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Journal of Medical Biography

0(0) 1–8

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DOI: 10.1177/0967772017752897

journals.sagepub.com/home/jmb



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Abstract

At the turn of the 20th century, Dr Edwin Seaborn was starting his surgical and academic career at Western University in Ontario. When war was declared in 1914, Seaborn prevailed upon the university's president to offer the Canadian government a fully staffed hospital for deployment overseas. Initially declined by the War Office in Ottawa, the university's offer was later accepted after mounting casualties stretched the capacity of the Canadian Army Medical Corps, and Seaborn was granted command of the new No. 10 Canadian Stationary Hospital. From 1916 to 1919, Seaborn's medical, surgical, and administrative practices transformed the humble No. 10 Stationary Hospital into a General Hospital that was indispensable to the war effort and raised the standard for military medical practice. Upon the unit's return to London, Ontario, Seaborn's dedication was transferred to his extensive work as an author, historian, academic, and beloved physician. During the centennial of the First World War, this paper explores the impact of an academic medical unit by looking at the career of its Commanding Officer: a man who made an invaluable contribution to the Canadian war effort and set a precedent for exceptional medical care at home and at war.

Keywords

Edwin Seaborn, Canadian Stationary Hospital, Western University, First World War, ochronosis

Background

With the declaration of war in 1914 came an eruption of volunteerism in Canada. Defending the Empire seemed like an exciting calling for Canadians young and old. At the time, Dr Edwin Seaborn was the head of surgery at Western University in London, Ontario. It was expected to be a short war; no one envisioned the many months of slaughter that would ensue. When the active Canadian medical units grew overwhelmed with the casualties, Seaborn urged his institution to send a hospital unit. He was then placed in command of the newly formed No. 10 Canadian Stationary Hospital.

The medical career of Dr Edwin Seaborn (Figure 1) is a relatively unknown and uncelebrated piece of Canadian history. This paper will briefly examine his life from a childhood in Ontario to a rich post-war career in surgery and academia, emphasizing his career-defining journey through the First World War. Highlighting the contributions of Dr Edwin Seaborn at the centenary of the First World War presents a previously untold but praiseworthy story and provides an

example of the strong generational response by Canadians to the declaration of war in 1914.

Upbringing and early career

Edwin Seaborn was born on 14 May 1872 in Rawdon, Quebec.¹ He was the third of eight children born to Reverend William Minter Seaborn of Ardleigh, England² and Aquilé Rondeau of Saint Elizabeth, Quebec.³ In 1879, Reverend Seaborn was invited by Bishop Isaac Hellmuth to become a Professor of Natural Sciences at the Hellmuth Boys' and Ladies' Colleges in London, Ontario and took up a parish there.⁴ Seaborn described his childhood home as 'a centre of humour, goodwill, and culture with . . . infinite

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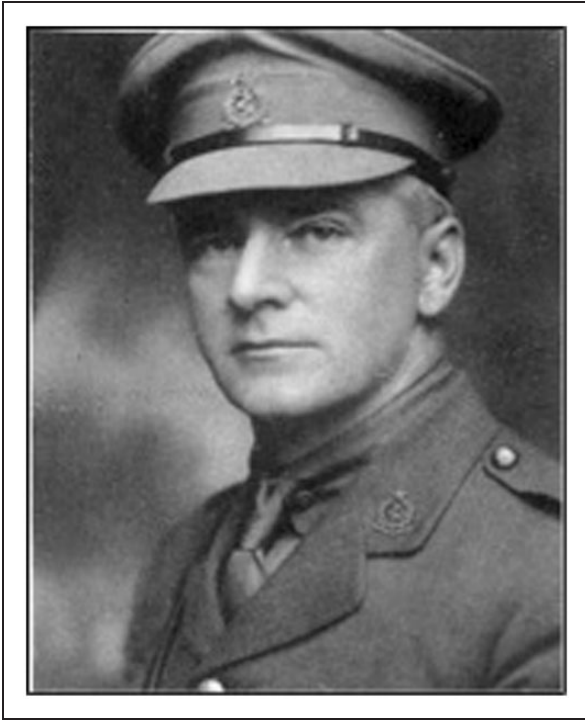


