

for other cases, from five to ten cards were necessary. As a result we had several thousand cards. These naturally fell under certain main headings. This gave us a more concrete idea of the material and clearly indicated the chapter classification. The card-index was of the greatest assistance; in the first place, because it enabled us to get every point of interest, and, secondly, because when a given subject was under discussion it was only necessary to pick out the cards of that group and then select the ten or twenty histories, as the case might be, instead of each time going through sixteen hundred histories, with a strong likelihood of overlooking several cases. We fully realize the important part played by the many assistant residents and the residents of the Gynecological Department since the opening of the Hospital; had it not been for their careful and conscientious histories and descriptions of the various operations performed, this work would have been impossible.

On account of the great importance of sarcomatous changes occurring in or associated with myomata and the by no means infrequent association of carcinoma of the fundus with myomata, we have considered both of these subjects at unusual length.

The chapter on adenomyoma reached such large proportions that we found it necessary to deal with the subject in a separate volume.* On the other hand, the chapter on myoma and pregnancy is rather fragmentary, as we do no obstetrical work.

We have not discussed the history of the development of the surgical procedures appropriate to uterine myomata. This has been so well handled by Dr. Charles P. Noble† that nothing would be gained by duplicating the account. Only the various operative procedures that we personally have used are described. Dr. Kelly being out of the city, it devolved upon me to briefly outline the scope of the book, and although I know he would be averse to any personal mention of his work, I feel it my duty to say a few words relative to his share in the development of operations for myomata. It was my good fortune to come to Baltimore in 1891, shortly after the hospital opened. At that time many cases of myoma were considered inoperable, and even when hysterectomy was undertaken it was only in the cases in which a stout rubber ligature could be temporarily tied around the cervix; and when, as happened in some cases, this ligature slipped, alarming hemorrhage followed. Then came the systematic controlling of each of the cardinal vessels; later the bisection, and finally the transverse severance of the cervix as a preliminary feature of the operation in exceptionally difficult cases, until at present a myomatous uterus that cannot be removed is almost unheard of. I have watched the gradual simplifications of the surgical procedures with the greatest interest. Many American surgeons have had much to do with the wonderful advance in this direction, but I know of no other man,

* Thomas S. Cullen, *Adenomyoma of the Uterus*, W. B. Saunders Co., 1908.

† In Kelly-Noble, *Gynecology and Abdominal Surgery*, vol. i, p. 660, W. B. Saunders Co., 1908.