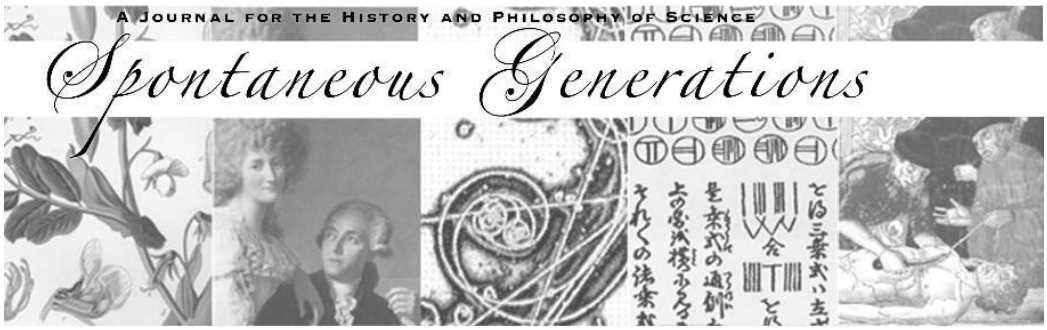

Review of *Hearing Happiness: Deafness Cures in History* by Jaipreet Virdi. Chicago: The University of Chicago Press, 2020. 331 pp.

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A YouTube video titled "Woman Receives Cochlear Implant and Marriage Proposal—I'm Crying" has more than 672 000 views and is one of the hundreds in the genre of videos capturing the moment Cochlear Implants (CI) are activated. In it, a woman sits in a chair near a man and a medical technician in a white coat. Using a sing-song voice, the practitioner tells the patient she will turn on her CI. A moment later, the patient laughs and cries. Afterward, the man in attendance proposes, and she accepts while weeping. The patient shares that the new sounds are "beautiful" then confirms she is thrilled by her partner's proposal. After reading Virdi's book, *Hearing Happiness: Deafness Cures in History*, the seeming disconnect between the patient, medical practitioner, and family members present is striking. A few times, they ask, "can you hear me," and she responds with, "it just sounds like noise." Amidst this new cacophony, the patient must perform hearing during a traditional, down on bended knee courtship ritual. Virdi makes clear that positive responses to the video reflect the biomedical model of hearing loss in the twentieth century, in which cutting-edge cures allow for a "normal" (hearing) life.

Virdi upsets our ableist understanding of what hearing is and what hearing means for the hearing and the d/Deaf. Her use of "d/Deaf" is a considered representation of the delineation between Deaf culture and the experience of deafness, a term reflective of western medical expertise, which sought "medical and technological avenues for 'curing' hearing loss" (xiv). Virdi's history does not explore the development of Deaf culture (28). Instead, her study explores the intersection between the medicalization of d/Deafness and the expectation that the d/Deaf and hard of hearing perform hearing with various medical technologies. She recounts the centuries-long effort by otologists and other aural experts to present a compelling (if elusive) chance at a restored hearing, whether or not the d/Deaf or hard of hearing desired this opportunity.

Extending the work of other deaf scholars such as Kristen C. Harmon and historians such as Douglas Baynton, *Hearing Happiness* explores the conceptual evolution of hearing as "normal" within the developing medical marketplace of the nineteenth and twentieth centuries. Virdi also describes her experiences with aural technologies, demonstrating her expertise as a medical historian and a patient expert with a detailed knowledge of acoustic technologies. For a decade, Virdi tinkered with her analog hearing aids, relying on a box of specific tools (259-60). She weaves together her experiences with everything from

prayer to digital hearing aids, stories of artists adding their ear trumpets to self-portraits (83), and people writing to the American Medical Association for information on new hearing technologies (183). Her work traces the aural experts' search for legitimacy through medical technology, alongside expert patients who considered which new treatments and technological solutions to use for navigating the distance between the hearing and d/Deaf worlds.

In the first chapter, Virdi explores supposedly "miraculous" cures, including dieting (49), "domestic medicine" (e.g., garlic) (39), education (57), and eardrum perforation (61). In chapter two, Virdi studies "ear spectacles" or sound-amplifying devices, which proliferated with the arrival of professionalized medicine and modern industrial capitalism. In chapter three, Virdi interrogates electric treatments and gadgets to restore hearing. In chapter four, she traces "fanciful fads," such as the "flying cure" and magnetism and the regulation of the aural marketplace (159). Chapter five investigates the rise of smaller, more effective hearing aids. Beginning in the seventeenth century in chapter 1 and ending in the twenty-first century, Virdi describes a repetitive technological cycle in which a new method (e.g., 61), apparatus (e.g., ear trumpets, 83), or technology (e.g., electrotherapy, 133), is introduced, overapplied, and then, inevitably, discarded. The cyclical nature of adoption and abandonment is consistent across centuries of attempts to heal hearing loss and the ongoing failure of most treatments and technologies to make a meaningful difference for the d/Deaf.

