

The Hundred Oceans of Jonathan Swift

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JONATHAN SWIFT saw what dying must be like. He watched an apple spin out of his hand while he held on to it one autumn day in 1689. He felt the ground list up as if he were falling through solid earth, or as though the earth were falling skyward in a rush.

He couldn't breathe. That, more than the spinning, told him he was terribly sick. The world kept moving, but moving in an ugly way, as though he might slide off its face. The picture he saw—the garden he'd been walking through—kept reeling. He threw up onto the paving stones and the act centered him. His body was rejecting the sickness. He'd been gorging himself on sweet yellow apples and gluttony was a sin. Worse: it was foolish.

He groped his way out of the garden toward the house, but his hands were reaching out for purchase that wasn't there, and he fell on his knees and then his palms, bruising them. His employer would be furious: if he didn't die, he'd be fired. He couldn't breathe. There was nothing to do now but shout, and he did. When he felt the gardener's arm around him, he clutched the man's hand as if it were a raft.

Swift survived that attack, but it was weeks before he felt like himself. And he never stopped dreading another. Turning corners, tilting his head, he'd see the world tilt away from him. Sometimes it was all he could manage to stumble down the street back home, to whatever room he was renting, or into a church to find a pew. Within two years, his ears had started to lose not just their balance, but their hearing too.

I chance a few guesses when I imagine the story above, but the particulars all make sense. We know he was in an orchard when the deafness hit, and we know he was eating apples when he first felt things spinning, "a hundred golden pippins at a time, at Richmond." Swift wrote volumes of letters about the minutiae of his life, and he talked about his illness often. We don't have the letters from his years

in the employ of William Temple, but we know that Temple cultivated Dutch-style gardens (cobblestones, silence, fruiting trees in ordered rows) at both of his retirement estates and that Swift—when he wasn't taking the old man's dictation—lingered there to read and munch on sweets. In the hundred first-person descriptions of Ménière's disease online, the first attack is nearly always bad: you throw up, you fall down, you're hugely grateful for another person to clutch onto. And then it just keeps happening, unpredictably, sometimes for the rest of your life.



Swift's mother was English, but her son was born and lived most of his life in Ireland, much to his horror. Dublin in 1667 wasn't a charming park-strewn land of pubs and bookshops; it was an imperial backwater, and Swift, like an Ovid born into exile, pined for the home he felt had been denied him. The best his mother could do was to secure him a job in England with the most influential person she knew: a retired diplomat, William Temple, garden lover and amateur scholar who fancied himself an English Montaigne. Swift sailed across the Irish Sea, lived and worked in several of Temple's palatial estates, and was eventually rewarded for his labor with the prestigious but shabby duty of editing the old man's collected works.

Among his responsibilities as Temple's companion and amanuensis was the tutoring of Esther Johnson, a young girl of the household, likely Temple's illegitimate daughter. Along with free run of Temple's library and plenty of time for reading, the company of Esther—Swift called her Stella—became his prime joy.

Time, at first, was good to Swift and Stella. The precocious girl he met at Temple's soon matured, at least in Swift's telling, into the sharpest and wittiest person in any room. She was patient with the slow but not the presumptuous. As Swift wrote after her death, "a rude or conceited coxcomb passed his time very ill, upon the least breach of respect; for in such a case she had no mercy." They had that in common. Both were black haired and striking; Swift was shorter than the ideal of his era and Stella was plumper. She wished he didn't flirt

with other women, and he wished she worked harder at her French. She read his manuscripts with brutal honesty. Like Swift, she cared nothing for the fripperies of fashion. He enjoyed the company of clever women, she of clever men.

They got on swimmingly when they were young, but it wasn't until 1701—when Stella was grown and Swift established in Ireland—that she crossed the Irish Sea. They may or may not have secretly married (why a secret? No one knows). Once Swift left the employ of William Temple, he and Stella never shared a house again, though she lived nearby to the end. It was a strange arrangement that seemed strange at the time. Most of what we know of their relationship we've learned from Swift's letters to Stella. There he told her of nearly everyone he saw and nearly everywhere he went in London. When he wrote to her, he called her PPT (poor, pretty thing) or MD (my dear). He mentioned his episodes of vertigo ("this morning, sitting in my bed, I had a fit of giddiness"), but assured her he was all right; he'd take care of himself, "for fear little MD should be angry."

Stella spent the rest of her life in Dublin, looking after some of Swift's poorer parishioners and fending off intruders with a pistol. He praised her in verse, repeatedly, for sticking by him through his bouts of sickness, even as they grew in frequency and rendered him all but useless when they struck.

When on my sickly couch I lay
 Impatient both of night and day,
 Lamenting in unmanly strains,
 Call'd every power to ease my pains;
 Then Stella ran to my relief
 With cheerful face and inward grief. . .