Figure 1. Lieutenant-Colonel Edwin Seaborn (Seaborn Collection, ARCC, Western University).

compassion for the erring, the unfortunate, and the unhappy... without distinction of age, race or creed'.⁴ He attributed this to his parents' education and the vivacity that pervaded their home. As a young man, Seaborn worked as a farmhand and spent summers at Sauble Beach on Lake Huron. These years were times of great joy in his life that he later reflected on during wartime.⁵

Seaborn attended medical school at Western University in London, Ontario between 1891 and 1895 during the 'wild and woolly days' when initiation involved fishing for cadavers in alcohol tanks.⁶ He went to western Canada on a harvest excursion in 1891 to help finance his education (a common practice at the time for young people looking for work during the harvest season), and spent the summer of 1893 working at the Chicago World's Fair Columbian Exhibition.² It was here that he met Nikola Tesla, who was presenting his alternating current system with Westinghouse Electric; they outbid Thomas Edison and General Electric for the opportunity to illuminate the fair. After graduating in 1895, Seaborn began demonstrating anatomy in the laboratories at Western University. He became the Chair of Anatomy in 1903 and held this position until 1911 when he began teaching as an Associate Professor of Surgery.

In the early years of his career, Edwin Seaborn flourished both personally and professionally. In 1904 he

married Ina Matilda Bucke, daughter of Dr Richard Maurice Bucke, the longest-standing superintendent of the London Asylum for the Insane. Their daughter Ina was born on 8 December 1905. Seaborn's research career was launched in 1905 when he was recognized for a paper on typhoid fever, a problem of substantial burden at the time.⁶ Typhoid fever was commonly treated with acetazone, a method first described in the United States in 1902. It was believed that acetazone could eliminate intestinal infection and relieve symptoms.⁷ A 1902 study published in the *Therapeutic Gazette* assessed 40 patients treated in this manner and reported 38 recoveries. In Ontario the following year however, 1012 cases of typhoid fever still resulted in 298 deaths.⁸ Seaborn believed that water alone was necessary for treatment. His study of 125 patients treated without acetazone yielded a mortality rate of only 3%. Two fatalities were caused by thrombosis rather than typhoid.⁶

Wartime

The Reverend Edward Ernest Braithwaite, PhD was appointed the first full-time president of the Western University of London in 1914, just months before the First World War began on 28 July.⁹ Shortly after the declaration of war, Dr Seaborn prevailed upon Braithwaite to offer the Canadian government a fully staffed and equipped 1000-bed hospital unit for deployment overseas. At the time, Colonel Sam Hughes, Minister of Militia, believed that such a unit was not required and declined the offer. The War Office anticipated the war to would be short and that the recently deployed medical units from McGill University and the University of Toronto would be sufficient.

Over the next two years, the Canadian Army Medical Corps in France was pushed to its limits as casualties accumulated. In March 1916, Seaborn and Drs Hugh McCallum and Norman Beal appealed to President Braithwaite on behalf of the Faculty of Medicine that their offer be renewed. Seaborn and Braithwaite met with the Acting Minister of Militia, A.E. Kemp, and Sir Robert Borden in Ottawa to reaffirm that the University would provide the personnel necessary to fully outfit a hospital unit.¹⁰ On 28 April 1916 the War Office informed the Board of Governors that their offer had been accepted and Western University would deploy a 400-bed hospital unit for overseas duty. The unit would consist of one Lieutenant Colonel, two Majors, and nine Captains as the medical complement of the unit, as well as one Captain Quartermaster, one Lieutenant Dispenser, one Matron, 26 Nursing Sisters, and 118 men of other ranks.¹⁰ Comparatively, the strength for each of the General Hospital units sent from McGill University and the University of Toronto



Figure 2. The No. 10 Canadian Stationary Hospital Unit (Lieutenant-Colonel Edwin Seaborn front, centre).

amounted to over 100 officers and over 200 men of other ranks.

