane, at Poughkeepsie, which will be opened next October, represents the newest departure in the treatment of mental "faults."

Any man or woman may go there of his or her free will and ask to be observed. It will be done free of charge—if the patient cannot pay. If he or she can, the charge will run from 50 cents to ten dollars a week.

It is to be refuge for those who fear they are going mad, to be observed and treated before it is too late. It provides the chance to get well after a nervous breakdown or mental collapse without undergoing the stigma of insanity. If there is nothing wrong the physicians will return the patient to the world without comment; if there is any sign of incipient insanity the patient will be properly treated. If the treatment fails he or she will be committed in the regulation way, as it is done now.

The building is completed now at a cost of \$100,000. Only the interior remains to be finished. It is absolutely fireproof; there is nothing inflammable but the wooden floors and trim. There are reception rooms, a main dining-room and dormitories. It resembles a well-conducted summer hotel more than an insane asylum.

No More Fetters or Handcuffs.

A century ago an insane person was at once put in chains and manacles and cast into a dungeon cell until death came as a merciful relief. It was only the other day that a congressman, visiting the Hudson River State Hospital for the Insane—it is not called an asylum—asked to see the fetters and handcuffs used on the patients. There isn't one.

It is not a prison; it is a place to cure. Times have changed. Here is the situation to-day: You have had a great shock; you have been immensely worried and you feel that something is going to snap; you are afraid "there is a screw loose somewhere."

"Am I going mad?" you ask yourself. It is then time to visit the Acute hospital.

Suppose you really are insane, the way you would have been treated in the past is this: A committee was appointed for your person. Your estate was taken in charge. You were regularly passed upon by the physicians, and a commitment issued. The next thing you knew you found yourself in an insane asylum with no chance of getting out unless the doctors said you were cured.

But how is this done now? You feel that something is wrong. You find that you can't collect your thoughts. Your memory fails you. You are peevish, nervous, excitable, melancholy. You are in great distress over your mental health. Yet you feel pretty sure you are not insane, though folks may shake their heads behind your back and some of your best friends may remark that you are not yourself.

What is there to do? Just take the train to Poughkeepsie, ask for Dr. Charles W. Pilgrim, superintendent of the Hudson River Hospital for the Insane, and tell him what is the matter.

The First Treatment.

You are conducted to the Acute hospital, or Psychopathic ward (as they choose to call it up there. You tell your history and what you fear is the matter. You are asked to step inside a reception room. No attendants are about, and you are your own master—or mistress—and a few questions are asked. Perhaps a physician takes a specimen of your blood to ascertain the condition of your health.

If your case demands it you are assigned to a quiet room furnished as well as the Waldorf-Astoria and just as clean, with hardwood floors, a handsome paneled bed, bureau, chairs

and the like. The physician comes in and chats with you. You tell him frankly what your worries are. You are afraid of yourself; your mind doesn't seem to work just right. You are hysterical; you can't sleep; you can't eat; you want to scream out every minute.

"Take this lady to her room and we'll try the continuous bath," says the physician.

After you have put on your bathrobe a pretty trained nurse in a smart little cap and a trim blue uniform puts her arm around your waist and off you go to a most wonderful room, filled with all sorts of taps and faucets and quiet as the grave.

In the middle of the room is a bathtub of the finest porcelain, fitted with nickel-plated plumbing. Near by is some electric apparatus with a thermometer, which rings a bell should the water in the tub go above the temperature which the physician has ordered.

Hammock in the Bath.

But this is no ordinary tub. Within it is a canvas hammock with a head rest, about such as you might find on any summer porch. You lie down in it and the water is turned on, just the right temperature and just the right force. There you lie, with the warm water softly enveloping you. The nurse puts a rubber pillow beneath your head.

"Now, go to sleep," she tells you. "We'll wake you up at supper time."

You sleep. At supper time there is a dainty tray with just a silver of chicken and a bit of lettuce, a slice of toast and a dab of strawberry jam. You haven't eaten for a month. You have slept, however, for perhaps two hours. You are hungry. You start to get out of the bath.

"No, lie right where you are," cautions the nurse, "this is going to be your home until we get you well again."