Over the years, roaring and grinding sounds came like waves, their loudness unceasing. The voices of his best friends vanished when the disease deafened both ears. Eventually, it took his balance and his hearing. He saw friends less frequently. Stella, who died in 1728, never had the chance to read *Gulliver's Travels*, that book of wonders and rage and loneliness.



Because he was eating apples when he got the spins, Swift eventually came to blame those apples for his trouble, and so did his doctors. Over a hundred years later, Oscar Wilde's father, a prominent Dublin physician named William Wilde, thought Swift probably had diagnosed himself just right. It *had* to be the apples. In *The Closing Years of Dean Swift's Life*, Wilde writes of the affliction, which he called "blood to the head":

Overloading the stomach in the manner described, and catching cold by sitting on a damp, exposed seat, were very apt to produce both these complaints,—neither of which, when once established, was likely to be easily removed from a system so nervous, and with a temper so irritable, and a mind so excessively active, as that of Swift's.

Far from placing blame on Swift for his own condition—a habit we're hardly free from now—Wilde was racing to Swift's rescue. Although there were doctors who connected vertigo and deafness in Swift's day, and although deafness obviously had to do with the ear, vertigo was more mysterious. Even now, dizziness can spring from any number of causes, and the doctors and biographers who poked around Swift's bones and letters pinned what he called his "giddiness" anywhere they could.

One Thomas Beddoes, in *Hygëia: or Essays Moral and Medical*, grew to suspect that Swift was syphilitic. Seven years later, William Makepeace Thackeray blamed the pippins again. Dr. Samuel Johnson (not that kind of doctor) assumed, like a lot of people did, that the mental deterioration of Swift's later years was entirely to do with the disease driving him insane; he didn't blame the apples, though. "The origin of diseases is commonly obscure," he wrote. "Almost every boy eats as much fruit as he can get, without any great inconvenience." In 1908, a Philadelphia ophthalmologist assumed he was settling the matter for good by naming as culprit a very advanced but not entirely uncommon form of eye strain.

In Dublin, a rumor still persists that Swift died confined to a lunatic asylum. This would have been strange, since the first such institution in Dublin was founded only after Swift died and with money he'd specifically left for such a purpose. But the idea of a such a clear mind totally shattered is too romantic to abandon. William Butler Yeats wrote a play in the 1930s that hinges on the diagnosis of Swift's vertigo and his lunacy, *Words upon the Window Pane*.

Yeats dramatizes a séance in which Swift and Stella come to life again, along with the lovesick Vanessa—object, perhaps rightfully, of Stella's jealousy. Vanessa, in the play, wants two things: children with Swift and an end to Swift's relationship with Stella. "If you and she are not married," Vanessa asks, "why should we not marry like other men and women?"

Swift, in his answer, evokes the apples:

I have something in my blood that no child must inherit. I have constant attacks of dizziness; I pretend they come from a surfeit of fruit when I was a child. I had them in London. . . . There was a great doctor there, Dr. Arbuthnot; I told him of those attacks of dizziness, I told him of worse things. It was he who explained. There's a line of Dryden's. . . .

Vanessa catches his meaning instantly. "O, I know—'great wits are sure to madness near allied.' If you had children, Jonathan, my blood would make them healthy."



Over the half-decade it took to write *Gulliver's Travels*, Swift confessed to a friend: "I used to be free of these fits in a fortnight but now the disease I fear is deeper rooted." He dreaded attacks of the deafness, the vertigo, the roar, for "when it is on me, I have neither spirits to write, or read, or think. Or eat." He drank. (He bragged to his friend Alexander Pope, "I can bear a pint better than you can a spoonful.") Some doctors thought that drinking was the cause, and others prescribed it. Some doctors prescribed pills to make him vomit, though the disease did that anyway. At various points he took handfuls

of pills every day along with spa waters, aloes, Middle Eastern herbs, nutmeg presses, caustics, mercury, castor oil, lavender drops, anti-spasmodics, garlic drizzled in honey then inserted in the ear, and he probably rubbed his ears down with phosphorous oil too (made from an apothecary's piss—Dr. Cockburn prescribed it, and the alchemist Godfrey of Southampton supplied the raw material and the magic).

Every symptom of this mystery sickness—down to the anxiousness and the way it forced his friends to shout—appears in *Gulliver's Travels*, between the end of Gulliver's adventure among the giants and his travels around the floating island. By the end of part 2 of the book, our doughty traveler has been given a dollhouse to live in (he calls it his "box") by the adolescent giantess Glumdalclitch. Alas, the box is snatched up by a giant eagle. Of the jolt when the ground falls out from under him, Gulliver writes, "I found myself suddenly awakened with a violent Pull upon the Ring which was fastened at the top of my Box for the Conveniency of Carriage. I felt my box raised very high in the Air, and then borne forward with prodigious Speed." He calls out as loud as he can, but all he can hear is "a Noise just over my Head like a clapping of Wings." He "then began to perceive the woeful Condition I was in." Like nearly everything in the book, the ride is played for laughs:

In a little time I observed the noise and flutter of wings to increase very fast, and my Box was tossed up and down like a Signpost in a windy Day. I heard several Bangs or Buffets, and I thought, given to the Eagle (for such I am certain it must have been that held the Ring of my Box in his Beak) and then all on a sudden felt myself falling perpendicularly down for above a Minute, but with such incredible Swiftmess that I almost lost my Breath. My Fall was stopped by a terrible Squash, that sounded louder to my Ears than the Cataract of Niagara.

