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Urinary stones have affected mankind since time immemorial. Their occurrence is more common in certain parts in our country. They may remain silent for a long period in some patients but can be responsible for great misery in others. Stones increase the morbidity by producing haematuria, infection, anuria and renal damage. At times the renal damage is irreversible and may end fatally.

Frere Janssen (1651–1719), the famous lithotomist of the middle ages, usually commented "I have removed the stone, but God will cure the patient" (Garrison, 1939). It was stated so, probably because the etiological aspect of urolithiasis was not taken into consideration at that time and the pathological processes responsible for the initial formation of stones persisted even after their removal thus leading to recurrence.

Renal calculi are concretions consisting of crystals and a matrix of organic matter. Crystals usually constitute the predominant portion (> 90%) of the mass of most calculi, but those occurring as a consequence of urinary tract infection have a higher proportion of matrix material. Occasionally this latter type of calculi may be almost devoid of crystals. Renal calculi are to be distinguished from calcific deposits
within the renal parenchyma. Such deposits occurring at sites of previous inflammation or degenerative change are designated by the term "nephrocalcinosis".

Many workers have tried to fathom the etiological factors responsible for the formation of stones in the urinary tract. Race, diet, occupation, climate, infection, recumbency, congenital abnormalities, nephrocalcinosis etc. all have been blamed for their formation.

Well defined stone belts exist all over the world. (Anderson, 1969). Stones are common in England in Norfolk, Cambridge shire, Suffolk, North Wales, Derbyshire and West Merland. It is fairly common in Northern Ireland. The highest incidence of urinary stones is found in Holland, Eastern France, the Balkans, the Volga Valley, Lower Egypt and Southern China (Ian Aird, 1957). In our country the stone belt is in the Northern part of the country, especially Punjab, Rajasthan and Western Uttar Pradesh (Sangham Lal, 1962).

The geology of these areas is very varied and in hardly two areas is it the same, so that such factors as hardness of water, content of the soil and climate, are probably less important than the dietary habits, constituents of diet, occupation, education and socioeconomic status (Ian Aird, 1957).

None of the research workers have yet highlighted any important or particular factor responsible for the
formation of stone in a particular stone belt. Perhaps entirely different factors are responsible in different parts of the world or even in the different parts of the same country.

The formation of renal calculi is thought to be dependent on the presence of metastable concentrations of crystalloids, but there must also be a component or nidus promoting the formation and aggregation of crystals. Whatever the initiating events, the growth of most calculi is dependent on the presence in urine of metastable concentrations of crystalloids. Such states of supersaturation may be achieved by various means: by increased excretion of specific crystalloids of limited solubility, decrease in urinary pH which converts urates to less soluble uric acid, or infection with urea splitting bacteria to release ammonia, which causes an increase in urinary pH and provides a setting for crystallization of magnesium ammonium phosphate or calcium phosphate complexes. In addition to increased concentrations of crystalloids or alteration of urinary pH, reduced excretion of those urinary constituents that normally inhibit crystal formation would also induce a metastable state of crystalloids. This latter type of change is possible of more importance to the development of idiopathic calculous calculi than is increased excretion of calcium or oxalate.
The aim of this work therefore had been to screen all patients of urinary calculi who sought admission in the K.L.E. Medical College Hospital, Jhansi during the periods of this study for following:
1. To evaluate the incidence of urinary calculi in the hospital as a cause of pain in abdomen.
2. To find the incidence of stones in various age and sex groups.
3. To find the incidence of stone formation in rural and urban area which is dry, rocky and having lot of minerals in the water.
4. To evaluate dietary habit with stone formation.
5. To find out the relationship of stone formation with different mode of water drinking.
6. To correlate socio-economic status with stone formation.
7. To find the common sites of stone at the time of investigation.