

**Disability History Association Podcast**  
Interview with Jaipreet Virdi  
April 2019

**Caroline:** Hello and welcome to another episode of the Disability History Association Podcast, where we happily play fast and loose with the typically audio-centric definition of “podcast” in order to make sure that we’re as accessible as possible for all of our guests and potential guests. Today, I’ll be talking to my friend and colleague Jaipreet Virdi, an assistant professor at the University of Delaware. Thank you so much for doing this, Jai! To begin, how would you describe your research interests?

**Jaipreet:** I work at the intersection of medicine, technology and disability, which means I focus on histories that addresses how disability is medicalized and the role technologies play in that history, especially the history of hearing loss. This includes diagnostic instruments (e.g. cephaloscope, otoscope/aurioscope, audiometer) and also assistive devices (hearing aids, ear trumpets, cochlear implants, artificial drums).

**Caroline:** How did you get involved in this history?

**Jaipreet:** In 2007 I was examining the rare book shelves at my university library looking for an anatomy textbook for a course paper for my history of medicine class. Where the book was supposed to be, instead was a [misplaced copy of John Harrison Curtis’ \*A Treatise on the Physiology and Diseases of the Ear\* \(1826\)](#). The book shed a fascinating insight into 19<sup>th</sup> century ideas of deafness: how medical practitioners attempted to diagnose and classify ear diseases, how they struggled to define their specialty against prejudice from the broader medical field, and how they attempted to extend their authority to address social issues, including deaf education and institutionalization. The stories I uncovered, including how Curtis attempted to assert his authority by devising a new diagnostic instrument—the cephaloscope, a larger version of the stethoscope—revealed to me [the foundation for understanding](#) twentieth-century medical surveillance of deafness and perhaps above all, the need for a “cure.”

**Caroline:** Tell me about your forthcoming book, *Hearing Happiness: Fakes, Frauds, and Fads in Deafness Cures*. How did this project start?

**Jaipreet:** While I was doing research for my PhD dissertation, I would often come across twentieth-century sources that were fascinating but did not fit within the time period of my work. In addition to bookmarking them for future projects, I shared some of the sources on my blog – readers found these posts interesting and led to me being categorized as a “Historian of Hearing Aids,” even though at that time, I was not writing or researching on hearing aids at all!

What dawned on to me, however, is how important the medical story of hearing loss was, and how so much of it has been glossed over or placed in the background of d/Deaf history. There are scholars doing – or did – amazing work on this history: Mara Mills, Graeme Gooday & Karen Sayer, Brenda Jo Brueggemann, Kristen Harmon, Carol

Padden & Tom Humphries, to name a few, but I found there has been little discussion on the concept of “cure,” especially in relation to medical quackery. Why were so many deaf/deafened people willing to try cures with little evidence of their effectiveness? Why were “quack sellers,” so to speak, so successful with their business enterprises? And perhaps more importantly, what does it mean for us to perceive deafness as a condition that needs to be cured, whether through medicine and/or technology? Why this obsession with “fixing” deafness?

*Hearing Happiness* seeks to answer these questions, by positioning the history of hearing loss within the concept of normalcy, which of course, also has a history that incorporates ideals of citizenship. Normalcy was more than a political or medical criterion, but rather represented a comforting cultural standard for Americans to shape their bodies and used as a nexus for identifying “good citizenship.” The book examines how within these cultural ideals, deaf people were expected to pass as hearing and required to conform to social expectations to assert their normality (e.g. through work), and in so doing, turned to acoustic aids, medical treatments, speech therapies, and a host of unconventional therapies that promised grand miracles but failed to deliver.