This is obviously delightful, but it's not possible for a person who suffers from chronic vertigo to read the passage above and not recognize that rising noise, the feeling of being tossed in the wind or falling through the air, and the breath that disappears from the narrator's

lungs. (I'd be shocked if he was unconscious of that pun on his own name too—Jonathan was as conscious of being a Swift as Shakespeare was of being a Will.)

The roar of Niagara is the giveaway. Swift always used metaphors of water to describe the sounds in his ears to friends: “a hundred oceans,” or “the noise of seven watermills in my ears.” Watermills because they were the closest the eighteenth century got to the noise of engines (they are, essentially, giant engines). When Jonathan Swift was in his sixties, a fellow sufferer wrote to her doctor in Paris: “It is not the deafness which hampers me. I can put up with that, it is the noise of mills, of drums, above all at night, increase to the point that I cannot sleep, and the banging that rings from one ear to the other.”

Eventually Gulliver is rescued by a passing ship full of people of his own size and shape. The captain of the ship that saves him from the sea “wondered at one thing very much, which was, to hear me speak so loud, asking me whether the King or Queen of that Country were thick of Hearing.” He goes on beautifully to describe what it is like to live with the sort of low-frequency hearing loss his condition left him with: “when I spoke in that Country, it was like a Man talking in the Street to another looking out from the Top of a Steeple.”



Swift had been suffering his deafness and dizziness for a decade when Antonio Valsalva first identified the tiny parts of the inner ear. (We know this name today from the “Valsalva maneuver”: pinch your nose and blow out your cheeks—your ears pop.) Working at the University of Bologna, Valsalva rushed to dissect fresh corpses, in mind of how the delicate membranes of the ear begin to deteriorate mere seconds after death. There, with the aid of a microscope and several master anatomists, Valsalva separated the parts of the ear to isolate the little tuning forks of bone that pick up sounds from our eardrums and pass them along to a vaguely snail-shaped apparatus that makes up the vestibule and cochlea.

If we can agree that the organs of the ear resemble a snail, then it makes sense to say the vestibular tubes are that snail's antennae and

the cochlea is its coil. Corpses with damaged cochleas often had little to no hearing in life, so anatomists understood almost instantly that the cochlea must be where sound resonates, and where it's transformed into something the mind can read. How? Today we know the cochlea's coils grow full with cilia hairs: little flagella that vibrate in time with the bones where the outer sounds resonate. Your eardrum carries the sound to the bones, the bones to the hair cells of the cochlea, and nerves at the end of those cells to the brain. Place your finger just above the hole in your ear (not *in* the hole, just above it); if you were to push that finger straight through, past the eardrum and bones and the cochlea to your brain, you would follow the path of that cranial nerve for a while, before it bends down into the medulla, the lizard stem, to be distributed to the periphery.

Swift was cold in the ground, his skeleton turning black, when French physiologist Jean Pierre Flourens had the first inkling that the semicircular canals were used for something other than hearing. Flourens tortured pigeons for his experiments, and in the course of several sessions discovered the birds became disoriented when the semicircular canals (the snail's antennae) were snipped. The sabotaged animals would fall forward, or back, or spin in circles. Flourens didn't know why this was happening—maybe the canals controlled some kind of movement? He left it at that.

By 1835, St. Patrick's Cathedral in Dublin had flooded so much that the catacombs beneath it had to be cleaned and fitted with new supports. In the course of the swabbing out, Jonathan Swift was dug up and his skull taken out for examination. Thanks partially to prominent marks left by an enlarged vein, the (previously mentioned) Dr. William Wilde retroactively diagnosed the author with "blood to the brain," cranial congestion, and lamented that the great man was no longer around to be trepanned. Wilde carried the skull around with him on the Dublin social circuit for weeks, explaining how a simple crack by an awl, right *there*, could have fixed Swift's deafness and dizziness in a stroke. Leeches to the buttocks, as it happened, were another respected treatment of the same disease.

But Wilde was wrong. Five years later, across the Channel,

Wilde's fellow physician, littérateur, and gadabout Prosper Ménière commenced his research into the function of the vestibular system at the National Institute for Deaf-Mutes. What he learned there would not only revolutionize the study of balance, it would lend his name to a newly coined disease.



