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Lyndhurst. Canada's First Rehabilitation Centre for People with Spinal Cord Injuries, 1945-1998. By Geoffrey Reaume. (Montreal / Kingston: McGill-Queen's University Press, 2007. xiii + 258 p., notes, bibl., index. ISBN 0-7735-3212-0 $55)

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years, the driving forces behind medicalization have shifted from the medical profession, social movements, and inter- or intraorganizational conflicts to biotechnology, consumers, and managed care." (p.xi)

To its credit, the book reminds us of the strong analytic and conceptual categories that medicalization has given us which serve as useful frames for understanding one of the most dominant trends in modern medicine. Despite this strength, some caveats apply. Like other sociological concepts, medicalization tends towards unidirectionality (though demedicalization of homosexuality is a useful counter to this) and purports to be a neutral rendering of social processes (when in fact the process of medicalization is depicted uniformly as a bad thing). In addition, this reader at least is unconvinced that biomedical enhancement (such as steroid use for performance) is well captured under the medicalization rubric. The book is clearly intended for an American audience, and thus the rest of the world must wade through discussions of the impact of 'managed care'. The writing is awkward, and the structure of the book leads to a great deal of repetition, particularly in the chapters in the Part 3 (such as 'measuring medicalization') which backtrack across terrain already covered well earlier in the case studies. More troubling, however, is the basic definition of the topic at hand. The book explores medicalization (a process by which 'nonmedical problems' become defined and treated as 'medical problems'), yet the author contends, from the outset, that what is 'medical' is beyond the confines of the book (p.4). Surely what is 'medical' informs every sentence and chapter. By side-stepping the fundamental definition of what is 'medical', the book ultimately leaves the reader unsatisfied. Conrad concludes that this is a "subject of great sociological significance and an accelerating trend that has important implications for society." He is most certainly correct in this assertion; but readers should be wary of some intellectual sleights of hand.

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Lyndhurst. Canada's First Rehabilitation Centre for People with Spinal Cord Injuries, 1945-1998. By Geoffrey Reaume. (Montreal / Kingston: McGill-Queen's University Press, 2007. xiii + 258 p., notes, bibl., index. ISBN 0-7735-3212-0 $55).

In countries such as Britain, the United States and Australia, treatment for paraplegics and quadriplegics altered dramatically at the end of the Second World War. In this book, *Lyndhurst: Canada's First Rehabilitation*

Centre for People With Spinal Injuries 1945-1998, Geoffrey Reaume explores the impact of the treatment regime of rehabilitation, through a close study of Canada's first rehabilitation centre of this type, Lyndhurst Lodge, which was located in Toronto, Ontario. Using a wide range of sources from veteran's archives to oral interviews, Reaume weaves an interesting story around an institution that played a vital role in the rehabilitation of those with spinal paralysis in Canada.

At the outset, the book describes the dismal outlook for people with paraplegia and quadriplegia before 1945; 80% of those with paralysis died. Developments in medical technologies (like the use of drugs such as penicillin and new inventions such as tidal irrigators to clean the bladder and the Stryker Turning frame to prevent the development of bedsores) led to a significant reduction in the number of deaths. This in turn led to a reassessment by the medical profession of these previously hopeless cases. The book details the rehabilitative treatment at Lyndhurst, which was opened in 1945, and the role of veterans in both its establishment and its continued operation. The Canadian Paraplegic Association (CPA) was formed in 1945 by seven paraplegic veterans, and was vital to Lyndhurst's continued operation. Most rehabilitation centres were established specifically to treat injured military personnel, and Reaume details the way that those managing Lyndhurst negotiated the transfer from treating military patients exclusively to meeting the needs of civilians. Nevertheless, the CPA was still closely associated with the Centre, and by 1950 the CPA owned Lyndhurst Lodge. An epidemic of polio in 1953 further increased the numbers of civilians requiring rehabilitative treatment. The continued struggle to maintain support, including the need for new facilities, in the light of increases in the numbers of patients, epitomised Lyndhurst's position through the 1960s and 1970s, and was a difficult period for the institution. The book goes on to explore Lyndhurst's responses to the growing disability rights movement throughout the 1980s. Finally, Lyndhurst ceased to operate independently in 1998 when it was amalgamated into the Toronto Rehabilitation Institute.

In addition to therapeutic regimes and the establishment of associated organisations, Reaume explores the rationale of rehabilitation at Lyndhurst. For those admitted to the Centre for treatment, the aim behind their rehabilitation was they were provided the means to live and work in the wider community. Strengthening exercises, hydrotherapy and bodily management provided the personal skills to life outside an institution. Assistive technologies, such as wheelchairs, also played an important part in improving the potential for independent living outside the confines of the Centre.