All the old-fogy notions about not eating before you bathe are cast to the winds. You stay in the hammock in the bathtub, getting calmer every minute. You sleep for six hours; more than you have slept at a stretch for months. Next morning, breakfast is served to you in the tub, then dinner, then supper. If you are calm enough you may read, but you must stay in the tub. You find yourself growing calmer and calmer and calmer. The doctor drops in occasionally and chats with you. Perhaps he takes a sample of your blood again to see if you are well nourished or not.

Signs of Improvement.

You notice that birds are singing outside in the trees. You are taking naps, when before you couldn't sleep at all. You are hungry before meal times. You are beginning to feel that you have rested long enough. You haven't the slightest desire to scream aloud. You wonder why people should be nervous at all.

"I think you might try to see the view this morning," says the physician when he comes in to see you the next day.

The nurse helps you get out of your bath and dress, and you are gently led to a wide porch which looks out on the sun-kissed hills and valleys of the lordly Hudson. There is nothing near by to disturb except the silent labor of a few men, quietly picking carrots and peas for your dinner, all of them insane but getting well.

It is all so restful and peaceful. You begin to wonder why you ever wanted to scream aloud or why you thought the world was against you. The days slip silently by. You are content and rested. Suddenly you realize that you are yourself again. But not before the doctor does. One bright morning he comes into your room. You are hungry for breakfast. You have slept nine hours without a dream. You want to be up and doing. "I think you may go home now," he tells you. "You are well again. But it was a close call." You have been saved. Another week

—perhaps another day—and your mind might have been gone forever. Now you are yourself again, ready to go out into the world and face it without a qualm.

That is the way New York is saving those about-to-be insane.

Many Patients Cured.

This splendid place up on the Hudson near Poughkeepsie has 2,200 patients. It averages two new ones a day. Some 25 per cent. of all those received are discharged as cured. Out of those who have incipient insanity and can be taken in time the percentage of cures is 70 per cent.

The Acute ward has been built for incipient cases—those on the verge of insanity. It wants people to come of their own accord. It wants to get cases before they become chronic, in order that there may be a chance to cure.

Dr. I. G. Harris took a writer for the Sunday World around the new building the other day. It looks like a well-built hotel. There are accommodations for 80 patients, 40 of each sex. For those who are not excitable there are small dormitories; for other cases there are private rooms.

In each wing there is a reception room and dining-room and an open-air porch. The patients sit at a table just as they might in a hotel, at tables decked with flowers and bearing spotless silver and immaculate linen. The food is far better than the average boarding-house provides.

There are three floors, each with its separate rooms and dormitories, and rooms for physicians and attendants. Each floor has its own sitting room and bath arrangements for the continuous bath, and there are also all the other kinds of bath which any sick person might need—douche, sitz, needle, rain, spray and ordinary tub and shower.

There is a fully-equipped electric room, too, where there are electric baths, X rays, static treatment and other things of twentieth century invention.

Like Any Other Disease.

"Insanity," said Dr. Harris, "is just like any other disease. The sooner we get it the better the chance for a cure. The trouble is to-day that we get the average case only after it has become chronic. If we could pos-



In the Reception Room.



Sampling the Blood of a Young Man Threatened with Mental Derangement.

sibly get it in its first stages the chance of a cure would be so much the greater.

"In this new ward we will encourage patients to come of themselves. Of course, we would hardly take a paralytic or one with senile dementia, but where it is a case of nervous breakdown we would be only too glad. We will put in this new ward all those cases in which we consider there is ground for hope. That doesn't mean that we have in the other departments no patients for whom there is no hope—far from it. But when we think the case is incipient we will put the case in this new ward, there to start the cure—if it be possible—as soon as possible.

"People sick physically are often sick mentally. Those are the cases we can best reach. A little quiet and rest, good food, peaceful surroundings, and the cure is far easier than it would have been had the patient been kept at home to allow his or her case to become chronic.

Sleep and Eat in Bath.

"Suppose we get a patient who is excited and restless. She cannot

sleep; she is tearing around, imagining the whole world is against her. We put her in the continuous bath. She sleeps there and eats there. You can hardly imagine the change that comes over her. And if things are favorable her cure is very simple.

