ALBUMINURIA OF PREGNANCY (*see also* ECLAMPSIA). The frequency with which albuminuria occurs is variously given. The majority of reporters place the figure at 10 per cent of all pregnancies, but Ahlfeld found it present in 70 per cent of the women. This figure is certainly abnormally high, and the albumin is only to be detected by careful examination and often only indicates a transient catarrh of the kidneys. Albuminuria with casts was present in 7·3 per cent of women in the Johns Hopkins Hospital cases.

At the outset, one wants to know what proportion of the cases go on to eclampsia. There are, unfortunately, no recent figures obtainable, and the earlier observers give 70 per cent as developing such symptoms. The general view held at the present day is best expressed in the words of Turner, who said that he had never seen convulsions supervene in a case which had been on strict milk diet and rest for seven days. Unfortunately, the milk regime is not tolerated by pregnant women in some cases, and in others the patient cannot be induced to submit to it. Consequently it will be necessary to consider the prognosis from the point of view of (1) *The clinical features*; (2) *The examination of the urine*; and (3) *The duration of treatment*. The prognosis in respect of (4) *The fœtus* must also be considered.

1. **The Clinical Features** which should especially arouse anxiety are those commonly grouped under the heading of 'pre-eclamptic,' which include troubles of vision, amblyopia and transient blindness, severe persistent headache, hæmorrhages such as epistaxis, and finally epigastric pain. In addition an œdema originally confined to the lower half of the body, but now extending to the upper limbs and to the face, is an indication of at any rate severe albuminuria. The development of such symptoms while under active treatment should call for more energetic measures. Bailey finds that the blood-pressure is raised in the more marked cases of albuminuria, and a pressure exceeding 150 mm. Hg is to be taken as indicating an impending eclamptic seizure.

2. **The Urine**, beyond the daily reading of the quantity of albumin, will serve as a guide to the patient's condition by the total quantity of urine passed in the twenty-four hours, together with the amount of urea excreted. With a defective excretion of urea in a urine diminished in quantity, the question of terminating labour should be considered.

3. **The Treatment** may be complicated by the fact that some people cannot take milk. In these cases good results are reported as following the administration of a salt-free diet.

If with rest, purgation, and careful dieting the condition becomes aggravated, then it becomes necessary to adopt measures for interrupting the pregnancy. Many cases miscarry in spite of treatment.

4. **Prognosis as regards the Fœtus.** It is to be remembered that the frequency of premature labour lowers the chance of survival, and further that the occurrence of placental hæmorrhages, which are often seen in albuminuria of pregnancy, are said to endanger the life