

placed on probation for petty offences, and about 45 per cent. to 50 per cent. of those placed on probation for drunkenness are either reformed or at least are not known to be again arrested. It is claimed that 80 per cent. of all those placed on probation are reformed, but unfortunately the statistics are not compiled in such a manner as to demonstrate this. I found, however, that there is a consensus of opinion—among those who are in a position to know—that the probation system in Massachusetts is giving great satisfaction. The Secretary of the Massachusetts Prison Association said to me that although the statistics are not as complete as they might be, “We know that probation is doing a good work.” I found, moreover, that there is now a bill before the State Assembly which, when adopted, will extend very materially the scope of the probation law.

I visited the State institution for the treatment of dipsomaniacs which is situated at Foxborough, about thirty miles from Boston. It is on a farm containing 100 acres, most of which is under cultivation. The hospital is on the cottage plan and there were 198 patients under treatment the day of my visit. Dr. Woodbury is the superintendent and he has one medical assistant. The institution is thoroughly equipped, including gymnasium, baths, lecture hall, etc., etc., at a total cost of about \$200,000. The income is about \$48,000 a year—\$13,000 of which is from municipalities, \$11,000 from industries, \$2,500 from pay patients, and the balance made up by the State. Patients are admitted on the certificate of two licensed physicians, and the municipality where the patient is committed is liable for the payment of the expense of maintenance, the same as in the case of lunatics. In cases, however, where the patient has no “legal settlement,” the expense is borne by the State. Besides farming, the principal industry is broom-making. Patients are committed for a period of two years, but they may receive a conditional discharge (on parole or probation) any time after six month’s detention. The average cost per patient is \$5.30 per week. This includes all expenses as follows: provisions \$1.32, clothing etc., \$1.77, wages \$2.21. The results of treatment (report for 1899) are as follows: doing well 37.12 per cent., improved 13.77 per cent., unimproved 32.93 per cent., dead 1.19 per cent., could not be found 14.97 per cent. In reply to my question the superintendent stated that the chief cause of relapse after discharge is lack of employment; a second cause is lack of efficient supervision.

While in Boston I also visited the Washingtonian Home for Inebriates, which is under the charge of Dr. Ellsworth, and I had an interview with Dr. Temple, surgeon to the Massachusetts’ Home for Intemperate Women. I submitted the provisions of the proposed Ontario bill for the treatment of inebriates to these specialists as well as to Dr. Woodbury of Foxborough, and also to members of the Massachusetts Prison Association. And I was gratified to find the consensus of opinion was in its favor. Dr. Woodbury was very emphatic in his commendation of the idea of combining medical treatment with the probation system and he assured me he was convinced that very great good would be accomplished by making provision for home treatment in addition to general hospital treatment in connection with the probation system and as provided for in the Ontario bill.

Yours truly, A. M. ROSEBURGH.