

FASHIONS AND CUSTOMS OF THE DARK CONTINENT.—There is a sad monotony in our European fashions. Even the so-called changes are often fugues on a trivial theme, or thinly-disguised variations and reproductions of forgotten trivialities. Our new communications and lively interest in the gentle inhabitants of Central Africa may suggest some startling novelties. Besides the graceful extravagances of their head-dress—which, however, hardly beat those of the seventeenth and eighteenth centuries, reconstructed for the public edification a few years since by Mr. Lewis Wingfield, and which may yet live again—there are many varieties among our new African *protégés* of the way they wear their heads. The ruling families of the Munbutt tribe flatten their skulls so as to elongate their heads. The Bari apply pressure just in front of the ears so as to heighten the head in that place. The Beli distinguish themselves by extracting the four front teeth of the lower jaw. Then there is a variety of ways of wearing a tail, which beat the Court train of the modern beauty in simplicity and perhaps in grace. The Madi wear cotton tails, which swing when they dance. Elsewhere a lady limits her costume to a twig arranged as a tail, and manages to seat herself at a court function with this appendage in a graceful and dignified manner without throwing it over her arm, and without the intervention of a chamberlain. In the matter of eating, they are catholic and omnivorous, and nothing comes amiss, from a banana—which furnishes food, and when fermented, drink—to a fat pig or a deceased wife's sister, who give little trouble there to legislators. Owing to their reticence as to their burial customs—for which dark reasons are suggested—it is difficult to pursue this branch of anthropological and osteological research. It will be seen, from the graver gleanings which we publish elsewhere, that there is much to interest the physician and the anthropologist. Dr. Emin Pasha's diary is a mine of dry but instructive reading on this subject.—(*Emin Pasha in Central Africa*) *British Medical Journal*.

RETROVERSION OF GRAVID UTERUS.—Dr. Halliday Croom (*Edin. Med. Jour.*) records an exceedingly interesting case of retroversion of

the gravid uterus which terminated fatally. The case was very difficult of diagnosis, as the following history will show. The patient was sent to the hospital under the impression that she was suffering from an ovarian tumor complicated with pregnancy. She was 43 years old, had had nine children and several miscarriages, last child 14 months ago. She had missed three menstrual periods, though during the whole time there had been every day or two a slight discharge of blood. Her abdomen began to rapidly increase before the third period. She had passed water irregularly, having sometimes incontinence and sometimes difficulty in passing. On examination an even smooth tumor reaching midway between the umbilicus and ensiform was found, moderately tender, dull on percussion, with resonance in flanks. A well-marked bruit could be heard all over.

On vaginal examination the posterior vaginal wall projected, and behind the posterior fornix was a large irregular doughy mass; the cervix could not be felt; through the anterior vaginal wall a similar boggy mass could be felt. A catheter was passed, and although the instrument passed up to the ring and was introduced three times, there was no result. Later on the same day, however, catheter being again passed, drew off 116 oz. of urine, which was ammoniacal and contained blood and pus. The tumor became slightly smaller and less tense, but otherwise remained unaltered except that the bruit was less distinct.

Dr. Croom considered that the most probable diagnosis was a pelvic tumor complicated with pregnancy and hydramnios or myxoma of chorion. The fact of the drawing off of the urine not causing the tumor to disappear, and the well-marked soufflé being against its being distended bladder, and the size of the uterus being much greater than normal at the third month, against normal pregnancy. The same night the patient became delirious and comatose, and died next day.

A *post mortem* examination was made and the parts frozen and cut, drawings of the sections being appended to the paper. The following condition of parts was found:—The uterus was gravid, retroverted, and incarcerated in the pelvis. The abdominal tumor, was the distended bladder containing urine and blood-clots.