

Letters to the Editor

**Newly recognized syndrome in the neck:
Horner's syndrome with ipsilateral vocal
cord and phrenic nerve palsies**

From Mr Richard Earlam

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Dear Sir, I refer to the letter from Dr Michael Coe published in the April issue of the *Journal* (p 289). It has been recognized since 1839, when Reid first described the effect of cutting the vagus in the neck of the rabbit, that the coordination of the contractions of the smooth and striated muscle of the oesophagus requires the extrinsic control of the vagus. In the First World War, patients were described with dysphagia following injury to the vagus in the neck by bullet wounds. Damage to the vagus can produce nonspecific radiological changes with or without dilatation of the oesophagus and the presence of tertiary contractions. The latter are simply simultaneous normal or low pressure contractions occurring above a gastro-oesophageal sphincter that does not relax and contract properly. Oesophageal manometry enables the pressures to be measured accurately but does not actually help in specifying any particular abnormality, locating the level of the lesion or deciding whether one or both vagi are involved.

There has been considerable interest in the vagal nerves and nuclei in regard to achalasia. Dilatation occurs after experimental damage, but the condition produced is not true achalasia because transsynaptic degeneration of the ganglion cells does not ensue. On the other hand, retrograde degeneration proximally of the vagal nuclei, in specific parts of the dorsal motor nucleus on both sides, has been described both in achalasia and Chagas' disease. In the latter, Köberle has shown that about 80% of the ganglion cells must

be lost before dilatation of the oesophagus occurs. Similarly, it would appear that one vagus trunk (50% of the extrinsic supply) can be divided in the neck without dilatation following, although there may be slight 'physiological' abnormalities such as occasional tertiary contractions.

Yours faithfully

RICHARD EARLAM
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