Though the strong critique of medicalization has undermined the history of “quack deafness cures” within d/Deaf and hard of hearing histories, my research claims quackery served a paradoxical cultural role by providing greater commercial opportunities for treatment, while also becoming a key condition for therapeutic standardization. Within this legacy of deaf bodies resides a history of negotiations over unstable identities as much as over informed consumerism regarding health care, the interplay of professional interests, and the expansive role of advocacy. By focusing on how the invisible feature of deafness can help us unpack how commercialization of medical goods shapes perceptions of disability, I offer a way of thinking about history, particularly how we think and talk about deafness and hearing loss within the constraints of medical intervention, including how to frame deafness (and disability more broadly) as an oppression of difference rather than impairment.

Thus, my book rethinks how therapeutic negotiation and the influence of pseudo-medicine shaped what it meant to be a “normal” deaf citizen in American history. I trace “quack cures” into paramedical realms and scrutinize historical struggles over therapeutic options to urge us to rethink the teleological narrative in which quackery is a feature of the “pre-scientific” past by examining its legacy in contemporary biomedicine. Indeed, the questions about boundary lines in medical quackery underlines a predominate stream of my work that pinpoints how ideas and technologies were developed and used to conceptualize how non-normal bodies could be made normal. This held bearing not only on deafened people’s medical struggles and self-stigma (especially in relation to failing to “pass” as hearing), but also governed how they developed relationships to their technologies.

**Caroline:** What is the main claim that your book makes?

**Jaipreet:** I engage with the conceptual framework of normalcy, examining how deaf/hearing impaired persons (or parents of deaf children) purchased medical goods or services to enhance their expectations of normal living. Normality became a state that was constantly negotiated – by consumers themselves, through the creation of their identity and self-representation; by medical experts through procedures aiming to correct hearing defects; and even by designers who inscribed concealing features in the design of hearing aids.

Examining the therapeutic negotiations hearing impaired people made for their deafness—whether by choosing folk remedies, purchasing patent medicines, seeking new innovative surgical procedures, or trying new acoustic devices/hearing aids—the book unpacks the boundary lines of cure as an obligation and cure as a promise. After all, each time the media reported on a new deafness cure, a new surgical technique, or a new technological solution for hearing loss, there came the expectation that deafened people were required to seek out these cures. Thus, I claim that if deafness is highly stigmatized in culture, it is because its technology and modes of communication make visible its nature as an otherwise invisible impairment – especially when these technologies are presented as cures when they are merely fleeting (i.e. what happens when a person turns off their hearing aids or takes it off? Is the cure gone?).

**Caroline:** What were some of the most interesting examples that you got to research and write about for this project?

**Jaipreet:** The narratives of deaf people themselves are remarkable. I came across thousands of letters from people all over America asking medical experts for advice on how to cure their deafness; these letters are so emotional, especially as they reveal patient histories and how people thought about what being cured would mean for them – mostly for work, but also for communication, for marriage, for being good parents, etc.

I've also come across some unbelievable popular remedies people had tried as a desperate solution for their hearing loss. Airplane diving! I'm obsessed with this story: in the 1920s, the “flying cure” was one of the most exciting news stories: taking a deaf person up on a plane in a series of nose dives, loops, spins and barrel rolls, even up to 12,000 feet, to return to the ground with hearing restored. Whether exaggerated or not, they captured the attention of deaf people across America, such that the more publicity the cure received, the more people wanted to experiment with it. I found numerous newspaper clippings on this cure, even documents from experts questioning whether it was medically feasible, yet none of the experts' cautionary statements could dispel the flying cure fad – and people were dying in their attempts because the stunts were dangerous and planes crashed!

**Caroline:** I also see that you're publishing a new article in the *Canadian Medical Association Journal* entitled “Finger Surgery for Deafness: Rethinking Quackery in Medical History.” What on earth does finger surgery have to do with Deafness?

**Jaipreet:** Yes! The paper is published now.

Finger surgery was a colloquial term for Curtis Muncie's osteopath treatment for deafness. He claimed by inserting his fingers into the nostrils and pharynx of a patient, he could access the Eustachian tube and digitally correct any anatomical defects that were causing hearing loss. As he claimed, this was a bloodless, painless operation in which the patient would go to sleep and wake up in 20 minutes miraculously cured. Muncie was quite successful and even had his fingers insured for \$400,000!

