

operative principles have also been applied in isolated instances to many other forms of enterprise such as restaurants, laundries, printing and publishing and electrification. Until a complete survey of the field of consumers' co-operation is made, no accurate information is available.

Most widespread of all these various service-type co-operative associations are those providing telephone service. Organized in rural areas for the most part, records for the year 1913 indicate the existence of 262 co-operative telephone systems. By 1940 the number had increased to 2,348 and the number of connected telephones amounted to 102,286. The total investment in these systems was approximately \$20,000,000.

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 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. The Institutional Statistics Branch of the Dominion Bureau of Statistics reports five such plans in Nova Scotia, two in New Brunswick, seven in Ontario, one in Manitoba, three in Saskatchewan, seven in Alberta and thirteen in British Columbia. In the Province of Quebec one plan is ready to operate.

The first province-wide plan developed in Canada was launched by the Provincial 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 two public hospitals at Kingston, Ontario, 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 a basis of their receipted accounts.

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.

There are one or two bus and transportation companies operated co-operatively in Canada. The students at the University of Toronto, Queen's University and the University of British Columbia operate co-operative residences. One co-operative burial society is known to be in the process of organization in Saskatchewan and at least one is operating in the Province of Quebec.