On 4 May, the Board of Governors announced Edwin Seaborn as the Commanding Officer of the No. 10 Canadian Stationary Hospital (Figure 2).¹¹ Though only 12 physicians were required, over 70 London physicians offered their services. The ranks were filled after only one month and training began immediately on University Campus. Training included lectures on hygiene, bandaging, and military economy, as well as physical tests and squad drills. The Nursing Sister preceded the unit to England and after training was completed Seaborn and the No. 10 Stationary Hospital unit, numbering 132 men of all ranks, left London on 18 August 1916.¹² Upon their departure, President Braithwaite shared some personal words:

The organization of Stationary Hospital No. 10 has a serious bearing upon the work of Western University, drawing heavily upon faculty and students in all departments. However, we are pleased that the loyalty of our men has been so well attested, and that the efficiency of the unit is so well established by the high character of the personnel constituting it. We therefore bid one and all God speed, and trust that many lives will be saved by the ministry of those connected with No. 10.¹³

The unit travelled to Halifax, Nova Scotia and boarded the H.M. Troopship 2810 to England alongside the 127th, 135th, 137th, and 158th battalions with Seaborn appointed as the Principal Medical Officer.^{10,14} They arrived in England on 30 August 1916 and proceeded directly to the army base at Shorncliffe. It was concluded that the unit's training in Canada had been sufficiently thorough to excuse them from courses at the Training Depot. Instead, their unit spent September and October dispersed

among 'the best hospitals in England for instructional purposes'.^{5,10} Seaborn remained at their camp for his own instruction; he wrote to his wife: 'A military hospital is different from others. . .[it must] organize its staff on the lines of an ordinary military unit and adopt their uniform system. . .I will use [this] time to study the internal economy of military hospitals.'⁵

After the unit's arrival in England, Seaborn travelled between London and Orpington hospitals gathering information on hospital administration, medical practices, and waste control. Letters to his wife recalled the sound of bombs dropping in London.⁵ On 31 October, the unit was sent to take command of the military hospital at Seaford, Sussex, and arrived with patients already waiting. Infectious disease was rampant and with only 100 beds Seaford could not accommodate all the soldiers. Seaborn transferred some of the patients to Seaside Convalescent Hospital, the local civilian hospital, where 75 beds had been reserved. Unfortunately, this was still inadequate for the number of soldiers requiring care. One week later the unit was forced to requisition two private residences: Hawkswick and Southlands. When these residences filled, additional patients were housed and treated in tents on the grounds. Seaborn segregated the patients so as to contain the spread of infectious disease, filling the Southlands residence with all of the measles cases and Hawkswick with the mumps cases.¹⁰

On 5 November 1916 Seaborn's unit took over Ravenscroft, a school-turned-hospital for the purposes of the war. The Nursing Sisters joined them on 25 November. The Canadian women who had accompanied the soldiers organized a branch of the Red Cross Society and each week they repaired the soldiers' clothing and hospital linens. Ravenscroft became the central hospital; cooking for all the Seaford medical personnel and patients was done here and, for their first Christmas overseas, the unit was able to provide their patients with a hearty Christmas dinner.¹⁰

On 31 December, given his excellent management of Seaford, Seaborn earned command of Eastbourne hospital. Previously alleged to be one of the best hospitals in England, Eastbourne was quickly converted into an operational military hospital and Seaborn described his pride at earning command of such a post through hard work and dedication. The buildings at Eastbourne had access to hot water and a functioning pathological laboratory that was equipped to conduct most necessary tests. Two wards were converted into an operating room and an X-ray room. From their emergency fund they obtained an induction coil for the X-ray machine to improve the quality of their radiographs and Seaborn said the plates produced by Captain Bice, the officer in charge of radiology, were the 'best [he had] seen'.⁵ The Lady Beck Building, named for the President of the

Canadian Red Cross Society of London Ontario, became home to the 'department for the retraining of the seriously wounded' run by Captain E.H. Young. The rehabilitation equipment was designed by Captain Young himself and made in the unit's carpentry shop. The medical unit met three times weekly to discuss topics in medicine and surgery, including the treatment of war wounds from French medical papers. Overall, Seaborn described his unit as happy.⁵