**Caroline:** What other projects are you working on right now?

**Jaipreet:** I'm a workaholic so I'm currently working on multiple projects:

(1) on deaf British painter Dorothy Brett and her lived experiences with her acoustic devices and hearing aids

(2) *Objects of Disability*, a resource database of historical artefacts that were used by and/or crafted by disabled people – this is an ongoing project from my SSHRC postdoc

(3) A co-authored book with Dr. Coreen McGuire (University of Bristol), *Instrumental Injustices: Women Scientists and the Politics of Disability in Interwar Britain*, which examines how the scientific work of Phyllis M.T. Kerridge (1901-1940) extended to address disabilities such as deafness and breathlessness.

(4) My second book project, *From Prevention to Conservation: American Research on Hearing Impairment, 1910-1960*, analyzes how various factions aimed to normalize hearing impairment through military rehabilitation efforts, social organizations, and advanced otological techniques, to historicize how deafness became construed as an urgent public health matter.

**Caroline:** You've long been a prolific blogger and Twitterer (if that's the word). What has been the advantage, for you, of using these different media to communicate with people? Are there disadvantages?

**Jaipreet:** Social media has provided me with a platform for teaching history of medicine and disability to a much broader public than traditional academia. It certainly has been [useful for helping me connect](#) in areas where my disability has otherwise limited me. And certainly, Twitter and blogging has shaped my work in unique ways, as I'm constantly thinking about who my audience is and what I'm aiming to accomplish with my work. I write to do more than obtain a line in my CV—I want people to think about how the past continues to influence political discourse today, something that is perhaps more urgent than ever as pundits are questioning the verifiability of historical facts. The obvious disadvantage of course, is that having such a public presence leaves me vulnerable to troll attacks.

**Caroline:** You've also done quite a lot of work on disability collections in various museums, particularly in Ontario. What did you find?

**Jaipreet:** A breadth of artifacts, from purses for housing ear trumpets, to various prosthetics, wheelchairs, crafted devices, crocheted items and occupational art for therapy, etc. There's a lot. I wasn't so surprised to discover how many of these artifacts were part of medical collections, for after all, there are many overlapping aspects of medical and disability histories.

Examining how these artifacts were modified or adjusted for bodily comfort and preference can provide us as historical evidence for lived experiences of disability, especially in circumstances where there is little evidence elsewhere. The addition of home-made features to wheelchairs, for example—cushions, crocheted blankets or feet mats, and trinkets attached to spokes—further indicates a personalized relationship between user and technology. 20<sup>th</sup> century wheelchairs were reliant as tools of personal mobility, but they also could incorporate aspects of a user's personality, with the merging of the chair and person offering us insight into experiences of disability that were not always negative or exclusive. And it was quite common to improvise household objects to make living easier.

Additionally, examining objects of disability for historical context of design also forces us to address that traditionally, it was the goal of medical design to compensate for disability as discreetly as possible. Most mid-twentieth-century lower-leg prosthetics, for instance, were modeled from pink plastic in attempts to camouflage against the skin, especially versions that were supplied by hospitals or rehabilitation centers. These prostheses were not designed to project a particular image—i.e. draw attention to the leg—but to not project *any* image whatsoever. They were meant to go unnoticed, the pink color disappearing into the skin, and of course, raising questions about how non-white users relied on such products.

Rather than simply amassing a collection, I sought to uncover not only variations of physical or mental disabilities, but also the contexts of inclusion and identity that would lend weight to understanding disability history through material culture. What can the study of these artifacts reveal about the construction of user identity and design preference? How can we understand rehabilitation therapy tools or occupational therapy art as reflections of disabled identities? How can we examine design to highlight the agency of disabled persons and the ways they rejected—if at all—prevailing conceptions of normalcy, including for instance, refusing to camouflage their prosthetics? These questions are even more pressing given that objects of disability are more than tools to “fix” or “normalize” an impairment: they are resources for navigating (sometimes literally) and engaging with challenges of usability and adaptation.

