are combined as "private" in table 10. Federally owned construction is shown in table 11 along with a breakdown of hospital totals by federally aided or unaided, and amount of Hill-Burton grant funds.

TABLE 11.—*Hospital construction: Financing 1946–65* [1]

[In millions of dollars]

Calendar year	Total	Direct Federal [2]	Non-Federal			Hill-Burton Federal share
			Total	Without Federal aid	Hill-Burton sponsor share	
1946	170	21	149	149	----------	----------
1947	187	30	157	157	----------	----------
1948	339	98	238	232	6	3
1949	660	169	450	367	83	41
1950	843	146	611	469	142	86
1951	946	132	710	568	142	104
1952	889	113	689	554	135	87
1953	686	66	547	438	109	73
1954	670	35	584	502	82	51
-------	651	22	588	531	57	41
1956	628	37	545	469	76	46
1957	879	45	756	581	175	78
-------	990	35	842	569	273	113
1959	998	58	793	453	340	147
-------	1,006	56	793	473	320	157
1961	1,140	55	920	608	312	165
1962	1,382	55	1,155	811	344	172
1963	1,433	66	1,200	842	358	167
-------	1,741	73	1,495	1,105	390	173
-------	1,926	94	1,664	1,237	427	168

[1] Value of new construction put in place.
[2] Does not include Defense Department construction

Source: Special reports to the Public Health Service by the Bureau of the Census.

3. CAPITAL OUTLAY BY SOURCE OF FINANCING

The Social Security Administration for several years now has been ng estimates on the volume and sources of financing for all expenditures in the Nation. Expenditures for "medical ' construction by source of funds for selected years 1950–64 n in table 12. The distribution of Government funds, shown table 12, is based on the ultimate source of funds and includes as expenditures those amounts actually paid out by State and vernments and nonprofit sponsors under Federal grant-in-aid ts.

This source of funds series by Social Security Administration con- in general of a reworking of hospital construction value put in d financing data (tables 10 and 11) plus Defense Department tion. Broad assumptions were made as to the sources of r construction of private facilities, other than those receiving grants, due to the availability of only fragmentary data.

A number of States have now or in the past had grant-in-aid s for construction of hospital and medical facilities. As of 1964, 12 States had active programs—Alabama, Alaska, ia, Georgia, Hawaii, Kentucky, Maryland, Mississippi, i, Nevada, New York, and North Carolina. Prior to 1964 t, Virginia, Illinois, Louisiana, South Carolina, Tennessee, Utah had active programs at some time after World War II.

Information as to expenditures by year from these State grant-in- programs is not available. However, it is known that approxi-