nant, benign and tuberculous foreign bodies, cystocele and cystitis, acute and chronic.

I shall doubtless, in dealing with the intrinsic, leave out some causes which may readily suggest themselves to some of you, and the Society may thus hope to have the paper supplemented by additional information and individual experience.

1. Perhaps the most common cause of irritability is some of the neuroses; the frequent passage of large quantities of pale limpid urine comes under this head. I am not decided whether the condition of system which forces such large quantities of urine of low specific gravity through the kidney, affects itself the sensibility of the bladder mucous membrane, or whether the pale limpid urine of hysteria is offensive to the bladder, by reason of its abnormality. It is important, however, for us to remember, that the voidance of large quantities of pale urine is not alone dependent upon hysteria. Hysteria and other serious diseases may be blended together, but not until every known cause has been carefully inquired into, should the symptoms be put down to hysteria alone. The action of drugs and the conditions in diabetes mellitus and insipidus will not be readily overlooked.

2. Then you have too frequent micturition from diseases of the kidney—the cirrhotic kidney with increased quantity of urine of low specific gravity, and with occasionally only traces of albumen, and the uretro-pyelitis, consecutive to renal tuberculosis, in which local symptoms are often absent or of an insidious character, and the disease may be far advanced before it is at all suspected. Frequent careful chemical and microscopical examinations in the one, together with careful physical examination of the kidney in the other, will prevent mistakes as to the cause of the frequency of micturition.

Examination of the urine at times will also reveal a super-acidity or super-alkalinity of the urine as a cause of frequency, and here thorough and complete investigation of digestion and assimilation will bear good results.

Vesical irritability was the most prominent, and at first the only symptom of tubercular or scrofulous kidney in a patient in the wards of the London General Hospital during the latter part of 1893. It was the one symptom of which she complained.

Physical examination revealed the right kidney much enlarged, still she persisted that it was the bladder or the womb that was the cause of all the trouble. Dr. Cullen, one of the assistants of Dr. Kelly, of Baltimore, happened to be here on a visit, and had Dr. Kelly's urethral dilators, and urethral catheters, and he was enabled to confirm the diagnosis by catheterization of the ureters; no urine, however, could be got from the left, and that precluded operation.

3. In malignant diseases of the uterus, infiltration around the ureter may lead to a pyelitis with irritability of the bladder, but here we more frequently have a hydro-nephrosis.

4. Urethral carbuncle or vascular growth of the urethra have been found quite frequently to be the cause of bladder irritability. Indeed it is one of the earliest symptoms, and should never be forgotten when the presence of micturition is accompanied by pain. A careless examination of the urethra will often miss the little growth, especially in those cases when the mucous membrane is pouting, and the growth is thus concealed. In one who is not familiar with these cases, it is astonishing how out of all proportion to the size of the growth are the pain and frequency of micturition.

In exceptional cases the symptoms are attributable to some pelvic or some kidney trouble, by reason of the pains complained of in those regions. It occurs at all ages, and under all conditions.

5. Pelvic inflammation with the matting together of the organs into a tumor, a uterine tumor itself, whether it be pathological or physiological, tends to produce irritability of the bladder. We all know one of the earliest symptoms of pregnancy is the frequency of micturition, and sometimes in those who wish to conceal this condition, and who thus use every effort to deceive us, and draw away our attention from the real cause, there is a cheerful acquiescence, when we fain to place upon the bladder the whole cause of the trouble. But I wish here to express my opinion that in the very early period of pregnancy, the frequency is not due to pressure, but rather to a strong sympathy between the genital and urinary organs.

May not this explanation be their common origin, or their intimate association in their developmental history?

Recognized early in embryonic life is the Wolffian