INTRODUCTION

Anciently, mankind was afflicted with stone just as now. For more than seven thousand years the diagnosis and removal of stones from the bladder constituted a Principal part of civilian surgery. (Drach, G.W., 1978).

In 500 B.C., the control of stones by diet especially in children was first mentioned in Sanskrit and Greek documents. Galen, the Greek Physician 700 years later, also believed that nutrition and other factors ; among them hereditary and climate, were important in formation of stones. (Abd El-Maguid,A.E., et al, 1979).

It is evidenced that urinary calculi show marked increased incidence in some areas of the world, the so called "Stone belt". This world distribution of urinary stones may be due to some constitutional enviromental factors and/or dietary habbits which minimize or increase the liability of urolithiasis (Anderson, D.A., 1972).

The incidence of urolithiasis varies both within and between countris. (Blacklock, N.J., 1982).

Egypt is an area included within the stone belt as described by Anderson. The problem of urolithiasis in

Egypt is an old disease where vesical and urinary calculi were found in some of the Egyptian mumies. (Badr, M.M., 1963).

The aim of this work is to find out if there is a pattern for stone incidence ; excluding bladder calculi in children, or a common cause in Egypt.