John Pickstone has argued that technology and medicine are central to human society and capitalist economies. *Hearing Happiness* explores the medical marketplace's centrality to social expectations around deafness. Replete with advertisements and newspaper images, the book offers diverse representations of practitioners peddling hope. The hundreds of products and, eventually, the handful of procedures invented by otologists and other medical practitioners reflect the nearly universally accepted supremacy of the hearing world, produced and reproduced in the medical marketplace. Virdi also addresses the tension between otologists, who sought professional standing, quack medicine peddlers, and "deaf consumers" who used the medical marketplace to "self-prescribe and self-medicate" (75). Pickstone's *Ways of Knowing* explores (in part) the emergence of research regimes in scientific subdisciplines; Virdi's work explores lay medical knowledge developed through the use of hearing technologies by d/Deaf and hard of hearing patients. Through Virdi's lens, the patient is the expert, and their embodied experiences with aural technologies are one measure of medical success.

Over time, successful marketing prompted public scorn for those unwilling or unable to adopt new technologies to "become" hearing (200). In the epilogue, Virdi introduces and questions the popularity of Cochlear Implants, given that the devices may promise more than they deliver because they do not "replicate the natural sense of sound" (250). Cochlear implant technology is something of scientific wonder, bypassing the cochlear cilia that baffled otologists and aurists for more than a century (249). After implantation, the devices require a coterie of supportive therapies to help users understand the meaning of their new sound landscape. As Virdi claims, "hearing-impaired people, tired of the

cacophony drumming into their ears, decline to wear an aid or be fitted for cochlear implants [and] end up stigmatized not so much for being *deaf* but for refusing to be *hearing*" (265, emphasis in original). If revolutionary technologies introduce noises unattached to objects (e.g., microwaves) and activities (e.g., road work), it is no wonder some might choose not to hear. Cochlear implants produce voices that sound robotic, and the devices cause "constant physical pain" (252). What, then, are we observing in celebratory cochlear implant videos on YouTube? *Hearing Happiness* suggests that we are observing negotiations the hearing world fails to conceptualize, much less understand.

Another contribution of Virdi's study is the focus on product regulation. In the early twentieth century, the Food and Drug Administration sought to protect d/Deaf and hard of hearing consumers from ineffective or even dangerous technologies and patent medicines. Yet consumers desperate to slow hearing loss bought horns, salves, oils, and electrical gadgets, and in most cases, found themselves with less money and unimproved hearing. Others deferred to the American Medical Association's experts, requesting confirmation of technological efficacy. Both the Food and Drug Administration and the American Medical Association pursued and punished practitioners and companies who promised to cure congenital deafness or halt hearing loss altogether. However, companies frequently relaunched under a new name, illustrating the difficulty of staying ahead of profit-making quackery (139-155).

At times, it is not clear what period or region Virdi is discussing. While each chapter covers about a century, the decade, or even the country (e.g., the United States, England, or Scotland) under discussion is not always clear. For example, beginning on page 59, Virdi addresses the link between high fevers and hearing loss in the late nineteenth century, recalls her experiences with meningitis as a nine-year-old (60), and pivots to Sir Cooper's presentation at the Royal Society of London in 1801 (61). In some passages, the return to the first-person narrative is sudden, and therefore, jarring. Still, this occasional disorientation is not a defining characteristic of the book. There could be more discussion of why and how the United States emerged as the technological front-runner for hearing devices and treatments by the mid-twentieth century. It is not entirely clear how the Food and Drug Administration's efforts against fraudulent product claims impacted the professional standing of otologists or encouraged the cultivation of Deaf culture as a bulwark against medical abuse. Readers might desire a more detailed exploration of the process of creating hearing technologies (e.g., ear horns, vibraphones) used by the d/Deaf. However, exploring these themes would result in an unwieldy tome.

Hearing Happiness launches a necessary conversation and offers plenty of promising material for other scholars to pursue further. Moreover, the writing is accessible, and the integration of the author's and others' musings on hearing loss and critiques of ableism is valuable indeed. As Virdi notes, "deafness is perceived as something to be ultimately abolished" (261), a reminder that many experts and laypeople continue to view d/Deafness as a tragedy, and in so doing, perpetuate the attitudes underpinning the pressure to adopt aural technology. *Hearing Happiness* is a must-read for anyone studying medical history, the history of disability, the social history of d/Deafness, and the medical

marketplace.