

argue cautiously that in every other country this method would not work, the patient would simply refuse.

Up to now only 1089 people have been diagnosed as positive. What about the undetected cases; what will the Cubans do when the figures rise; what about the lack of condoms and the tourism; what about the false positives? I pose too many questions to answer. "Come and I will show you the place and you talk to the patients yourself," says the doctor, grabbing me by the arm. "This is the dentist's room"—and he swings open a fully equipped treatment room. "How often does the dentist visit the place?" I ask. The doctor seems not to understand the question. It seems that the dentist is working full time for the institution which has 34 patients (and 58 workers). Quickly I calculate the tooth:dentist ratio (do they still have all their teeth?). The dentist cannot see more than three teeth a day; I'm visibly astonished.

The sanatorium is well kept, the living quarters are friendly. "This is our laboratory assistant," the doctor says and he stops a girl in the corridor. "She is also a patient." The girl smiles and walks on. There does not seem to be stigma attached to the disease. The doctor stops another boy in the corridor: "This is a patient too." "How long will you stay?" I ask the boy. He smiles too and answers that he does not know. The place is fine and he is well looked after. His salary is paid; why should he wish to leave? "It is better like this," he adds. "It is not lifelong," the doctor explains. "He is counselled and receives psychological assistance. If he copes he can go back to his family, but he should be able to live with his 'disease.' Some stay five months, others have been admitted for eight years."

"What do they do during the day?" I ask. "Well, there is a garden for growing vegetables; they read, they can go out to the village, they play dominoes, just what other people do in hospitals. And during the weekend he can go home. First with a 'guard' to supervise his behaviour; at a later stage a family member can take over this duty. You see, it's voluntary, just like vaccinations; everybody complies with it but it is not obligatory. Just because it is best, people will do it."

I'm surprised by the atmosphere in the sanatorium—certainly it is not a concentration camp. Still, I'm puzzled by the logic of the concept. From a mere epidemiological point of view, strict isolation (lifelong?) could contain the epidemic in a closed society. In practice, however, the patients do have contacts outside the sanatorium. Furthermore, the island opened the doors to tourism, with a side effect of increasing prostitution. Both facts make the "isolation" porous, to say the least. The compliance must have to do with the Cuban culture, in which it is accepted that this is the best solution for society as a whole. To me the concept seems highly unsustainable; the costs must be outrageous.

### Sexual health

Simple condoms, essential for protection, are not available in the country. I suggest that this is a problem that needs to be addressed, especially in light of the increase in tourism, but the doctor answers: "The tourists have their own responsibility; they should take condoms with them." "The few condoms that are available are used in pizzerias," I'm told jokingly by a Cuban in Havana. "The condoms are cut in pieces and spread on top of the pizza, ready to melt in the oven to resemble cheese."

"We Cubans do not like condoms," another doctor tells me. In fact condoms—or any contraceptive—are

in short supply. Nevertheless, when I ask for the number of abortions it is surprisingly low, less than 1 per 100 deliveries. The reason why surprises me just as much: it seems that all women whose expected menstruation is late by two weeks are offered a microaspiration in the polyclinic. "It is mere menstrual regulation," the specialist explains. "We perform 700 regulations for every 5000 fertile women. We never see complications." Pregnancy tests are not performed as they are not available. It seems a rigid medical approach.

### Society and economy

Castro still finds strong support among the population. If things are wrong most people will not blame the government—complaining is not the Cuban style. The biggest asset in the society is the absence of both an ultrarich elite and people who live in absolute poverty. Indeed, it has been impossible to become very rich in Cuba; a rich upper class as seen in other Caribbean or Latin American countries is unknown to Cubans. But shanty towns as seen in Haiti or Lima do not exist either, although due to the crisis the first marginal settlements have started to develop.

The introduction of the convertible peso, the start of a free market economy, and the stimulation of tourism are major changes in the system. For the past year farmers have been entitled to sell a part of their crops on the free market. Dollars mean luxury; without dollars no beer, no soap, no extra. Young people especially seem to be attracted by the promises of capitalism. So people open their doors and start a restaurant, even if they have only two tables.

The health system in Cuba is impressive and the effect on the population's health has been remarkable. The system, however, is under a strain and is no longer sustainable in this form. "Presently 12% of the country's expenditure is targeted to health care, of which 70% is spent on hospitals," an advisor to the health minister tells us. It is questionable whether health care financing should be maintained at this level. Having fewer doctors would still offer a good service to the people, without reducing the benefits. For the Cubans this seems difficult to accept: health care is for free and the more doctors the better. Cuba should try to maintain the good points of the system: free access for the entire population and the fabulous mentality of the health care workers.

Family planning and AIDS seem two topics that need further exploration. But we also have to prioritise resources, and many countries are worse off than Cuba. Even if their system is under strain, the Cubans seem to be able to cope. Health indices do not show a deterioration in health yet. As a doctor stated: "Cotton dressings we cut in two—it is still a dressing and we make do." Recruiting Cuban doctors for our projects abroad seems an unexpected option that deserves serious consideration.

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### Correction

#### Treatment of acute anaphylaxis

A combined author's and editorial error occurred in this review article by Professor Malcolm Fisher (16 September, pp 731-3). On page 733 the last sentence under the heading Bronchospasm should have read: "Refractory bronchospasm may improve with nebulised and intravenous salbutamol, intravenous aminophylline, inhaled isoflurane, and intravenous ketamine (which seems to be particularly effective in children) [not, Refractory bronchospasm, particularly in children, may improve with nebulised and intravenous salbutamol, and with intravenous aminophylline, isoflurane, and ketamine]."<sup>17</sup>