Although the book discusses the doctors and other influential people whose work was important in the establishment and maintenance of Lyndhurst Lodge, it does not leave out the disabled people who attended the Centre. Reaume's study reflects the trend in disability and medical history that rejects the notion that disabled people are conceptualised merely as passive recipients of therapy. Indeed, Lyndhurst Lodge was a site of resistance, a place where people with spinal injuries asserted themselves, and Reaume provides many examples; for instance, in 1982 patients signed a statement advising the hospital that they wanted their personal care needs attended to by someone of their own gender (p.175). Overall, it appears that medical advances in treating those with paraplegic or quadriplegia remained less fixed than external social and cultural attitudes toward people with disabilities. Using a number of interviews of one-time patients, Reaume highlights the embodied experience of those with spinal paralysis including feelings of depression, difficulties negotiating physical environments, lack of employment and problems of acceptance by the wider community.

One general criticism of institutional histories is that there is little concentration on the bigger picture. Institutions do not exist in a vacuum, and understanding the environment outside the institution, whether technological, economic, social, political or cultural, aid the reader in revealing the complex relationships that exist between the institution and the wider world. Although Lyndhurst Lodge was the first rehabilitation centre in the country, it would not have been the only one in Canada, and it would have been informative to know what was happening in other parts of the country. Reaume reminds us that in the late 1950s, half of people in the community who had been rehabilitated following spinal injury had undergone treatment at Lyndhurst Lodge. Nevertheless, it would have been interesting to learn in more detail how the regime at Lyndhurst influenced other centres established after it. That said, the depiction of Lyndhurst's rehabilitative regimes and their goals illustrate distinct differences in national contexts, and offers opportunities for international comparative analyses.

Reaume's chronological study was commissioned by the A.T. Jousse Appreciation Foundation (A.T. Jousse was the first Medical Director at Lyndhurst, and a highly respected and influential doctor) and in the introduction, Reaume contends that commissioned histories do not have a good reputation amongst professional historians (p.3). While this may be the case, institutional histories such as *Lyndhurst* provide a framework which reflects on the individual's experience in relation to institutions, explores the nature of individual agency and wider social and cultural dynamics. The book illustrates the role that an institution can have in

disabled people's lives, a reality that historians of disability must acknowledge. Furthermore, institutional histories, despite their many problems, can also be well-written and well-researched accounts of events, personalities, representations and attitudes and in this endeavour Geoffrey Reaume has succeeded.

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Resurrecting Dr. Moss: The Life and Letters of a Royal Navy Surgeon, Edward Lawton Moss MD, RN, 1843-1880. By Paul C. Appleton, edited by William Barr. (Calgary: University of Calgary Press, 2008. 221 p., ill., index. ISBN 978-1-55238-232-5 42.95 $).

Edward Lawton Moss was born in Dublin, Ireland, in December 1843, into Anglo-Irish stock. His father was a physician who worked through epidemics of typhus and cholera, and through the great potato famine, only to die in 1859, following a bout of rheumatic fever. Edward studied at Dublin's Royal College of Science, then studied medicine at the Royal College of Surgeons of Ireland and at St. Andrew's University in Scotland. Having completed his studies, he became a medical officer in the Royal Navy. His career was to be wholly within the Navy, and he died in the service in 1880 when the *Atalanta* was lost with all hands in the Atlantic Ocean. He began his medical naval career in Portsmouth, joined his first ship in 1864, and served afloat and onshore for the remainder of his life. Some of the lessons of the Crimean War had penetrated medical opinion in civilian and military life, notably the importance of cleanliness, sanitation, and diet; losses in the Crimea had been caused more by avoidable ill health than by enemy action. Moss, who enjoyed several years as his own master on shore at the headquarters of the navy's Pacific Station, ran the hospital at Esquimault, where he turned a decaying building into an efficient medical centre; the Pacific Station had been re-opened in the light of American anger that the British had allowed the *Alabama* to be fitted out as a warship for the Confederacy, and there was also friction over San Juan Island, near Esquimault. Later, back in England and coping with an epidemic of cholera, Moss knew and argued that hospitals were a breeding ground for contagious diseases.

Moss was a minor figure in Canadian and British history; but Appleton had good reasons for writing this biography. Two will be familiar to Arctic historians: Moss's role as surgeon and naturalist aboard HMS *Alert* on the Nares expedition of 1875-76, and his skill with brush and