SELF-INDUCED LATERAL PHARYNGEAL DIVERTICULA

BY
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Pharyngeal diverticula of traumatic origin are quite common amongst habitual convicts in the Central and United Provinces of India. It must be remembered that these convicts are criminal by birth, nomadic by habit and similar to our conception of gipsies.

X-RAY PHOTOGRAPH WITH COIN IN POUCH

The diverticula are self-inflicted, generally unilateral though I have seen a few bilateral. The man can hide up to 15–20 rupees in them—or other articles of jewellery or precious stones of a similar size. They of course vary in size and also tend to become smaller when not in use. The diameter of an Indian rupee is about 1 inch and it is made of nickel and Indian silver and has a rough edge. It would appear that these pouches are made with a piece of lead about the size of a
pigeon’s egg which is placed in the tonsillar fossa at bed-times. The lead has a hole through which a piece of silk is passed and brought outside the mouth and tied to the ear to prevent it slipping into the oesophagus. The lead causes ulceration in the fossa with destruction of tonsillar tissues. The convict takes out the piece of lead in the morning and puts it back again during the night and goes on doing this till the pouch is formed. The ulceration gradually heals and the pouch is kept open by the convict putting his finger in it, rubbing it and generally enlarging it. Coins are concealed day and night and can, in some cases, be retained during meals. Gold coins are said to make better pouches than silver ones and cause less reaction.

The convicts state that the pouches take from fifteen to twenty days only to make. Headache and referred pain is often complained of whilst the pouch is being made. Great stress is made by these men that the pouches should be made in July and August at the height of the Indian hot weather when, they say, the tissues are loose and lax. Articles are removed by tilting the head forward and an effort like vomiting causes them to be ejected.

It is amazing the amount these diverticula can conceal before a bulging in the neck externally can be seen or detected.

Picture shows coin in the diverticulum.

My thanks are due to Lieutenant-Colonel Sir Bennett Hance, K.C.I.E., late I.M.S., for his assistance in obtaining the X-rays and information on this subject.

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**At Random**

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APOLOGY AND CORRECTION

A grave error was committed in the “At Random” in the April number of this *Journal*.

A report was used under the title of “All in the Day’s Work,” of which the first part was stated to have been compiled by Colonel E. I. B. Harvey, *D.S.O.*, and it was stated that Colonel Harvey was *A.D.M.S.* 1st Airborne Division, and further that the authors’ consents had been obtained for the publication.

Owing to a grave oversight, Colonel Harvey’s consent to publication was never actually received.

Colonel Harvey states that he did not write this report nor was he *A.D.M.S.* of 1st Airborne Division, and categorically refutes any connection with these articles which were published without his consent.