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# From Battlefield to Homefront: How the First World War Shifted Perceptions of Deafness

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The First World War marked a pivotal moment in the understanding and treatment of hearing loss and deafness. Prior to the war, deafness had been largely attributed to congenital causes. This view was influenced by a negative eugenic Darwinist ideology that associated hearing loss with genetic inferiority.

Soldiers who had become deaf through military service disrupted these perspectives and challenged the notion that deafness was solely a hereditary deficiency. The emergence of a new category of deafness among ex-servicemen introduced an entirely 'new aetiology' of acquired hearing loss, and made doctors re-evaluate their previously perceived causes of deafness [1].

This shift in medical thinking, however, did not at all remove the stigma; rather, it introduced important new negative concepts such as malingering and hysterical deafness. Identifying malingering became a significant focus within the medical community, particularly concerning ex-servicemen who claimed to have hearing loss. At a 1922 meeting of otologists at the Royal Society of Medicine, T B Layton presented a paper titled, 'Malingering and Allied Conditions of Deafness,' which highlighted the challenges in diagnosing genuine cases of deafness [2]. Layton introduced the notion of the 'subconscious malingerer,' a person who might unconsciously exaggerate or even unknowingly fabricate his symptoms. This further complicated the identification of genuine cases and reinforced the suspicion and stigma associated with deafness.




Supply of Electrophones, 1924-1946, (Pin 38/450) The National Archives, Kew.




UCL Special Collections, c1910s, (RNID 4/19).

The diagnosis of ‘hysterical deafness’ introduced a combination of otology and psychiatry. The limited medical understanding emphasises the wider contemporary misconceptions of hearing loss. Harsh treatments, such as making two small cuts behind the ear and banging a hammer on a sheet of iron to ‘miraculously restore’ hearing in cases of hysterical deafness [3] demonstrates the desperation to distinguish between genuine and feigned symptoms. These practices, alongside the common response of using a startling noise to ‘cure’ malingering [4], might well have stemmed from the rudimentary knowledge of the inner ear’s microscopic anatomy and function during the post-war years. The accepted misconception that good balance indicated intact cochlear function often led to allegations of malingering or psychological causes in cases where soldiers displayed good balance.




The First World War catalysed a significant shift in the perception of deafness away from an hereditary flaw. However, although returning soldiers with acquired hearing loss contradicted eugenic ideologies, they highlighted the limitations and biases within the medical profession in the early 20th century, which perpetuated some of the stigma surrounding deafness. The concept of malingering particularly underscored a readiness to attribute conditions to behavioural and

emotional causes where a clear pathophysiology could not be found.

As modern medicine has advanced, these early misconceptions serve as a reminder of the importance of comprehensive and empathetic approaches to healthcare.

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