Cholera outbreak, Hlabisa health ward, Zululand

To the Editor: Since February this year there has been a sizeable cholera outbreak in the Hlabisa health ward. The experience of the first 46 cases (up to June) has been reported. However, the epidemic continues. To date a total of 77 cases have been proved by culture (Fig. 1) and more than 600 patients with presumed cholera have been treated at a residential clinic and in the hospital outpatient department. It is not known how many have been treated at home or by general practitioners. A small number of cases have been reported from neighbouring hospitals.

The male/female ratio was equal, and patients' ages ranged from a few months to 78 years, confirming that this is an outbreak in a previously uninfected area. Only 4 patients have died, but relatives have reported other deaths at home.

Recently a third, and geographically distinct, part of the health ward has become affected, and this is a cause for great concern.

The Health Inspectorate has co-operated with the hospital very effectively in responding to the epidemic. While most of the population of this health ward have no access to safe water or human waste disposal, epidemics of this type will continue and may spread.

Colleagues are alerted to the possibility of cholera in the differential diagnosis of patients with diarrhoea. The vibrio was typed at the Department of Medical Microbiology, University of Natal, as *Vibrio cholerae* El Tor.

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Foreign-trained doctors

To the Editor: The editorial on foreign-trained doctors is unfortunately superficial and does not correspond with the facts.

Transkei is quoted as an example, mentioning Ugandan, Ghanaian and Kenyan doctors there. I have practised in this area for more than 25 years and claim a little insight into local circumstances. Before 1980 there were at least 14 hospitals in Transkei with South African-trained staff, which provided medical services well known to be excellent. By 1980 the shortcomings of the Transkeian civil administration and the lack of security of person and property had become glaringly obvious despite funding of billions of rands. The spate of recent murders and robberies is absolute confirmation. Many doctors therefore understandably relocated elsewhere and some were forced to leave, as has happened in rural hospitals in the Transvaal. These could not be replaced.

Because circumstances in Ghana, Uganda and Kenya are presumably so much worse than in Transkei, at least 200 graduates from these countries (of whom it cannot be said that their services are not required there) have moved to Transkei.

What is happening now is that every day considerable numbers of Transkeian patients are presenting at East London hospitals or using bus transport to go even further afield, as complaints from Cape hospitals confirm. Frequently they are discharging themselves from Transkei...