to be taken for immunisation. Neither would they know how many doses were required. In addition to all these, it was found that very few parents understood the concept of immunisation as to how vaccines work, as they had received absolutely no education on the subject.

The dialogue highlighted some important aspects of how parents perceive immunisation, and what problems are involved in getting their children immunised in particular for a religious group, a rural community and aborigines. In order to achieve higher coverage and our objective of universal child immunisation at the local or district levels, we need to recognise the need for special immunisation efforts aimed at high-risk areas and groups such as children in the poor rural environment, population distant from health facilities, aborigines, and resistant religious groups. Health education must further be intensified particularly for the above groups. It is also important that in designing health education programmes, we must take into account the cultural, social and educational background of the communities.

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References

 White CC, Koplan JP, Orenstein WA. Benefits, risks, and costs of immunisation for measles, mumps and rubella. Am J Public Health 1985;75: 739-44.

- Zwanenberg TDV, Hull C. Improving immunisation: coverage in a province in Papua New Guinea. Br Med J 1988;296 : 1654-6.
- Galazka AM, Lauer BA, Henderson RH. Indications and contraindications for vaccines used in the Expanded Programme on Immunisation. Bull World Health Organ 1984;62(3): 357-66.

Leech, Wire and Urethra

Sir,

Urethral catheterisation is one of the most commonly performed medical procedures.

This is usually done by medical personnel although many patients with neuropathic bladders at the Department of Urology, Hospital Kuala Lumpur are taught to do clean intermittent self catheterisation. Foreign bodies accidentally left in the urethra are not uncommon and a few cases are seen each year at the same Department. Such foreign bodies include tubes, wires and fishing lines although spaghetti had been reported¹. These are usually the consequence of urethral masturbation.

A 28-year-old Kadazan male presented to Tawau Hospital with bleeding per urethra in June 1993. On examination an insulated wire was found extruding from his urethra. He reported going into a river the previous day to catch fish and a leech somehow got into his urethra. He removed the leech with an insulated wire. However, he could not pull out the wire and had to seek medical care. Plain radiograph of the pelvis (Fig. 1) revealed a wire knotted probably in the posterior urethra.

Under general anaesthesia the bladder was opened through a lower midline incision. It revealed cloudy blood-stained urine and a coiled insulated wire. The wire could not be pulled up nor down.

When the internal urethral meatus was retracted, a knot was visible. The knot was picked up with a pair of artery forceps and delivered into the bladder. The bleeding was from an area of urethral mucosal tear.

LETTERS TO THE EDITOR

Leeches are usually found in wet jungle. They stick on to any human skin that comes near them. They suck blood and drop off. The area where they suck is left bleeding for sometime. Rarely do leeches creep into the vagina. The authors have not heard of leeches getting into the urethra. A literature search from 1981 did not reveal any such report. Leeches can be killed with saline solution. Uncomplicated urethral foreign bodies can be removed endoscopically. It is important not to further injure the urethra with possible lifelong suffering from recurrent urethral stricture.

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Reference

 Bacci M, Porena M. Masturbation injury resulting from intraurethral introduction of spaghetti. Am J Forensic Med Pathol 1986;7 : 254-5.

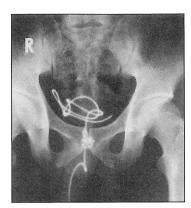


Fig. 1: Plain radiograph of abdomen showing wire in urethra and bladder with knot at posterior urethra