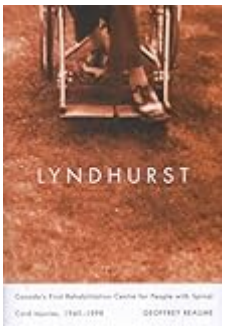
H-Net Reviews
in the Humanities & Social Sciences



Geoffrey Reaume. *Lyndhurst: Canada's First Rehabilitation Hospital for People with Spinal Cord Injuries, 1945-1998.* Montreal: McGill-Queen's University Press, 2007. 258 pp. $49.95 (cloth), ISBN 978-0-7735-3212-0.

Reviewed by Chris Dooley (York University)

Published on H-Canada (December, 2007)

Institutional Biography as Family Portrait

In 2001, the A. T. Jousse Appreciation Foundation, a group of former staff and residents of Lyndhurst Lodge named for the institution's founding medical director, commissioned Geoffrey Reaume to write a popular history of the institution. The author discloses this connection in the opening sentence of the introduction, setting before the reader the terms under which he wrote the book. Acutely aware of the deficiencies so often inherent in such histories, Reaume takes pains to situate the book as the "best" kind of commissioned history: one subject to the shortcomings of the genre, but written with sufficient detachment and rigor to make a scholarly contribution. On these terms, he largely succeeds, offering a sensitive institutional history that honors the patients, staff, and community activists who created Lyndhurst, while at the same time offering to students of history and disability a pertinent reminder of the importance of considering the roles of individuals and the institutions they create in shaping a wider social history.

The work conforms to the conventions of institutional biography. It chronicles the life of Lyndhurst Lodge from its establishment in the last months of the Second World War as Canada's first freestanding rehabilitation center for veterans with spinal cord injuries, to 1998, when it was amalgamated with two other rehabilitation centers to become the Toronto Rehabilitation Institute. In many respects, this is a heroic narrative. Reaume's Lyndhurst is one that was founded through the extraordinary efforts of iconoclasts and visionaries. In the face of the near-universal fatalism about spinal cord injury and high prevailing mortality rates, they persuaded the Canadian military and federal government departments first to adopt a new and more aggressive regime of care for soldiers with spinal injuries and subsequently to establish a new rehabilitation program, one which would take seriously the challenge of preparing returned soldiers with paraplegia and quadriplegia to return to the community and live independently. In the face of the misgivings of the wider medical community and despite inadequate facilities, pioneer physicians like A. T. Jousse and E. H. Botterell worked with prominent and well-placed community activists like John Counsell and Ken Langford to build a program at Lyndhurst that would be the model for the rest of Canada.

The book is not, however, populated only with larger-than-life figures like Jousse and Langford. Perhaps the greatest strength of the work is the way that it renders the voices and experiences of those who constituted what is frequently invoked as the "Lyndhurst family": former residents, staff, and community activists. In the absence of comprehensive institutional sources, much of Lyndhurst's history has been extracted from oral histories of people who were in some way connected with the place. Reaume interviewed fifty-three people, a formidable number by any standard and the more so because of the range of relationships that they had to his subject. Through the voices of those interviewed, the reader gains an understanding that Lyndhurst is best understood not as a place (although the original building at 153 Lyndhurst Avenue is almost a character in many of the narratives), but as a web of relationships. Moreover, in the testimony of former residents in particular, the reader is afforded the opportunity to gain insights into the challenges–physical, social, and bureaucratic–facing those who sought to return to the community after debilitating injury or illness.

Reaume organized the book into four largely chronological chapters, bracketed by a brief introduction and conclusion. This structure suits the author's commission to follow the institution from the eve of its founding through various phases of development to an uncertain present. Two themes dominate. The first, and that which anchors the early chapters, is the celebration of innovations and successes. The author's two sentence declamation in the closing pages of the book provides the most succinct synopsis: "Lyndhurst Lodge, whatever its faults, made significant and long-lasting contributions that benefited people with disabilities in Canada and abroad. People with spinal cord injuries are better off today because of the work done at Lyndhurst Lodge" (p. 192). The second theme, the one on which later chapters focus, is survival. As he draws the narrative closer to the present, Reaume portrays Lyndhurst as a marginal institution that struggles to serve the disabled community within an increasingly bureaucratized healthcare system that seeks consistently to dissolve its distinctiveness. Changes in the mid-1970s in particular–such as the move from the original facility on Lyndhurst Avenue to new premises near Sunnybrook Hospital, new rules about length of stay, and the substitution of a large cohort of largely male attendants by largely female registered nurses–are seen in this context as fraught for adherents to the tenets of rehabilitation that had been the basis of the institution's success in earlier times.