"If she needs it, we have the electricity. There is a massage table, where tired muscles may be started anew and the blood gain freshened circulation. She may be just on the borderland—this treatment will often save her. She gets quieted nerves and new hope; that is the start of a cure.

"Of course, some will apply who are not insane, but think they may be. It may be only prostration. Imagine the relief to them when we tell them that they are all right mentally—not insane, but mentally tired.

"One of the great rewards of our profession is the thanks we often get from those we have cured. They did not know at the time what the matter was, but after they had been cured they realized what had been done for them. I think there is nothing that can satisfy a physician more than the appreciation of those he has saved from mental night."

Already there have been many applicants for the new treatment. When the new hospital opens it will be first come, first served. If the patients be found to improve upon treatment they will not be deemed insane. If they should fall mentally after a period of six months, then the regular commitment proceedings will ensue, just as they would have done had the patient waited till the disease had progressed too far.

Work When Possible.

To-day 75 per cent. of the men patients and 65 per cent. of the women patients at Poughkeepsie are able to work. This gives their minds something to think about and helps toward a cure, if this be possible. They are encouraged to wear their own clothes if they can afford it, and they are allowed to receive as many visitors as the doctors consider good for them.

There are games for them to play, and pianos, if they are musicians. Bathing is insisted upon. If the patients want to bathe they may do so as often as they please. If they don't want to, then they must, at regular

Dainty Neckwear for the Summer

Not every woman can expose her neck, but the majority can and will this summer. That is one respect in which woman can be more comfortable than man, for it is a relief to the whole system to get away from the stiff-necked stock and the high turn-over starched collar, with a line like a saw under the chin.

They are both too hot for summer weather. They are both uncomfortable. True, they must be endured by the woman, who through nature or carelessness has allowed her neck to become scrawny or encircled with dark rings.

The girl of the day, however, has an exceedingly good neck. It is an American characteristic. It may be from daily baths, from exercise, from the erect way she is taught to hold her head—but, from whatever cause, the round, strong neck is hers.

The Dutch neck, the Byron collar and the rolling negligé collar have all come back into first style for this season. The wide soft white collar fastened to the neckband and starting at the base of the neck is usually called the Puritan collar, but it is doubtful if the Priscillas of those days wore such dainty finery as these pieces of embroidery and lace. The thin linen, starched and plain, is also worn by young girls for morning. This is more Puritan-like. The variation from its severe style is the picturesque Byronic collar of linen, with its wide roll from the neck and its loose cravat in front.

These are not only in pictures and in writing. They have appeared on the streets. They go very well indeed with the large sweeping sailor which has a large crown.

It is a little difficult to get the Byron collars, but they can easily be made. The Puritan collar can be bought at any counter where they sell clothes for young boys.

They are just such as are worn by a boy ten years old. They are put on dark frocks, especially worn with muslin and linen shirtwaists, and are widely used for separate shirtwaists under coat suits.

When Ethel Barrymore wore this collar in her role of Sunday it was copied by a few admirers, but now the fashion is a general one.

The majority of these collars are made of fine fabric.

They are of lace and insertion, edged with a ruffle of lace. They are of hand embroidered muslin or ecru batiste, and some of them are of all-over Irish and cluny lace. They do not have the stiff, inartistic look of the small turnover collar worn by the belles of the civil war. They are cut on different lines and give far more grace to the costume.

They are quite wide, from four to six inches, and are shaped to a slight point in front where they open.

They can easily be made at home. Cut a good pattern out of brown paper, baste the strips of insertion and lace on it, and then finely whip together. Finish the edge with a ruffle of lace without many gathers.

There are surely many pieces of good all-over lace put away in boxes which are not large enough for anything but such collars. By using them up you can make smart additions to your summer gown.

The fine lace ones are especially pretty on soft white muslin blouse suits, but they should not be worn with shirtwaists. They are also good on frocks of veiling and foulard, but should not be worn on the guimpes of jumpers.

Long Coats Are a Fad of the Moment

The long coat is at its best this year, and utility is a minor point in its selection. It must be picturesque and eminently becoming, and it must harmonize with the costume worn with it. Long and loose and very slender in general effect, it has the modish empire waist, or else a snug-fitting back, and it is trimmed as long coats have never been trimmed before.