**Caroline:** Having been to so many museums, do you think historians and curators are doing a good job of getting disability into the public history conversation? What more needs to be done?

**Jaipreet:** My friend [Bess Williamson](#) spoke to my class and pointed out just how curators do this, sometimes in subtle ways. When curating an exhibit, [Katherine Ott](#), for

instance, takes care to prop a cane against a parlor chair or to place against a wall – these subtle moves speaks volumes to how present disability is in the historical records, but oftentimes overlooked, if not ignored, when we're crafting public histories.

Four years ago, museum curators and historians collaborated to launch a Twitter initiative titled [#DisabilityStories](#) to honor the 25<sup>th</sup> anniversary of the American with Disabilities Act and the 40<sup>th</sup> anniversary of the VSA, inviting citizens across the nation and even globally, to share stories, photographs, art, and technologies that captured the individual lived experiences with disabilities. It was a remarkable success, featuring stories on the history of curb cuts, accessible snowboards, Blind Tom's performance at the White House, Krysta Morlan's Waterbike, various prostheses, ASL histories, iron lungs, adaptive gear, personal modifications, and various artwork. And we can clearly see from the initiative just how present disability stories are.

I do think we've been doing a job in getting disability into the public conversation, but we need to do more. We need to align our work with disability activists who are already doing the hard work of public education and policy work. [Imani Barbarin](#), for instance, is a force to be reckoned with as [her hashtags force conversations about disability](#) that are often not at the forefront of public discourse. And just to name a few others – [Alice Wong](#), [Liz Jackson](#), [Rebecca Coakley](#), [Matthew Cortland](#) – these are individuals who are at the forefront of disability activism, fighting for our rights, rallying for legislators to remove barriers, doing policy work, and above all, maintaining disability as a public conversation. I mean look at the responses to [Congresswoman Alexandra Ocasio-Cortez's request for disability advocates to follow](#) – what a breadth of people!

**Caroline:** I often describe disability history as a new field, but in fact it's actually been around for a number of decades now. In your opinion, are we making a difference?

**Jaipreet:** I do think so. There's been an incredible rise of publications on the topic and dissertations working on different sources – or in some instances, the *same* sources but reworked to include a disability framework. And it seems to me we have plenty of room to go.

**Caroline:** Tell me about your teaching: you've been lucky enough to teach classes on Disability Technologies and Disability in American Experience, to name a few. Is there an appetite for disability history among students?

**Jaipreet:** Certainly! Students are always blown away about how little they know about disability history, especially technologies such as facial prosthetics and the design history of artificial limbs. Most also view my class as a safe space for addressing their own lived experiences, which makes for a fascinating class discussion when they share their own technologies or stories of disability. I've also seen a steady increase of graduate students suddenly thinking about how disability history can influence their own projects, even if they're not writing about disability proper.

I also push for classes on disability history. If we're offering histories of race, gender, sexuality, and even labor/class, why not disability?

**Caroline:** What have been some of the most rewarding teaching strategies for you? What have you tried in the classroom that has worked well?

**Jaipreet:** I have a collection of disability artefacts – a prosthetic leg, an electrolarynx, an electrotherapy device, a conversation tube, an ear trumpet, and a host of hearing aids. There's nothing quite rewarding or exciting for students as to do a material culture study of these artifacts to get a fuller picture of the disability history we're studying. I also bring photographs of disabled people to prompt conversations about representations, as well as more commercial sources – receipts, letters, trade catalogs – to encourage my students to think about the capitalist frameworks embedded in disability.

**Caroline:** Thank you very much for your time, Jai! It was a pleasure featuring you on the podcast!