

MÉNIÈRE'S DISEASE

By

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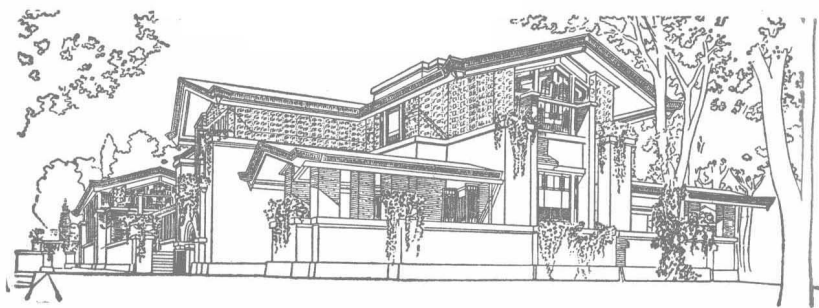
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DEDICATION

To H. I. Lillie, whose emphasis on the importance of getting to the bottom of a problem started me on this inquiry into the probable causes and most appropriate treatment for Ménière's disease.

Preface

SINCE Ménière's original description in 1861, of the symptom complex which has come to bear his name, a voluminous literature had developed with many conflicting opinions expressed as to the basic physiologic mechanism of the disorder, its etiologic and precipitating factors, classification and medical and surgical treatment. As a result the practicing physician was left at a loss as to what procedure to adopt when confronted with a patient exhibiting the symptoms of vertigo, dizziness, incoordination, tinnitus, deafness, nausea, vomiting and a state of syncope or collapse. It appeared, therefore, that it was high time that this extensive material was digested, correlated and organized so that some general rules of behavior on the part of the physician toward this disorder might be suggested.

With the help of my colleagues at the Mayo Clinic I have made a start at this task and in formulating a therapeutic procedure in this volume. Among those whose advice and criticism enabled me to repair weaknesses in the development of the thesis I am presenting, I would like particularly to acknowledge the debt I owe to Dr. C. F. Code, Dr. D. R. Mathieson and Dr. E. C. Kendall. The work of Dr. Hans Selye also has been of great value in formulating my ideas.

It is my hope that I have presented the actual physiologic mechanism by which Ménière's disease develops and from this have developed a logical and reasonable medical therapy which, however, will demonstrate the breadth of

physiologic knowledge necessary to the otorhinologist in the practice of his specialty.

Otorhinology is often referred to as a surgical specialty and by implication its practitioners are relegated to a class of men who have developed little more than a certain dexterity in the manipulation of instruments designed to produce solution of continuity of certain tissues in the head and neck. Nowhere in the field of otology, however, is the essential unsoundness of this assumption capable of being better demonstrated than in the diagnosis and treatment of Ménière's disease.

Otorhinology is actually general practice of medicine and surgery limited only by its confinement to a relatively small area of the body. To practice otorhinology properly and successfully the otorhinologist must be well grounded in the basic physiologic mechanisms which affect the head and neck along with their effect on the general physical economy. He should be familiar also with methods which offer some hope of altering and controlling these mechanisms.

HENRY L. WILLIAMS, M.D.

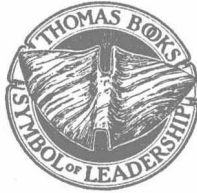
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This Book

MÉNIÈRE'S DISEASE

By HENRY L. WILLIAMS, M.D., M.S. IN OTOL.

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MÉNIÈRE'S DISEASE

CHAPTER 1

Ménière's Description and Some Misconceptions

CONFUSION seems to exist in the minds of many physicians concerning what symptoms and pathologic changes should be ascribed to Ménière's disease. This confusion has arisen as a result of extensive misquotation and misunderstanding of Ménière's original papers.

Few medical writers have been more widely quoted than Prosper Ménière, and few can have suffered more from a seeming reluctance on the part of otologists to read or, if having read, to get the sense out of, his papers.

MÉNIÈRE'S DESCRIPTION

It appears to have been the practice everywhere, both in textbooks and papers, to start the exchange of opinion in regard to this disturbance with the statement that Ménière believed that hemorrhage into the labyrinth was the cause of the group of symptoms he described. Some have gone further and have stated that he put forward as the pathologic basis of this disease a necropsy report concerning a girl who died of some condition which produced the symptoms of vertigo, vomiting and deafness, but that whatever this patient had, it obviously was not Ménière's disease.

On reading Ménière's original papers,⁹⁻¹³ I found that both these statements were contrary to the facts.

In the year 1861, the last year of his life, Ménière, assistant professor of the faculty and physician to the Imperial Institute for Deaf Mutes in Paris, presented a group of papers⁹⁻¹³ in the *Gazette médicale de Paris*. These culminated in a paper,¹³ entitled "Memoire sur des lésions de l'oreille interne donnant lieu à des symptômes de congestion cérébrale apoplectiforme," published on September 21, 1861. This final paper is the one usually quoted. In the introduction to this paper he stated:

There has been presented to my observation over a long period a number of patients showing a group of symptoms invariably the same, symptoms of a grave appearance, giving the impression of an organic lesion of the most serious type, recurring from time to time during weeks, months or years, disappearing suddenly and leaving as the usual result the complete abolition of a sense. Permit me the description of one of these pathologic conditions which everyone has encountered, and of which you should realize the importance I have attached to it because of the symptoms and signs which accompany it and because of the infirmity which is the consequence of it.

At the time Ménière wrote, physicians were lumping together all conditions which were characterized by vertigo, nausea and vomiting under the diagnosis of "apoplectiform cerebral congestion,"⁹ and were treating the unfortunate persons who presented such symptoms by means of copious bloodletting and violent purgation, a treatment which, Ménière stated, the patients were fortunate to recover from in some months. Ménière said, however:

Vertigo, nausea and vomiting are but the symptoms of disease, and what the disease is ought to be determined before hazarding a treatment which may harm the patient It is possible to attach certain of these symp-