While the book's structure serves to animate these two themes, it sometimes does so at the expense of other analytical possibilities. Reaume does an excellent job in the early chapters of locating innovations in the care of people with spinal cord injuries in Toronto within an international context and of balancing the contributions of individual actors with an assessment of the wider social and political climate. As the author's attention shifts to discussions of the challenges that faced the hospital in the 1950s and beyond, however, he increasingly treats Lyndhurst in isolation from this context. This is especially true in the final chapters when the author's emphasis on struggle, and in particular on the often adversarial relationship among Lyndhurst, the University of Toronto, and the government of Ontario, isolates the institution and its partisans. An unfortunate and unintended side effect of this approach is that it becomes increasingly unclear to the reader where Lyndhurst remains in later periods of its history: as a site of ongoing innovation or one hobbled by anachronism.

In other places, much of the rich narrative detail in the book passes without scrutiny. Although Lyndhurst began its life as a veterans' hospital, soon after the war it started to serve a growing civilian population, one that included both women and men and that came to include not just those with spinal injuries but also people with such related disabilities as polio. The arrival of these new categories of residents challenged an institutional culture and a rehabilitation approach that was founded on prescriptive forms of military masculinity. Successive informants spoke of the masculinist environment that prevailed in the early years, of the importance of male homosociability to the success of the enterprise, and of the sometimes ribald goings-on at an institution that was home to a large cohort of young men. More important, they reflected on the persistence into later eras of a "Lyndhurst approach" rooted in this earlier period, one characterized by an emphasis on toughness and determination. This approach extended to the administration's continual refusal to serve those who were unable or unwilling to measure up to the institution's standard of toughness and its reluctance to acknowledge the depression that often accompanied a life-altering accident or illness. Lyndhurst did not, for example, employ the services of a full-time psychologist until 1979 (p. 157), and it failed, until 1985, to include addictions counseling in its repertoire of services despite evidence that a large number of residents over the years had sought refuge in alcohol and drugs from the emotional, physical, and social injuries of their disability (p. 185).

It is in discussions of Lyndhurst's approach to rehabilitation that the commissioned nature of the book is most evident. Reaume does not shy away from the fact that the Lyndhurst approach was not universally embraced. Several of his informants, most of them female residents and staff, commented unfavorably on the machismo that permeated the institutional culture, and they observed that toughness sometimes crossed the line into cruelty. While he drops occasional hints at a critical assessment of this testimony, he stops short of delivering the kind of trenchant analysis that a scholar with more independence might have felt free to offer up. In the end, he simply acknowledges that Lyndhurst's approaches were sometimes contested. Moreover, these harsher assessments are often found in sections of serial biography in chapters 4 and 5. The separation of these sections from the wider narrative allows the author to bring the rich first-person accounts he has gathered to the fore and to populate his Lyndhurst with people who draw the reader's empathy, but it also isolates such assessments from their wider context and precludes a more rigorous examination of the important themes that appear in these stories.

Despite these shortcomings, this is an important book. In a recent monograph, Peter L. Twohig contends that, in the absence of a robust historiography, Canadian health historians are often obliged to work, as he puts it, "without a historiographical net."[1] Reaume is encumbered doubly by the requirement to work within the bounds of institutional biography in a field that has to date received little scholarly attention: that some avenues go unexplored speaks more to the need for more work in the area than to the deficiencies of the book itself. Historians of medicine will welcome this book as an important site of reconnaissance and will read in it an agenda for research. Some will particularly appreciate the early sections of the book in which Reaume chronicles developments in the treatment and rehabilitation of people with spinal cord injuries. Others will situate it as a contribution to the understanding of the dynamics of healthcare systems and caring work, one that begins to place rehabilitation and continuing care into a wider history of health.

Historians of disability may be slower to warm to the book, but they may ultimately find it to be more useful. Reaume's rich oral histories offer a window on the lived experience of Canadians with spinal cord injuries in the latter half of the twentieth century and those who worked with them. They help to historicize changing concepts of disability, including that which prevailed at Lyndhurst and within its parent organization, the Canadian Paraplegia Association, at least into the 1970s. The Lyndhurst approach is one that substantially rejected special accommodations for the physically disabled, and was firm in the belief that the essence of rehabilitation was to assist the recently disabled to accept their disabilities, to reframe their goals, and to re-enter the community as quickly and seamlessly as possible. Fundamental to this was the belief that the disabled needed to adjust to society rather than call for systematic social changes to accommodate disability. While such ideas may sit uncomfortably within prevailing discourses about ability and citizenship, appreciating them historically is important to the projects of understanding the social dimensions of disability and the genealogy of disability activism.

Finally, all readers will read this book as a caution about the perils of a bureaucratized healthcare system, one in which the needs of individuals and the desires of communities can be overlooked and the uniqueness of institutions can be dissolved in the drive to uniformity and efficiency. In this context, Reaume's stories of innovation, persistence, and survival serve as a timely reminder to activists and historians alike to consider the capacity of individuals and their institutions as agents of social change.

Note

[1]. Peter L. Twohig, *Labour in the Laboratory: Medical Laboratory Workers in the Maritimes, 1900-1950* (Montreal and Kingston: McGill-Queen's University Press, 2005): 15.