



A program of the Center for Health Humanities and Ethics
University of Virginia School of Medicine

Provided by the University of Virginia School of Medicine and School of Nursing

Wednesday, January 31, 2024

12:00-1:00 p.m. (EST)

In Person at Pinn Hall Conference Center Auditorium

Zoom Webinar: <https://us02web.zoom.us/j/85229005887>

History of the Health Sciences Lecture

Negotiating Normalcy: Deafness Cures in American History



JAIPREET VIRDI, PhD

Associate Professor and Historian

Department of History, University of Delaware

Dominique Tobbell, PhD, Moderator

Professor & Director of the Eleanor Crowder Bjoring

Center for Nursing Historical Inquiry, UVA

During the late nineteenth century, entrepreneurs began to glut the direct-to-consumer medical market with a plethora of remedies they professed could miraculously cure deafness. They claimed their remedies and machines fostered a world of unbridled optimism for providing “hope” to deaf ears. Even as medical specialists denounced these “cure-all” treatments as quackery in its finest form, the messages of restoring hearing would transfer over to the hearing aid industry. Focusing on the marketing of deafness cure—hearing trumpets, electrotherapy apparatuses, and hearing aids—this presentation unravels the many ways deaf people sought to restore or gain hearing. This history provides broad context for understanding the lived experiences of deaf people and how cultural pressures of normalcy significantly stigmatized deafness.

Lunch will be provided for the first 40 in-person attendees.

Resources:

1. 2020 *Hearing Happiness: Deafness Cures in History* (The University of Chicago Press).
2. [2024] “Disability and the History of Science,” Special Issue for *Osiris* 39, co-edited with Mara Mills and Sarah F. Rose, forthcoming.
3. 2022 “Colonial Histories of Plant-Based Pharmaceuticals,” Special Issue co-edited with Geoff Bil, *History of Pharmacy and Pharmaceuticals* 63.2.

Accreditation & Designation Statements



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Disclosure(s):

The following speakers and planning committee have no personal or professional financial relationships with a commercial entity producing healthcare goods and/or services. Speakers JAIPREET VIRDI, PhD, Dominique Tobbell, PhD; Planning Committee: Jim Childress, PhD; Marcia Childress, PhD; R.J. Bonnie, LLB; R. Carpenter, DNP; Mary Faith Marshall, PhD; Justin Mutter, MD, MA; Kathryn Reid, PhD, APRN, FNP-BC, CNL; Lois Shepherd, JD.

Disclosure of faculty financial affiliations

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Disclosure of discussion of non-FDA approved uses for pharmaceutical products and/or medical devices

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JAIPREET VIRDI, PhD, Born in Kuwait to Sikh parents, Jaipreet Virdi lost her hearing at age four to bacterial meningitis. By age six, her working-class family immigrated to Toronto, Ontario where she would later attend a school for deaf and hard-of-hearing children. A product of “mainstreamed” education, Virdi learned to lip-read and rely on her hearing aids. She attended public high schools then received her Bachelors’ degree in the philosophy of science from York University. After graduation, she took time off to work in marketing and fashion merchandising, before deciding to return to school. She received first her masters, then her doctorate, from the Institute for the History and Philosophy of Science and Technology at the University of Toronto. She is currently an Associate Professor in the Department of History at the University of Delaware where she teaches courses on disability histories, the history of medicine, and health activism. Her first book, *Hearing Happiness: Deafness Cures in History* was published in 2020 by the University of Chicago Press.

Dominique Tobbell, PhD, Centennial Distinguished Professor of Nursing and director of the Eleanor Crowder Bjoring Center for Nursing History of Inquiry at the University of Virginia. Dr. Tobbell’s research examines the complex political, economic, and social relationships that developed among academic institutions, governments, and the health care industry in the decades after World War II and assesses the implications of those relationships for the current health care system.



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