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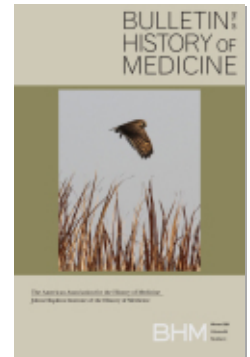
*Eradicating Deafness? Genetics, Pathology, and Diversity in
Twentieth Century America* by Marion Andrea Schmidt (review)

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first. By analyzing the height and weight data collected by the AFSC, Cox shows how international food aid is likely the reason that working-class children's growth began to recover soon after the war, while it took longer for many middle-class and upper-class children to resume normal growth. Cox's analysis of these children's letters reveals some of the details of the AFSC process, corroborating Cox's analysis of the data: German children did suffer nutritional deprivation during the war, and food aid does seem to have improved their growth and health after the war.

Overall, *Hunger in War and Peace* is an essential addition to the histories of World War I, global nutrition and hunger, German social history, and international aid. At times the organization of the book, going between distinct chapters on legal or political context and chapter-length case studies of anthropometric data, feels a bit clunky. Yet, Cox's clear and engaging narrative style holds the book together as one work as she moves between the broader context and her revealing case studies.

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Marion Andrea Schmidt. *Eradicating Deafness? Genetics, Pathology, and Diversity in Twentieth Century America*. Disability History. Manchester: Manchester University Press, 2020. 199 pp. \$120.00 (978-1-5261-3817-0).

In this valuable addition to Manchester University Press's fast-growing *Disability History* series, Marion Andrea Schmidt chronicles a history of the intersection of eugenics, genetics, Deafness, and disability throughout the United States in the twentieth century. Schmidt establishes one of the book's most important themes right from the start: that this history "offer[s] a corrective to the still prevailing trend . . . to see in science and medicine forces that have uniformly pathologized disability" (p. 4). Consequently, Schmidt's work revels in the nuances and complexities of twentieth-century intellectual and institutional genetics and disability history, revealing, for instance, "the 1950's roots of a social model of disability in the social sciences, or the confluence of biomedicalization with late twentieth-century activist policies that emphasize biodiversity and—in some form of other—biological essentialism" (p. 4). Indeed, each chapter is devoted to laying out a historical and analytical case for complicating received narratives within not only Deaf and disability history but also teleological narratives of scientific practice and progress.

The first two chapters follow intellectual and scientific fissures between different groups of professionals within the Clarke School for the Deaf in New England. Chapter 1 covers the period from the school's founding in 1867 up until the late 1930s. The chapter focuses on their establishment of a research department that brought external researchers in contact with the school's students and oralist educators, often with surprising results. "It is an ironic twist of history," Schmidt

writes, that “at the country’s leading oralist school . . . psychologists first produced a sociological study of deafness as a relational, interpersonal phenomenon and of deaf people as a social minority” (p. 35). Chapter 2 continues to chronicle the Clarke School’s research program, following the heredity research division from the 1930s to the 1960s. Here, too, lies a twist: as the decades brought changes in understandings of hereditary deafness, Schmidt argues, geneticists and oralist educators increasingly disagreed on how to address D/deaf populations, especially in issues like D/deaf intermarriages.

Chapter 3 transitions to the New York State Psychiatric Institute (NYSPI) Department of Medical Genetics from 1955 to 1969, where a team led by psychiatric geneticist Franz Kallmann collaborated with the deaf community in New York State, offering psychiatric and genetic counselling services in sign language—against common practice—to help facilitate “normal” livelihoods in deaf communities. While acknowledging unsavory aspects of the project, such as Kallmann’s reputation as a “hard-line eugenic determinist” and the NYSPI’s “medical paternalism” towards Deaf communities, Schmidt insists there is more to the story: outlining how the “project combined psychiatric and ethnosocial theories in a new form of minority services that would become highly influential” (pp. 72–73). Chapter 4 examines a history of Usher syndrome in the 1960s and 1970s, pointing to changing meanings and negotiations between different parties over what it means to be deaf-blind. Finally, Chapter 5 is organized around the careers of Walter Nance, Joann Boughman, and Kathleen Arnos from the 1970s to the 1990s, tracing how their activities in genetic counselling were shaped and challenged by Deaf communities. These events helped lay the foundation, Schmidt argues, for the “biology-based identity politics in Deaf activism” today (p. 139).

Schmidt skillfully guides the reader through the book’s several twists and turns, which address audiences both deeply steeped in these histories as well as the less familiar. The beginning of each chapter succinctly summarizes the content to come, while each chapter’s conclusion reiterates the story while outlining its greater historical and theoretical implications. Of course, this structure is nothing new to academic writing, but the clarity of argumentation and writing demonstrated in these sections and throughout the book should not be understated, and readers could do well to take notes on how to present deeply complex material in highly accessible ways.

Eradicating Deafness? offers important contributions beyond its immediate scope in the history of medicine. While Schmidt is right to continuously emphasize the narrative’s often surprising conclusions, the book’s other achievements—its clear style, minute attention to archival detail, and adept synthesis of seemingly disparate fields of inquiry—will also contribute to broader studies of history, politics, and culture.

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