than an actual increase of the fibrin in the blood, and that this explains the multiple thromboses which are so constantly present in the organs of those dead of eclampsia. Having thus briefly stated the more recent views on the nature and etiology of eclampsia, let us consider what means we have at our disposal to determine that an attack of eclampsia is approaching.

The discovery of albuminura in a large proportion of cases of eclampsia early called attention to the importance of urinalysis in pregnant women. Albuminuria is almost constant in eclampsia, if not before, certainly during the attack. Olshausen, from a series of 200 cases of eclampsia occurring in his own clinic and a like number from the clinic of Gusserow, found albuminuria present in 98 per cent. of the cases. Zweifel in a series of 129 cases never failed to find albumin in the urine. Its almost constant presence renders it a sign of considerable importance, a danger signal which should not be passed unheeded. In recent years there has been a tendency to attach less importance to the presence of albumin in the urine of pregnant women, from the clinical observation that many patients with albuminuria go through labour with no eclamptic manifestations. The significance of albuminuria in the light of the recent investigations of Schmorl is of vast importance as indicating either very serious renal changes of a character which are constantly present in eclampsia or chronic nephritis. On the other hand, from our present knowledge it is evident that while the search for albumin in the urine is a very important procedure in all cases, it does not give us sufficient information of the patient's condition. For example, we may have very marked renal insufficiency before the appearance of albumin, while in the presence of the most pronounced albuminuria the eliminative power of the kidney may be perfectly maintained. It is to the urine that we must still look for signs of threatening eclampsia, since it has been pretty definitely determined that the eliminative power of the kidney bears some relation to the probability of eclamptic seizures.

Recently, we have added to our hitherto known methods of determining the eliminate activity of the kidney, a new one based on the molecular concentration of the urine as ascertained by determining its freezing point. This method, which was first applied to the blood by Richter and Roth (11), and later to the urine by Koranyi (12), and Lindemann (13), has been found a valuable aid in determining the functionating power of the kidneys. Schroeder (14) has recently made application of this