By early March the wards at Eastbourne were full. The unit was considered busy, frequently performing four operations per day. An invaliding section was created with 100 beds for those likely to be bedridden for over six months. Soldiers coming through were assessed with the intent to have them either invalided to Canada, able to undergo operation, or sent to a convalescence camp for active retraining. Most individuals requiring surgery went directly to Eastbourne where the Nursing Sisters assisted Seaborn and other surgeons. Back at Seaford, there was a functional operating room where soldiers assisted with even more operations. In letters home, Seaborn reported a great deal of pride in his officers; he marvelled at how quickly they had patients back on their feet. However, he also described the challenges of being in command: he was often lonely, a fate he felt was shared by all Commanding Officers, as they must insist on things being done '[their own] way', especially in medical services.⁵ He had to have constant dignity and self-possession, maintaining control without ever yielding to anger.⁵

As the war progressed, an increasing number of complex and devastating cases entered the hospital. Seaborn wrote, 'War is not fun – it is hell at the front, and more dangerous to turn back. We're doing our best to stay still.'⁵ However, as the 'hell' progressed, the No. 10 Stationary Hospital continued to make a name for itself. At one visit, the Duke of Connaught said he had 'never seen a hospital which pleased him more'¹⁰ and the Director of Medical Services planned to expand their small outfit to a 520-bed general hospital. As Seaborn said, 'the Canadians at Eastbourne and in England have found a place.'⁵

On 1 July 1917 the Eastbourne hospital hosted other units in celebration of the 50th anniversary of the Confederation of Canada. They played football and baseball and enjoyed a performance by the 6th Canadian Reserve Battalion marching band. In September, following an inspection by General Carleton Jones' as their first year overseas came to a close, Eastbourne was reorganized as the No. 14 Canadian General Hospital and became an active treatment hospital. After further inspection of their stores and funds, it was rumoured that the unit would be transferred to France. This was confirmed at the end of November and on 4 December 1917 they were given

the official order to depart. Seaborn was proud to be taking a unit to the front despite his lack of previous military training, claiming that their preparations had not been wasted and 'they seemed to be making history'.⁵ They arrived in Boulogne, France on 8 December where they remained under canvas in the cold until they could depart for their new post in Calais – an important port for shipping and embarkment – about 40 miles from the front line. Seaborn spent much of his time studying French hospital administration and the French language, as well as observing exceptional surgeries such as Major Veladier's facial repairs. On Christmas Eve of 1917 they arrived at Calais, taking over a hospital previously run by the Imperial No. 38 General Hospital unit.

Unable to take patients immediately because of structural damages incurred through the winter, the Canadians efficiently made the necessary repairs and their wards were filled by the end of January. The Director of Medical Services in France said Seaborn had done more to get Calais into shape in one month than the Imperial unit had done in six.⁵ Seaborn's medical unit received up to 250 new patients each day while under the constant threat of air raids. They constructed dugouts along the Canal de Marck using sandbags, posts, and corrugated iron. The dugouts were made very uncomfortable by the water level rising and falling with the water in the canal. When air raids occurred, complete darkness was maintained and the officers and patients would spend entire nights in the dugouts. Mobile men on the wards were instructed to go immediately to the dugouts when the first raid signal was sounded. Patients rendered immobile by injuries had beds on the floor close to the walls for protection if bombs struck. Because they had limited freedom of motion and reaction, these patients found the raids especially distressing.

The Nursing Sisters joined the unit on 28 January 1918 and spent their first night in the dugouts with bombs thundering around them. The unit began to expect a raid anytime the weather was good; if the night looked clear, they sent up balloons and protected the fortifications with machine guns. When planes approached, they monitored flashes and explosions on the distant horizon. When the flashes grew brighter and the sound of gunfire more distinct, their large guns activated and sirens wailed, warning everyone to rush to safety. Patients and soldiers crowded in tight formations while searchlights scanned the sky for planes. German batteries dropped shells and incendiary bombs, sometimes hundreds, over the docks, supply depots, hospitals, and other facilities. After raids, the soldiers treated the injured that had been rushed into their hospital while also rescuing individuals from homes close by that had been reduced to rubble.

