

capita cost of in-patient services in Canada as a whole, together with 25 p.c. of the per capita cost of in-patient services in the province multiplied by the average for the year of the number of insured persons in the province. On a national basis, the federal contribution amounts to about 50 p.c. of shareable costs. However, for individual provinces the proportion of shareable costs met by the Federal Government varies, with a higher proportion of the cost of low-cost programs being met than of high-cost programs. Federal payments to the provinces under the program from July 1, 1958 to Mar. 31, 1961, as shown in Table 2, totalled nearly \$395,000,000.

2.—Federal Payments to Participating Provinces under the Hospital Insurance and Diagnostic Services Act, July 1, 1958–Mar. 31, 1961

Province or Territory	July 1–Dec. 31, 1958	Calendar Year 1959	Calendar Year 1960	Jan. 1–Mar. 31, 1961
	Contributions	Advances ¹	Advances ²	Advances ²
	\$	\$	\$	\$
Newfoundland.....	1,990,135	4,364,735	4,993,524	1,312,119
Prince Edward Island.....	—	206,787	1,072,409	178,949
Nova Scotia.....	—	7,472,187	9,284,357	2,574,167
New Brunswick.....	—	2,979,727	7,324,198	2,185,862
Quebec.....	—	—	—	13,936,741
Ontario.....	—	66,276,710	80,860,904	22,379,704
Manitoba.....	4,779,866	10,900,816	12,599,069	3,242,166
Saskatchewan.....	5,775,876	12,826,895	14,087,668	3,571,847
Alberta.....	6,494,722	14,362,663	16,378,050	4,143,466
British Columbia.....	8,609,463	19,136,630	21,955,550	5,981,927
Yukon Territory.....	—	—	112,206	56,478
Northwest Territories.....	—	—	180,126	81,724
Totals.....	27,650,062	138,527,150	168,848,061	59,645,150
Cumulative Total, July 1, 1958–Mar. 31, 1961.....				394,670,423

¹ A holdback of \$10,799,716 was payable during the year ended Mar. 31, 1962.

² Amount of holdback not available.

The statistical and financial data appearing in Tables 3 to 7 pertain either to hospitals in the provinces participating during the whole calendar year or (where noted) to hospitals in provinces participating by the end of 1959. It should also be noted that the tables refer to hospitals listed in the hospital insurance agreements. Hospitals participating in hospital insurance programs are designated as "budget review hospitals", which comprise the bulk of hospitals listed in the agreements, and contract hospitals, which are defined in the hospital insurance regulations as private or industrial hospitals with which a province has contracted for the provision of insured services. Federal hospitals, also listed in the agreements, are included in Tables 3 and 4. Budget review hospitals include general hospitals designed for acute or short-term care, special hospitals and chronic hospitals.

On Dec. 31, 1959, nine provinces were participating in the hospital insurance program. The 920 hospitals of all categories reporting showed a total of 81,135 beds and cribs set up at the end of 1959, a rate of 6.5 beds per thousand population; provincial rates ranged from 4.0 in Newfoundland to 8.3 in Saskatchewan. The volume of hospital days per thousand population also varied considerably from province to province; the rate for the seven provinces participating in the hospital insurance program during the whole of the calendar year 1959 was 1,986.6 days, a rate considerably below the averages in Saskatchewan and Alberta but well above the averages in Newfoundland and Nova Scotia. In these seven provinces, 87.1 p.c. of all days of care in hospital were insured days in 1959.