

LETTER TO EDITOR

To the Editor, *Journal of Laryngology and Otology*.

The Elms,
Market Rasen.

5th May, 1961.

DEAR SIR,—It must be a little unusual for two articles to appear in your journal describing carefully controlled work on one subject, but coming to quite different conclusions.

Ardran and Kemp state, "the cause of the pharyngeal diverticulum is clearly due to deranged function of the pharyngeal constrictors: the cricopharyngeus closes partly or completely from the pharynx and the contraction of the pharyngeal musculature upon the body of the bolus causes the protrusion to appear".

Kodicek and Creamer state, "the resting tone of the cricopharyngeus sphincter appears normal and on swallowing normal relaxation is recorded. No evidence has been found to support a theory of faulty relaxation of the cricopharyngeal sphincter as a cause of pharyngeal pouch".

As the latter authors state, it is difficult to explain the improvement of symptoms obtained by dilatation or division of the portion of the upper oesophagus containing cricopharyngeal muscle by their findings. Certainly it is not unusual to find considerable hypertrophy or fibrosis of the cricopharyngeus muscle during operations for pharyngeal diverticula.

Yours sincerely,

M. SPENCER HARRISON.