5. Calcified or osseous areas in the pelvic ligaments. In examining 100 plates of adult pelves taken for various conditions, it was found that in 25 per cent. of the plates small round shadows, varying in size from a BB shot to a pea, occur in the vicinity of the spine of the ischium, frequently bilateral and often multiple. They do not occur in the plates of the pelves of children. The peculiar location of these bodies and their frequent occurrence in both male and female pelvis, renders their explanation as ossified areas in the pelvic ligaments most probable.

When a definite diagnosis of stone is made and the size and position of the calculus are known I am in favor of surgical removal, except in cases where there is a strong contra-indication on account of age or organic disease, or where the stone is so small that it may be passed by the ureter, bladder, and urethra.

I have had an opportunity of watching a number of cases handled expectantly, and have seen so many serious consequences, such as attacks of anuria and infection and colic, occur, and injury to the kidney tissue result, that I am satisfied that the dangers of operation are not as great as the dangers carried by the continuance of the condition; and the operation has the great additional advantage of curing the patient, which the expectant treatment seldom does.

To be sure, I have seen a number of cases recover without operation. I recall one in particular—a big, strong fellow, who had a stone a little larger than a coffee bean. We obtained, after a number of exposures, several very good plates confirming the diagnosis. When I first took charge of the patient I recommended temporarily expectant treatment. The colics recurred, however, and the stone did not pass, so I advised surgical removal. He could not bring himself to an operation, and for several years suffered from very severe and frequent colics, and had several attacks of serious temporary anuria. He suffered more in any one of a dozen attacks than he would from an operation, and certainly ran more risk from his anuria attacks than he would have from surgical interference, but he finally passed his stone and rejoiced that he had escaped an operation. It is upon such weak evidence as this that many of the pleas of non-interference are based. Against this man, who was practically invalided for several years and suffered very greatly, I could place a dozen men who were operated on during this same period, who had less pain from the operation than from an attack of colic, and left the hospital within two weeks perfectly cured.

There are some conditions which demand immediate action, as calculous anuria, infection, etc., where there can be no question about the propriety of surgical intervention. I would plead for the adoption of surgical removal of kidney-stone, not only in