
DOI: 10.1503/cjs.008717

© 2017, Joule Inc. or its licensors

*Online appendices are unedited and posted as supplied by the authors.*

NO. 7 CANADIAN GENERAL HOSPITAL

Stationary hospitals were originally structured for a 200 bed capacity, then in 1915 this number was increased to at least 400, and could be fitted to as many as 650 beds depending on the demand. General hospitals were first organized for a capacity of 520 beds; however, by 1915 this was increased to 1,040, with some hospitals up to 2,000. By 1918 No. 7 had 2,290 beds.¹

Medical services in the First World War were organized into three supporting areas or “zones.” The “collecting zone” was the area in which the identification, collection, and initial treatment of the ill and injured took place. Medical elements integral to units, field ambulances and a corps motor ambulance convoy were part of these activities. From here those receiving further medical treatment were moved rearward through casualty collection stations of the “evacuating zone.” While some were treated and remained in this zone, to be returned to their units, most casualties were moved via motor ambulance convoys and ambulance trains to the “distribution zone” well to the rear of the theatre of operations, in the United Kingdom or Canada. The distribution zone contained four different types of hospitals with escalating abilities to treat injury and support extended care 1) stationary, 2) general, 3) military (normally located in England and Canada), and 4) convalescent (post-hospital convalescence and reconditioning).²

References


Additional Reading:

*Sam Hughes: The Public Career of a Controversial Canadian* by RG Haycock as well as *The Madman and The Butcher: The Sensational Wars of Sam Hughes and General Sir Arthur Currie.* and *Warlords: Borden, Mackenzie King, and Canada’s World Wars* by Tim Cook provide a great deal of insight into Sam Hughes’ life and times.