A hundred and thirty years younger than Swift, Prosper Ménière lived a happier life. Part of that happiness was disposition: Ménière was also denied the jobs that he felt he deserved, but he took defeat philosophically. It's also true that part of disposition is luck; Ménière was lucky enough to be born to moneyed parents and to see both his medical and his literary talents rewarded well into middle age. Not only was Ménière an innovative and widely respected surgeon, like Swift he also befriended and corresponded with great literary men of his day. Where Swift traded gossip with the chief poets and essayists of his age, Ménière did the same with the authors of *La Comédie Humaine* and *Les Misérables*. As a young man, Ménière had worked as a trauma surgeon during the riots of 1830 and later wrote a successful book about it. He studied Latin poetry and lectured on orchids. He loved the sound of Italian opera and took in shows every chance he got.

When Ménière was appointed physician in chief at France's National Institute for Deaf-Mutes in 1838, he arrived at a decidedly less civilized part of the world than the one to which he'd become accustomed. Deaf patients at the institute were subject to strange experiments: their ears were burned until they blistered, then scrubbed and burned again; the skull behind their ears was struck by hammers and electrocuted with shocks. One physician-sufferer went so far as to have a piece of cloth strung straight through his neck in a last-ditch attempt to hear once more (oozing puss from the infection, so the theory went, would carry the disease away from the head when it drained). Many of these creepy experiments were attempted on unwilling children, some of whom screamed and thrashed so much they couldn't be sufficiently restrained. They were the lucky ones—others died.

Ménière, understandably appalled, put a stop to the barbarity and attempted to learn what he could from the corpses of residents who'd died and from observation of the living. In 1861 he presented the results of twenty years of study establishing the definitive connection between hearing loss and vertigo as two aspects of the same condition. To make his argument to the academy he relied on two key cases. In the first, a young man with roaring in the ears and unstable hearing, who would suddenly appear stricken without any obvious cause:

A condition of indescribable distress drained his strength; his face pale and bathed with sweat proclaimed approaching collapse. . . lying on his back he could not open his eyes without seeing the objects around him whirling in space; the slightest movement of the head increased the vertigo and nausea; vomiting started again as soon as the patient tried to change his position.

Swift would have looked like this at his worst, though the fits hit him differently. He could walk at times, if unsteadily. "I walk like a drunken Man," he told Sheridan in 1727, when he was "deaf than ever you knew me." Other sufferers report a sensation of aura before the spells strike, although "aura" might mean almost anything—flashing lights, a feeling of profound unease, an eerie tone. Some patients report discrete episodes of vertigo, others months wholly filled with them. A year after the letter to Sheridan, Swift wrote of an eight-month period during which he "had at least half a dozen returns of my giddiness and deafness, which lasted me about three weeks a piece." Meaning he was sick more often than not, for over half a year. This happens to patients with Ménière's disease, and there's no foolproof way to predict it or prevent it or explain why it's happening to the victim, to answer their "why me?"



It rained cold on the January day Ménière presented his lecture to the Imperial Academy of Medicine. Ménière, to his chagrin, was not an academy member, so he couldn't be counted on to draw a crowd. He didn't. And the rain didn't help. He delivered his talk to a few

half-bored attendees and then shuffled off to revise it for publication.

There *was* commotion at the academy in the week that followed, when the celebrated internist Armand Trousseau took a running kick at Wilde's beloved cerebral congestion. Trousseau understood the movement of blood through the brain (it was he who coined the term "aphasia"), and he maintained that cerebral congestion was diagnosed far too often. Citing Ménière's paper of the week before, he urged the academy members in attendance to keep open minds and rely on more direct research, rather than trust in the received wisdom that had steered them wrong in the past.

A dozen years later in Vienna, a pair of friends named Breuer and Mach conducted several experiments—on the living and the dead—to develop a convincing, if patchy, theory of how the vestibular canals actually functioned, and what happened inside those canals. Josef Breuer, a family physician to the cream of Vienna, hypothesized that the fluid inside the labyrinth of the ear, a positively ionized potassium substance called endolymph, washes up against the inside of the vestibular canals, triggering receptors, as though the inside of the labyrinth were a half-filled snow globe with sensors on the inside of the dome; when the dome was turned, those sensors would light up on contact with the liquid. The "snow" in this analogy are otoliths, tiny calcium stones that settle on the base of the labyrinth when we're upright, then become unbalanced when our position changes. But the German physicist Ernst Mach wasn't sure about any of it. He thought the fluid didn't have much at all to do with sensing motion in the ears. Whether the endolymph lapped the insides of those narrow tubes or just conducted a charge to the hair cells, the importance of studying the stuff was now clear.

In his paper from 1861, Ménière described an autopsy of a young girl who'd experienced vertigo and hearing loss. In the course of that dissection he discovered, in Robert Baloh's paraphrase, "red plastic material, a bloody exudate, filling the semicircular canals but not the cochlea." This, then, was proof that hemorrhage in the canals could serve as sole cause of vertigo. It was proof of how the disease *worked*.

