groups were made using chi-squared test. Values of $p<0.01$ were considered significant.

Out of the 320 copies of questionnaire distributed, only 300 could be retrieved. This rendered a compliance rate of 93.8%. The mean and modal ages were 38.6 (S.D ± 9.72) and 40.5 years respectively, while 163 (54.3%) were males. The result is summarized in table 1.

Table 1: Awareness, beliefs and practice of traditional medicine among 320 Agege residents

Question		Response	No. (%)
	What is Traditional medicine?		
i.	use of incantations, juju and spiritism to prevent and cure diseases	yes	36 12.1)
ii.	use of medical procedures outside western medicine and occultism	Yes	178 (59.2)
iii.	combination of (i) and (ii) above	Yes	64 (21.4)
iv.	use of herbs only	Yes	22 (7.3)
	Do respondents regulate their intake of local medicaments?	Yes	204 (68.0)
		No	62 (20.7)
		No response	34 (11.3)
Do respondents always find TM effective when employed?		Yes	17 (5.7)
		No	249 (83.0)
		No response	34 (11.3)
Are they aware of the side effects of medicaments?		Yes	161 (53.7)
		No	105 (35.0)
		No response	34 (11.3)
Which of the two health care systems would they always prefer?		Western	292 (97.3)
		TM	8 (2.7)
	Would they advocate a total replacement of western by TM?	Yes	25 (8.3)
		No	275 (91.7)

The study showed that several indigenes are not well informed about TM and the system is being employed by indigenes; mostly unaided or unguided by practitioners, therefore most users are ignorant of how to adequately employ TM for its optimal benefits, possibly because of the secrecy of practitioners. It was also observed that users are still very ignorant of the side-effects and contra-indication of the medicaments. This might have to do with the fact that it is more difficult to recognize adverse effects that develop over time e.g. hypokalaemia from anthraquinone laxatives[1] or those that are readily ascribed to an underlying disease e.g. hepatitis from the bile duct remedy celandine.[2] It must also be emphasized that herbs which are apparently safe under normal conditions may be more hazardous in specific patients under special circumstances e.g. during perioperative period[3] or when combined with conventional drugs e.g. hyperforin, a potent P450 inducer found in the herbal medicine St. John's wort.[4]

There is a need to allay the fears of TM practitioners who feel threatened and insecure. The government should launch an awareness programme that will promote effective uses of local medicaments.

E. O. Agbaje and E. O. Babatunde

Department of Pharmacology, College of Medicine, University of Lagos, P. M. B. 12003, Idi- Araba, Lagos- Nigeria
E-mail: agbajegoriite@yahoo.com

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Improvisation in Lower Urinary Tract Endoscopy in a Nigerian Tertiary Hospital

Various forms of improvisation and innovations have been done in different aspects of surgery.[1, 2] Pare' improvised egg yolk to dress wound when hot oil ran out. [1] In developing countries, improvisation has made surgical practice possible in many hospitals including the teaching hospitals.[3 - 5] Awojobi[1] in Oyo State, Nigeria use the gear system of a car to improvise for operation table and he also used the rear wheel of a

bicycle to fabricate a heamatocrit centrifuge. One of the ways of making endourological procedures available and cheaper is by locally fabricating some or all the components.

Figure 1: The improvised material: Stainless steel can conventionally used as food carrier and a drainage pipe of brass have been used to construct an irrigation can. The can is drained by a plastic rubber tube which is normally used as drainage tubes for petrol and water in many homes in Nigeria. A 'dog chain' has been improvised as light cable suspension chain. The basic equipments have been fabricated using materials obtained from the scrap iron market. The production costs are small fractions of the prices of the imported brands.

We improvised an irrigation can and irrigation tube (Figure 1) with materials which are commonly available in Nigerian scrap markets. This has made it possible for large volume of clean water to be used during endourological procedures without intermittent interruptions as necessary when small volume infusion bags are used. The light cable suspension chain prevents kinking of the light cable when in use. This protects the fragile and expensive instrument from getting easily damaged.

With these improvised equipments a total of 64 diagnostic and therapeutic procedures had been carried out in our unit as at the time of this report. These included urethrocystoscopy, transurethral resection of the prostate (TURP), transurethral resection of bladder tumour (TURBT), direct visual Internal urethrotomy (DVIU), retrograde pyelography and nephroscopy.

The improvised materials have immensely facilitated our endourological practice. We recommend these materials to other hospitals in developing countries, where the imported materials are not available or too expensive to procure.

A. A. Salako, T. A. Badmus, A. K. Eziyi and E. A. Agbakwuru

Urology Unit, Department of Surgery, Obafemi Awolowo University Teaching Hospital Complex, Ile-Ife, Nigeria
E-mail: kayosalako@yahoo.com

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