

PREFACE

IN 1894 we commenced a careful study of uterine myomata and contemplated publishing the results of our findings. A year later, however, the work was temporarily laid aside, as it was deemed wiser to take up the subject of carcinoma of the uterus. After the publication of that work in 1900 we again turned our attention to uterine myomata, and since that time we have been continually gathering data on that subject.

Our material has been drawn from (1) the cases operated upon at the Johns Hopkins Hospital from the opening of the institution in 1889 to January 1, 1909; (2) those that have come under the care of Dr. Kelly at his private hospital; and (3) those operated upon by me at the Church Home and Infirmary, at the Cambridge (Maryland) Hospital, and at the Emergency Hospital in Frederick. The total number of cases examined was 1674. After obtaining complete abstracts of the histories, the tumors were again examined, and many new and interesting changes were found that had been overlooked in the regular routine laboratory examinations. Descriptions of the gross and histological appearances of the myomata were made, and these descriptions were then attached to their respective histories.

After carefully surveying the great wealth of material, the question arose as to the advisability of reviewing the vast amount of current literature on myomata, and it was found that to adequately cover it, and at the same time fully discuss our own material, would necessitate the publication of three or more volumes. Under these circumstances, we felt that no one would wish to read so much on one subject, and that it would be wiser to confine our efforts to a thorough study of our own material, with which we were thoroughly familiar. The present volume, therefore, deals almost exclusively with the work done by those connected with the gynecological department of the Johns Hopkins Hospital and of the Johns Hopkins University.

It may be of interest briefly to detail the method adopted in correlating the many points of interest contained in the large amount of material. We started off without any preconceived theories and determined to carefully analyze the cases at our disposal. After several months of indecision as to the best method of handling the subject, we finally adopted the card system. Every history and pathological description was read and each point of importance was underscored. Then a card was made of each point. This card also had the case number and the pathological number. Some cases contained little or nothing of interest;