Except that it wasn't true. In his own notes from 1848, thirteen years before he delivered his famous paper, Ménière described the same case—the girl, the symptoms, the ear, but in those notes he described the *entire ear* as filled with fluid: a far larger hemorrhage than the one he'd implied in his paper. Ménière's theory was revolutionary, yes, but his sloppy methodology did damage. As late as 1950, physicians still expected to trace Ménière vertigo to a hemorrhage of the canals, when hemorrhage might, after all, have nothing to do with it. (The girl from 1848 probably suffered from leukemia, and that was probably what killed her. Ménière's disease—when it doesn't lead to suicide—isn't fatal.)

Two of those physicians who found themselves misled were the Anglo-Indian Charles Hallpike and the Australian surgeon Hugh Cairns. Hallpike was an expert on the ear thanks to long evenings and weekends at the dissection table, and Cairns knew the vestibule from snipping it. Cutting the vestibular nerve, or one of the canals that attach to it, was a treatment approved for life-altering attacks. It sometimes offered a measure of relief, but it was full of risk: patients routinely died on the table from brain infections or lost at least some of the hearing that remained.

Thanks to the samples of ears Cairns collected in the mid-1930s, he and Hallpike were able to theorize that Ménière's disease was characterized by a swelling throughout the membranes, probably caused by an excess of endolymph. Thus, "endolymphatic hydrops" became associated with Ménière's disease, to the extent that Idiopathic Endolymphatic Hydrops is now an official, medically accepted synonym for the disease.

As far as treatment was concerned, Cairns and Hallpike were at a loss, as physicians had been before them and physicians would be after. In coming years, novel remedies would fall in and out of practice when they proved indistinguishable from placebo effects. One treatment in particular—a shunt to regulate the flow of endolymph between several parts of the ear—is still sometimes in use today, but there's nothing except for anecdotal evidence to show that it works.

Postmortem examinations find the shunts pushed aside or occluded: they work only for a few days.

Progress on the further definition and treatment of the condition has been, as one leading researcher puts it, “frustratingly slow.” Carol Foster, Director of the Balance Laboratory at the University of Colorado Hospital, laments in a recent paper that a basic confusion in what did or didn’t count as strict Ménière’s meant in practice that “many articles purporting to treat Ménière’s disease over the past seventy-five years have included patients with unrelated disorders.”

As late as 1994, the American Academy of Otolaryngology–Head and Neck Surgery didn’t have a definition of the syndrome sufficiently narrow to keep disparate researchers on the same page about what disease they were researching. Indeed, questions about that definition remain. The academy’s definition insists that “hearing loss is often intermittent, occurring mainly at the time of the attacks of vertigo,” but Swift’s hearing fluctuated at entirely different times from when his vertigo struck. I have the disease, and my own hearing never stops rising and falling, but vertigo comes and goes, sometimes going away for a long time. Why?

“Every case is unique,” Dr. Foster told me in her examination room. “Swelling of the inner ear isn’t even the significant predictor that we thought it was. Because we’ve done dissections of people who had no symptoms, but they did have that swelling. So there’s something else at play.”

She leans forward in her chair. “It’s a terrible disease.” She has it, too.



In book 4 of *Gulliver’s Travels*, poor long-suffering Lemuel is once again swept off by a storm, only to land on an island full of crazy primates and horses that talk. *Yahoos* are what the horses call the ape things, and particularly frightening is the reveal of what the Yahoos really are. Those Yahoos who taunt Gulliver and fling excreta in one another’s faces, who reek and jibber and ugly themselves by fighting

and biting are, horribly, Gulliver's fellow human beings, albeit preserved in a state of nature.

The other species there, Houyhnhnms, who herd and govern these Yahoos (as well as such miserable creatures can be governed) are handsome and hyperrational masters. Identical in physiognomy to the horses of Europe, the Houyhnhnms adopt Gulliver and accord him the respect due to his unusual nature—he's the first example they've seen of a Yahoo with the remotest sense of reason, or of right and wrong.

Because the equine Houyhnhnms live so measured and sensible an existence, disease is virtually unknown to them. It is thus with some sense of wonder they come to understand Gulliver's description of what contemporary doctors of medicine in Europe are and what they do. The primary theory of disease in the land he's from, he explains, is that too much of some substance collects in the blood and must be purged out one way or another. The weird medicines Swift himself was prescribed—and that some sufferers of Ménière's are still prescribed—come in for special condemnation. Doctors in Europe, Gulliver explains, still held to the ancient theory that a surplus of one sort of fluid or spirit causes all disease:

whence they conclude, that a great *Evacuation* of the Body is necessary, either through the natural Passage or upwards at the Mouth. Their next Business is from Herbs, Minerals, Gums, Oils, Shells, Salts, Juices, Seaweed, Excrements, Barks of Trees, Serpents, Toads, Frogs, Spiders, Dead Men's Flesh and Bones, Birds, Beasts, and Fishes, to form a Composition, for Smell and Taste, the most abominable, nauseous, and detestable, they can possibly contrive, which the Stomach immediately rejects with loathing, and this they call a *Vomit*; or else, from the same Storehouse, with some other poisonous Additions, they command us to take in at the Orifice *above* or *below* (just as the Physician then happens to be disposed).

