

The Prairie Provinces also operate provincial systems. Besides these there are systems owned and operated by municipalities in Alberta, Ontario, Manitoba, British Columbia, Quebec and Saskatchewan, with a total of 37,680 telephones connected.

In the majority of cases the service is supplied only to members of the association but some systems supply service to outsiders in the same manner as commercial telephone systems.

Many of these associations were aided in organization by the provincial and municipal governments. In some cases the province lent the necessary funds for construction and installation and was reimbursed through annual levies. In one province the municipalities financed the associations in a similar manner. In Alberta, beginning in 1935, the provincial system sold sections of its rural lines to companies composed of subscribers who operated the service on a co-operative basis.

*Hospitalization.*—In view of the increasing demand on the part of the public and the hospitals for some means of lessening the financial burden of sickness, several hospital plans have been developed in connection with public hospitals throughout Canada.

In 1941 Canada had some 38 plans of hospital group insurance and many others in the process of development. Most plans now in operation have the same basic idea. There is usually a monthly fee on a family or individual basis in return for which the subscriber is entitled to preferential rates on various hospital services and many routine services at no extra cost. In 1940 the Institutional Statistics Branch of the Dominion Bureau of Statistics reported 5 such plans in Nova Scotia, 2 in New Brunswick, 7 in Ontario, 1 in Manitoba, 3 in Saskatchewan, 7 in Alberta and 13 in British Columbia. In the Province of Quebec one plan is ready to operate.

The first province-wide plan to develop in Canada was launched by the Government of Manitoba and is at present the largest in the Dominion although its operations are confined to the larger cities. Upon payment of certain monthly fees, subscribers are entitled to 21 days of hospital care which includes food and special diets, general nursing care, dressings, drugs and medicines. Discounts are allowed on laboratory analyses, X-rays and other treatments.

A plan in Ontario, sponsored by the Ontario Hospital Association in co-operation with the Ontario Medical Association, is quite similar to the Manitoba plan.

The 2 public hospitals at Kingston, Ont., have adopted a joint hospital plan which is a departure from the usual insurance-type plan. A *pro-rata* distribution of the full amount of the fund derived from the prescribed fees is made among subscribers who were hospitalized during the year on the basis of their receipted accounts.

*Housing.*—Perhaps the best known co-operative housing project in Canada is in Nova Scotia. With the assistance of the Provincial Housing Commission, miners in the vicinity of Glace Bay and Reserve Mines undertook the building of better homes for themselves and there are now three groups living in new houses in that area. They are organized on a community basis with funds lent by the Housing Commission and labour supplied by the members of the co-operative housing association.

*Miscellaneous.*—There are one or two bus and transportation companies operating co-operatively in Canada. The students at the University of Toronto own and operate a co-operative residence and students at other universities are