As the war continued, treatment protocols evolved. Shrapnel and gunshot wounds had typically been treated at base hospitals after clearance at Casualty Clearing Stations at the front. However, once it was found that immediate extraction of foreign bodies and tissue debridement improved outcomes, there were large movements of surgeons to the front during times of heavy fighting. Surgical teams consisting of a Surgeon-in-Chief, a Nursing Sister, and three orderlies attended the injured on the front line and withdrew to the base hospital as necessary. A German offensive drive in March 1918 led to Calais functioning as both a base and front-line hospital as the Medical Corps at the front became overwhelmed. Seaborn was also charged with transferring men appropriately post-recovery. He recalled the joy on soldiers' faces when they were discharged back to England and the equally moving 'pathetic appeal' when they were designated to return to the front. Many men who had exchanged a limb for an honourable discharge home felt they had made a good trade.¹⁰ Seaborn assessed over 5000 men for fitness to return to duty and wrote that he felt he was committing many to a death sentence.⁵

As the fighting waxed and waned, bodies filled the wards, operating rooms, X-ray machines, and convalescence zones. There were days when 100 patients would be discharged and 100 more would be admitted. On 17 May 1918, Seaborn's military unit treated 216 cases of ptomaine poisoning from a local camp. They created a separate anaesthesia room so four anaesthetists could work simultaneously: two in surgery and two preparing the next patients so a new operation could begin as soon as the first was complete. Despite these efficient practices, the war began to take its toll on the hospital unit. An influenza epidemic left 48 men dead in a ward of 50 ill with pneumonia. One raid was estimated to have caused over £1,000,000 in damage. There were 200 patients sleeping in tents in the cold for lack of beds. Even Seaborn's careful management fell to miscommunication. One of his close friends, Nursing Sister Katherine Maud MacDonald, was mistakenly sent to the front instead of a more recently recruited Nurse MacDonald due to a clerical error.¹⁰ Katherine MacDonald was killed in a raid at the front on 19 May 1918, the day before she was scheduled to return to their base. In October, Seaborn also received his brother George at their hospital en route to England for issues with his gall bladder; George had been living in shell holes on the front lines for months.⁵

Armistice Day

On 11 November 1918, the armistice was signed to end the First World War. The lighthouse at Calais shone at full power, a sign to the Canadians that the war was

truly over. Within the week there were no more dugout or air raid precautions. There were no more wounded coming in from the front. At Sunday service, Seaborn spoke about thankfulness: they were grateful that their hospital had passed through danger without serious injury, but their greatest cause for thankfulness was that the Canadians had been valuable in the war and had done their duty well. Only three out of six general hospitals and one stationary hospital in France had taken in as many patients as No. 14. While in Calais, they had admitted 16,712 patients.¹⁰

Seaborn and the Canadians stayed through the winter to assist with ongoing work. German prisoners were kept on for labour. Seaborn treated them well and let them cook their own food; many were only boys. In early March, Seaborn left Calais and went to visit the battlefronts. He travelled to Arras, held by the British because of the city's underground network of tunnels; Lens, in Pas-de-Calais near Vimy; Armatieres, a city so brutally shelled with mustard gas by the Germans that even their own troops could not enter the city; and Bailleul, burned by the Germans and then liberated in October 1918. Seaborn wrote that, of all the places on the front, Lens was the most destroyed. Hundreds of thousands of shells – 20 to each house at least – had churned up the ground. Most citizens who returned had only holes to live in.⁵

Upon his return to Calais, Seaborn attended a conference for all hospitals where No. 10 was the only unit not severely criticized for waste during wartime.⁵ As the unit prepared for home, Seaborn, always with Western University in his heart, travelled to Zeneghem – a storage site for material recovered from the battlefield or captured from the Germans – and, with difficulty, secured the German surgical stores to bring back to the university. The Canadians left France on 16 April 1919 with an excellent reputation. The Director General of Medical Services said that of all the reports received on units in France, Seaborn's had certainly been the best.