Pongee, rajah and tussor motoring coats are now planned with costuming of similar material, the trimming entering into the decoration of the underneath frock and being repeated on the cuffs, collar and waistcoat of the coat. Some of these harmonizing outer garments are made with waistcoat of contrasting fabric and color, and not a few have been displayed with waistcoats of cretonne and chintz showing some charming color effects.

Apropos of waistcoats for the woman who does not wish to be bothered with a removable waistcoat, and who still clings to the feminine desire for variety, a happy compromise has been invented by one ingenious designer, whereby the separate waistcoat may be buttoned into the under arm seams of a semi-fitting or loose garment, and to all appearances become an integral part of it. But with hardly a moment's work a different waistcoat may be substituted and the entire effect of the garment changed. So much for ingenuity.

While many trimmings are debarred of necessity from entering into the decoration of the coat designed for motoring, one sees huge crochet buttons, brandeburgs of cords and braids, pendant ornaments, folds and pipings of color, as well as soutache tightly curled into solid rings for the decoration of bands of self material, or for the trimming of collars and cuffs. A somewhat novel arrangement is the placing of these disks of soutache the entire length of the sleeve and sometimes up the shoulder seam as a continuation of those on the sleeve. Occasionally a similar line of soutache ornaments outlines the large revers, and the decoration may also appear at the center back and form a heading for a plentiful shower of braid pendants. Fancy buttons, too, play an important part on these coats.

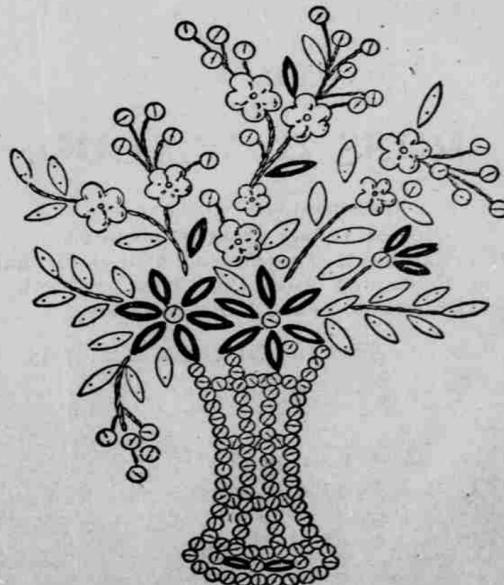
In most models of the dressy variety, here referred to, the sleeves are loose and roomy, giving ample space for the frock worn beneath. Many are of the wing or cape variety, and are cut in one with the body of the garment.

For rainy weather there are a number of firm materials only slightly rubberized, so as not to be uncomfortable in hot weather. They are to be had in almost all the desirable colors, such as gray, tan, blue, green and red, as well as in black and white. One of the most unusual of these models seen in New York is a tight-fitting redingote of scarlet waterproof serge, perfect fitting and plain. Modistes are copying it in firmly woven linen and a silky quality of mohair. Black and white checks are also used for very smart styles.

Hat of Burnt Straw.
One of the smartest hat models displayed recently was a "Charlotte Corday" of cretonne, combined with burnt straw.

The broad round crown was covered with cretonne and bordered with rows of the straw. The brim was entirely of the cretonne, showing just an edge of the straw, and was tied to the crown with a twist of black ribbon arranged in a bow at the left side, which held down a couple of black quills. This was an original piece of headwear.

SEQUIN EMBROIDERY



Here is a very effective design, suitable for ornamenting a small theater bag; it may be worked entirely in sequins, or in ribbon and sequins.

A very dainty bag may be made of cream or pale tinted satin, lined with silk of the same color or white; and we have seen very charming little bags made from the tops of very long white kid or suede evening-gloves. These would form an excellent foundation on which to work the design.

Sequins of various shapes and sizes may now be obtained in gold, silver, steel, mother-of-pearl, and various colored metal, so that quite a pretty combination might be employed in working the design.

The stand or basket would in any case look well in small gold sequins. The flowers might be in silver, mother-of-pearl, bronze, pale blue, green, and gold sequins, and the stalks worked with gold tinsel thread.