Swift undoubtedly felt there was an element of whim to the prescriptions he was given, and he was undoubtedly right. But then he

was accustomed to living by the whims of others: the wet nurse who decided, for whatever reason, to take him from his mother and raise him in England for a couple of years, the patron who might have introduced the young man to society but declined, the politicians who never awarded Swift the bishopric he craved, and the doctors who seemed to be pulling their cures from a hat.



Dizziness is distinct from vertigo proper: the former implies mere unsteadiness, while the latter makes a room-spinning nightmare. But Swift had both, one blending into the other, increasing as he aged. “It would be difficult,” Leo Damrosch concludes in his excellent biography from 2013, “to exaggerate the lifelong burden this became.” At the same time, as evidenced by his letters and by *Gulliver’s Travels*, Swift became increasingly skeptical of medical science’s ability to do anything for him at all.

It wasn’t always so. As late as 1712 he still held out hope for a cure, or at least put on a good face about it. Writing to his church superior, Archbishop King, he confessed, “I have been extremely out of Order with a Giddiness in my Head, which pursued me until very lately, [bu]t by an uneasy Course of Physic, I hope, I have in some Sort overcome it.”

Even a decade later, in a letter to his friend Knightley Chetwode, he wrote of a curious remedy gotten from his tailor. He’d been ill again for a while, but,

Thank God for some time past I am pretty well recovered, and am able to hear my Friends without danger or putting them into Consumptions. My Remedy was given me by my Tayler, who had been for years deaf, and cured himself as I have done, by a Clove of Garlic steeped in honey and put into his Ear, for w^{ch} I gave him half a Crown after it had cost me 5 or 6 Pounds on Drugs and Doctors to no purpose—

But by the 1720s, the optimistic note is a rare one. The year prior he’d told the same friend,

I have been these five weeks and still continue so disordered with a Noise in my Ears and Deafness that I am utterly unqualified for all Conversation or thinking. I used to be free of these Fits in a fortnight but now the Disease I fear is deeper rooted, and I never stir out, or suffer any to see me but Trebbles and counter-tenors, and those as seldom as possible.

Trebles and countertenors because, for whatever still-uncertain reason, Ménière's syndrome is characterized by low-decibel loss that eventually flattens into complete loss—meaning men's voices go first, while women's persist a while longer, though not forever. Eventually, while you can probably still hear some sound, you can't make sense of human speech. The jokes and the stories and the good advice of the people around you are indistinguishable from babble, from what a Yahoo says.

Helen Keller is credited with observing that “blindness separates people from things; deafness separates people from people.” Swift worried about this constantly, and once his eyes began to fail he gave in to dejection. Stella died during the enthusiasm over *Gulliver's Travels*, and Swift was too ill to go to her funeral. As he records in “On the Death of Esther Johnson,” that night, instead of walking down the street to the churchyard, he lay in his bed too sick to move. I imagine funeral music came faintly through the deanery's windows, but the rushlights in the room wouldn't quit jerking back and forth, and he had to focus on one of them and keep his attention there all night to avoid his mind drifting to darker corners, corners where he was too often confined.

He traveled to England to see his old friends, but he felt deafer than he'd expected; arriving, he refused their company. Frustrated with passing notes back and forth, certain this was an irritation to Alexander Pope and the others, he spent his time making poems from his dejection.

Deaf, giddy, odious to my friends,
 Now all my consolation ends;
 No more I hear my church's bell
 Than if it rang out for my knell;

Pope had a weak voice to boot, unlike the long-serving staff at Swift's deanery who could bawl into his ears, or his friend Mrs. Worrall, "a chearfull woman with a clear voice." He didn't inflict himself on others, certain he was "a worthless companion." Swift fled Pope's country house in England and thereafter never left Ireland, becoming increasingly isolated and increasingly bitter. ("The giddiness I was subject to, instead of coming seldom, and violent, now constantly attends me, more or less, tho in a more peaceable Manner, yet such as will not qualify me to live among the young and healthy.")

Swift spent much of his letter-writing time thereafter making excuses for not seeing old friends. As he lamented to Ford,

You healthy people cannot judge of the Sickly. Since I had y^r last of Mar. 10th I have not been able to write; and three Days ago having invited severall Gentlemen to dinner, I was so attacked with a fit of Giddyness for 5 Hours of the House while I lay miserable on my Bed. Your friendly Expostulations force me upon this old Woman's Talk, but I can bring all my few Friends to witness that you have heard more of it, than ever I troubled them with.

One of Swift's friends, a quietly awful person named Mary Delany, wrote of him: "he talks a great deal and does not require many answers."

He couldn't hear her.