Post-war career

After the war, Seaborn enthusiastically pursued his research interests. He travelled to the Louis Pasteur Institute in Paris in 1923 and wrote a paper on an improved method of artificial respiration devised to maximize the aerating surface of the lungs. His method described direct lateral traction on the pectoralis muscles such that the thorax is maximally expanded and negative intrathoracic pressure is increased, resulting in an audible rush of air into the lungs. Expiration is aided by applying pressure to the chest wall. When measured with a spirometer, this method produced a flow of 200 cm³ of air, many times the volume achieved

by any other method employed at the time.¹⁵ He conducted extensive research on the reproductive cycle of the mare, partnering with Champy to investigate the corpus luteum¹⁶ and later writing on the oestrous cycle of the mare.¹⁷

In 1934, Seaborn wrote a case report on a patient presenting with gastrointestinal disturbances, pigmented connective tissue deposits, pigmented sclera, arthralgias, and urine that reduced Fehling's solution and turned black on standing.¹⁸ Seaborn identified the disease as ochronosis and began to document cases in Ontario. This was the first time the disease was reported in Canada. He accumulated information on 100 individuals with this 'gouty diathesis' and conducted uric acid determinations. Finding a strong hereditary connection in several cases, Seaborn created an extensive pedigree and discovered a very clear inheritance pattern, effectively bringing the disease to light in Canada (Figure 3).¹⁸

Between 1935 and 1936, Seaborn travelled to the Sauble River, where he had fished for 25 years, to investigate the Maskinonge fish species of Lake Huron. Having distinguished a number of subspecies during his own Lake Huron fishing excursions, he did several studies identifying species-specific characteristics including habitation and scaling patterns.¹⁹ He was credited with discovering three new varieties of Maskinonge. He also became involved in Native Canadian history. He spoke at several meetings on the practices of the North American Aboriginal medicine men, at times accompanied by the Ojibway chief, Chief Pe-wak-a-nep, who would perform aboriginal medicine songs for the assembly.²⁰ Recordings of these songs in the native Ojibway language can still be found at Western University. Seaborn became so engrossed in their cultural practices that, after his retirement, he built a birchbark canoe under the

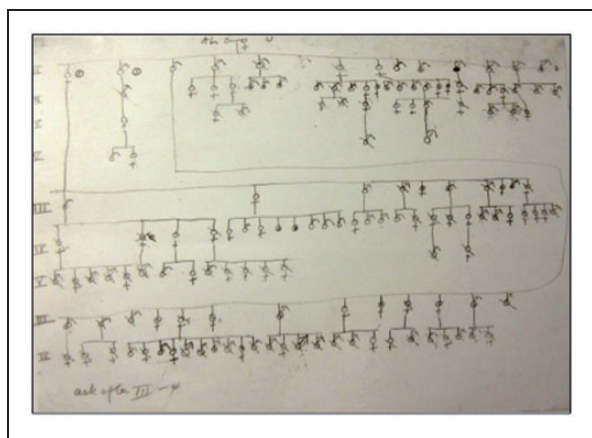


Figure 3. A pedigree created by Edwin Seaborn for an individual with ochronosis in Ontario.

guidance of a blind Aboriginal woman using only Aboriginal tools and materials he collected himself.²¹ It took a year to prepare, but when it was completed he and his instructor, Mrs Root, paddled down the Sauble River. Edwin Seaborn, a man 'refusing to be straightly bound by the walls of a single vocation' proved himself, in both the medical and local communities, to be a lifelong student, leader, and pioneer.²²

Seaborn's medical practice lasted for 54 years. He was a dedicated and beloved physician who often biked to his patients' homes to provide treatment with a marigold in his buttonhole.⁶ When asked about this habit, he smilingly responded, 'Marigolds? I like them. So I wear them. . . why should we be afraid of being individualists?'⁶ A respected teacher in the Anatomy and Surgery Departments at Western University, he received an honorary Doctor of Laws degree in 1938 to acknowledge both his service to the university and to Canada during the First World War.²² When addressing medical students at a Canadian Progress Club meeting just prior to his retirement, he spoke on his own days as a student, emphasizing that 'many lives [rest] in the hands of the world's doctors' and that 'a doctor's mind is continually wondering, speculating, or seeking a solution to a new problem.'²³ He was an inspiring orator, educator, and clinician, and yet his contributions reached further still into the domains of natural philosophy and local history. Perhaps one of his crowning achievements was the publication of *The March of Medicine in Western Ontario*, a comprehensive history of medicine in the region, which was said at its release in 1945 to have 'no equal in Canada'.²⁴

