M. Jobert observed, that although simple tapping is regarded by some as an operation devoid of danger, under certain circumstances it is a very dangerous one. A capital distinction should be made between *adherent* and *movable* cysts, the operation never in the former case being attended with danger, while in recent, free, floating cysts, the fluid may get into the cavity of the peritoneum, and give rise to fatal diffused peritonitis. To prevent this, the canula should be maintained *in situ*, in order to determine adhesive inflammation between the contiguous surfaces of the cyst and the abdominal wall. No accidents have ever followed M. Jobert's operations when thus conducted. He has never observed a cure to result from simple tapping; but in two cases it has done so after multiple punctures, which have been followed by the deposition of plastic lymph in the substance of the tumor, and the obliteration of the sac. He has employed the iodine injections in thirty cases, and has never, observing the above precautions met with any serious accident. In several cases a relapse has occurred, although the tumor had seemed to have been completely obliterated.

M. Cruveilhier remarked:—So parasitic is the life of ovarian cysts, that they remain completely strangers to all the great and organic movements of the economy; so that while dropsies of serous membranes may be often advantageously treated by internal medicines, those encysted dropsies are quite refractory. It is to surgical treatment that we can alone look with any hopes of success, but our decision to have recourse to this should be materially influenced by the anatomical characters of the cysts, which are far from being always the same. The differences are dependent upon the quality of the fluid, the disposition of the cyst, and its structure. (1.) It is of great importance, as regards facility of evacuation, whether the fluid be serous, viscous, albuminous, or gelatiniform, and the character of the fluctuation will to a certain extent enable us to pronounce upon the nature of this fluid. (2.) The cyst may be either unilocular, multilocular, areolar, or vesicular, and compound, the latter resulting from a union of the other varieties. (3.) In structure the unilocular cyst sometimes exactly resembles a normal fibro-serous sac, its interior being as smooth as if lined with serous membrane; but it is by no means rare to find the inner surface rugous, or raised by papillæ or vegetations of varying hardness, or occasionally the walls may contain cartilaginous or even osseous plates. In one of the varieties of unilocular cysts there are numerous imperfect divisions, allowing of intercommunication between the compartments. In what M. Cruveilhier terms areolar cysts, of which the vesicular is but a variety, the ovary has become transformed into an areolar mass, having commu-