On 20 March 2014, the *Honolulu Star-Bulletin* ran a story beginning, "A woman suffering from a rare disease apparently killed her children and herself." Sub-headed "Meniere's Disease" [*sic*], the article goes on to describe how Jo Anna Miranda left a note before starting a fire and how she'd become increasingly desperate when no doctors were able to help her. Someone described as a "close friend of the family" goes on to plead: "If anyone in your family is affected by this disease, please be with them, please have the patience, please have the love," later explaining, "It comes on slowly and gradually and it got to the point, like in this case, where no can handle" [*sic*].

Swift didn't have the sort of mind that would turn to suicide, but by 1736 he was in a bad-enough state to complain to Pope that "years and Infirmityes have quite broke me. I mean that odious continual disorder in my Head. I neither re[a]d, nor write; nor remember, nor converse." He repeated his lament in letter after letter, telling Sheridan "a long Fit of Deafness, which still continues, hath unqualified me for conversing, or thinking, or reading, or hearing; to all this is added an Apprehension of Giddiness, whereof I have frequently some frightful Touches." He couldn't leave his island, and then his town, and then his room.

He could walk until the end—he loved walking—but he "tottered" all the while, especially in the dark. This was probably oscillopsia, a balance disorder common to those with late-stage Ménière's in both ears. The eyes, ears, and brain are three legs of a tripod maintaining balance. Just as vertigo attacks cause victims to lose control over the movements of their own eyes, so the degeneration of that system will cause objects to blur and oscillate and bob up and down. Have you ever tried to film an object while walking toward it? Provided you aren't holding a Steadicam, the object bobs up and down far more than your visual field seems to do: your brain can maintain a seemingly steady focus all the while, but your camera can't. That's what walking is like with oscillopsia: your eyes and sense of touch are all that are left to balance with. Without signals from your ear to guide you, you'll lurch or fall in a dark room, or a dim one, or one that seems, for whatever reason, to be in motion (say, because an object in the distance suddenly moves). Even in daylight, you'll have trouble walking straight.

On top of all this, in the years before the end Swift suffered a stroke, or something like it, that took his memory. Vascular trouble caused a bulging eye. The people who looked after him in his final years remember a man nearly deaf and by then nearly blind, who couldn't recognize his old friends and muttered detached lines to no one, like "I am what I am."



Before we can treat Ménière's disease effectively, we have to figure out what causes it. Swift's doctors believed—based on little but superstition—that an excess of vital fluids was to blame. By the end of the twentieth century most physicians and researchers were convinced that fluid was endolymph. So is hydrops—swelling caused by an excess of endolymph—the final answer? Maybe yes and maybe no; maybe *yes but*. A 2005 paper by Merchant et al. in the journal of the American Otological Society described a study of over a hundred cadavers that discovered plenty of cases of hydrops—but it wasn't that simple. Only fifty-one of seventy-nine patients with swollen inner ears ever reported anything like Ménière's symptoms in life—meaning hydrops, however common, could not be “directly responsible” for their trouble. If hydrops is synonymous with Ménière's, a finding like this should be impossible.

Research is being done, but, considering how much the condition can disrupt lives, there's a good deal less than one might expect. I have alerts set up to read new material in every way I can, and I periodically scroll PubMed for new articles and NIH grant recipients to see who's putting out calls. Still, over 300 years after Valsalva parsed the ear and 350 after Swift was born in Dublin, research hasn't turned up any golden bullets, or even a clear idea of how to find them.

Dr. Foster thinks the missing mechanism may be circulatory. Along with her neurosurgical colleague Dr. Robert Breeze, Foster is researching whether a predisposition to vascular disease is what makes existing cases of hydrops dangerous, triggering attacks. If her theory is correct, migraines may be predicative of Ménière's, and sufferers may be at higher risk of atherosclerosis. Could Swift's Ménière's be connected, however tenuously, to the strokes that killed him? Might Dr. Mackenzie of Glasgow, in a letter from 1846, be accidentally correct when he concludes it was the roaring and the spinning in both ears that caused the already irascible Swift to lose his senses and fall “furiously insane”?

Perhaps. But what this means in practice is hard to say. Dr. Foster prescribes vasodilators, low-dose aspirin, omega-3s, and magnesium

supplements (to balance the calcium channels that, according to her theory, may be destroying the ear). Diuretics are still standard in the United States, although study after study concludes they produce no measurable effect. In the United Kingdom, the standard treatment is betahistine, though again, the vast majority of controlled studies show little benefit.

One of the reasons learning more has been so difficult is that the inner ear is tricky to access while the patient is still alive. The temporal bone of the ear is incredibly hard and thick, and that little snail in your ear is incredibly small—on the scale of a pencil eraser—but with an elaborately complex structure and chemical balance. Any intrusive surgery is bound to damage it—just the shock from cutting through the bone could break it irreparably.



In the third and most various voyage of his adventures, Gulliver finds himself on the island of Luggnagg. There he's admitted to an audience with the king of the Luggnaggians, who receives him with ceremony and grants him lodgings in the capital. Once ensconced, Gulliver, as is his custom, makes every effort to learn what he can about this alien land and discovers, to his delight, a marvelous race, the Struldbruggs, a rare type of child granted the gift of immortality.