Seaborn retired from practice in December 1948 but stayed active in the medical community.¹⁰ Upon retirement, he received a letter from General Superintendent Crozier of Victoria Hospital stating that 'it [was] impossible to estimate the value of [his] service' and that the community placed him 'as one of the great men in the Medical field'.²⁵ After suffering from cardiac trouble, he passed away on 28 November 1951 at St. Joseph's Hospital at the age of 79. Although his death was a profound loss, his legacy was secured in the medical and historical contributions he made to the community. On the day of his funeral, the newspaper read, 'in addition to being an outstanding surgeon. . . he was a historian, author and soldier. He was a kindly Christian gentleman.'²⁶ As a 'doctor [and] friend of thousands for 54 years', he was remembered with esteem and admiration by the community he left behind.²⁷

Discussion

The declaration of the First World War was met with an attitude of strong volunteerism in Canada that is

rarely observed in modern conflicts. Loyalty to the British Empire and an ingrained sense of duty led to eager Canadian involvement. Edwin Seaborn's commitment to the service of his fellow man led him to develop a medical and military career that humbly epitomized this vigour and dedication. His pursuit of knowledge and his appreciation for natural philosophy sharpened and enhanced his career in a way that is rare in current medical practice, possibly best exemplified by his ichthyologic study and embrace of Native Canadian practices.

His participation in the First World War was undertaken as a service to his fellow Canadians. Though Western University was not initially involved in the medical forces overseas, Seaborn felt a duty to meet the demands that the war was placing on Canada. As casualties mounted, he insisted that his university send a hospital unit overseas. His persistence paid off and when his petition was granted, he humbly accepted the role of Commanding Officer for the No. 10 Stationary Hospital.

On the front lines, the fear of bullets and infection was much starker than in England, and the carnage Seaborn witnessed was substantial. Biological weapons of warfare and increased firepower caused more death and trauma than could have been imagined. Seaborn's hospitals were filled with the dying and he spent many nights in the trenches surrounded by the thunder of falling shells. However, he remained meticulous and attentive, improving administrative practices, optimizing his unit's performance, and expanding his own knowledge. At Eastbourne, his work on their X-ray machine improved diagnostic power and reduced time to diagnosis. He facilitated Captain Young's mechanotherapeutic department for rehabilitation, an innovative practice at the time. With each new post, he studied the administrative practices of regional hospitals. At Calais, he developed protocols for air raid response and fire management to prevent unnecessary injury and destruction. He compartmentalized his stress and prioritized the organization of his unit. This focus contributed to his unit's outstanding reputation.

Amidst his accomplishments, Seaborn was no stranger to illness and grief during the First World War; between illness and trauma, several members of his family and unit died during his time in France. He was particularly affected by the death of his close friend, Katherine MacDonald. When the fighting ceased, he sought respite in learning: he improved his French and began learning Spanish and Italian. He visited Italy, the French battlefronts, and his family members in Europe. When he returned, he was met with commendation for his innovation during the war. The unit returned to Canada with an exemplary performance report and Seaborn with a reputation as an excellent commander.

After the First World War, he returned to Ontario and Western University, where he enjoyed a rich career in medicine and academia. His unique commitment and effectiveness as a Commander and a surgeon has earned Edwin Seaborn a place among other influential physicians.

Conclusion

Dr Edwin Seaborn is an excellent example of first-generation Canadian volunteerism during wartime. The story of his devoted leadership reveals an innate sense of duty to country that is rarely observed in modern day conflicts. For him, medicine was a vocation of service – a sentiment that is also often lacking in modern medical training – and through this vocation he served his country and fellow man with great dedication and sacrifice. His approach to leadership throughout wartime and his medical career epitomize the values upon which Canada was built. Despite being a relatively unknown physician at the onset of the war, his achievements as a leader overseas were substantial. At the centenary of the First World War, his story provides a poignant account of an important time in Canadian history, as well as a window into the experience of a strong physician leader both at home and at war.

Declaration of conflicting interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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