Gulliver is dazzled by this news. He can only imagine what a marvelous life this must be, to see the shapes of great oceans and rivers altered with time, kingdoms turned to ruin and obscure villages conquering all. "I should then see the Discovery of the *Longitude*, the *perpetual Motion*, the *Universal Medicine* and many other great Inventions brought to the utmost perfection," he perorates, wistfully.

But the Luggnaggians all burst out laughing. The plight of the immortal Struldbruggs is nothing to envy. Gulliver had just made a mistake that many a traveler there had made. He was wrong to think ancient Struldbruggs could be happy, because such wishful thinking "supposed a Perpetuity of Youth, Health, and Vigor." As the Struldbruggs age and continue to age, they explain, "the Diseases they were

subject to still continue without increasing or diminishing.” Past age eighty, their principal feeling is envy, particularly envy of “the Vices of the younger sort and the Deaths of the old.”

Language changes, as we know, from one age to another. Born in another era, the Struldbruggs aren’t able to converse with anyone under two-hundred-years old. “They lie under the Disadvantage of living like Foreigners in their own Country.” They beg and nurse their miseries. What’s left for them in life? Life has long moved on.



Gulliver’s Travels, a bitterly misanthropic book, has long been considered appropriate for children. But I suspect most aren’t reading the original text. Abridged children’s versions and children’s films (like the Jack Black comedy of 2010) stick to the first of the book’s four sections: the adorable Lilliputians. Gulliver’s tiny captors are objectively cute, at least at first; at least if you set aside how rapaciously homicidal they are toward their neighbors, the Blefuscudians. But they do render Gulliver’s comparatively enormous body disgusting, as a Lilliputian friend of the traveler confesses: “he could discover great holes in my skin; that the stumps of my beard were ten times stronger than the bristles of a boar, and my complexion made up of several colours altogether disagreeable.”

Gulliver himself learns this firsthand when he washes ashore on Brobdingnag. The people there are giants, “as tall as an ordinary spire steeple.” They smell very bad, but “after all, I found their natural smell was much more supportable, than when they used perfumes, under which I immediately swooned away.” Being large, their voices are thunderously loud, and their simple cries of astonishment “pierced my ears like that of a water-mill.” So put off is Gulliver by the monstrous size of these otherwise comely creatures that he even finds it upsetting when “the handsomest among these maids of honour, a pleasant, frolicsome girl of sixteen, would sometimes set me astride upon one of her nipples, with many other tricks, wherein the reader will excuse me for not being over particular.”

The giants, whatever their faults, at least have the gift of reason. Not so the Yahoos. According to the Houyhnhnms, and as verified by

Gulliver firsthand, our brother and sister Yahoos gibber and slap one another, fight brutally over shiny stones, mate screechingly wherever they please, pimp for their pack leaders, loaf, fall into intoxication by sucking a strange root, and collapse into maladies of spleen.

I did indeed observe that the *Yahoos* were the only animals in this country subject to any diseases; which, however, were much fewer than horses have among us, and contracted, not by any ill-treatment they meet with, but by the nastiness and greediness of that sordid brute.

At bottom, *Gulliver's Travels* is a satire on the awfulness of human bodies, the paucity of our reason, the weakness of our appetites. Swift had his own grove of apples (like William Temple he was a cultivator, even getting nectarines to grow in Dublin in the open air). But his doctors convinced him that fruit was a poison to someone in his condition, and so he tortured himself to avoid it. "I will be very Temperate," he writes in a letter, "and in the midst of Peaches, Figs, Nectarines, and Mulberries, I touch not a bit."

Did the way Swift's body turned against him help to make *Gulliver's Travels* the book it became? Of course, Gulliver is not Swift (Gulliver is a surgeon, a credulous soul, and he isn't Irish). And of course, the Houyhnhnms' question of "whether the *Yahoos* should be exterminated from the face of the earth" is intended—mostly—as a satire on the excesses of reason, rather than a *cri de coeur*.

It's easy to see from whence rumors of madness may have sprung. All his adult life, Swift lived with spinning and a roar in his head. Stella's death increased a preexisting tendency to tetchiness. When his memory grew less reliable, then disappeared, it was easy to assume that's where those disorders of the head had been leading him all along. The deaf, even now, are more prone to dementia (and if that deafness arises from a vascular source, as Ménière's might, those suffering from vertigo and tinnitus along with their deafness may be additionally at risk).

Swift was bitter and anxious all his life, whether because of inborn temperament or the way he was formed by the disease that pursued him is impossible to say. Both? If it's true that circumstance

reveals character it is equally true that circumstance becomes character. Like trees, we bend to the shape of the light that falls.

Walking with Edward Young and some friends outside of Dublin one evening, Swift is reported to have pointed at an elm whose topmost branches were decayed. "I shall be like that tree," he said, "I shall die from the top." In the course of a long and difficult and sometimes triumphant life, he did.