Harrison differentiate between somatoform pain disorder and the simple adoption of the sick role by those who are aware that it may be to their advantage to complain?

Finally, a plaintiff's failure to return to work after the settlement of litigation does not necessarily mean that he or she is psychologically sick. It may merely mean that, with the present level of unemployment and the difference between invalidity benefit and unemployment benefit, the incentive to return to work is low. All that the person has to do is to go on complaining: with the support of a psychiatrist who diagnoses somatoform pain disorder, the prospects for the future are rosy.

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Schistosomiasis in Lake Malawi

EDITOR,—In the "old days" people used to swim in Lake Malawi with impunity: there were few people about, and if the snails that give rise to schistosomiasis occurred at all their habitat was limited, for the shores are mostly stony and the slopes steep—and the winters are cold.¹ In the mid-1960s the Salima Bay rice scheme was started, and by 1969 there was an epidemic of schistosomiasis among the workers. Concern was expressed about why the expensive filters did not vouchsafe snail free paddy fields. I was asked to visit the rice scheme and establish what had happened.

The rice fields had attracted people from afar, and with them had come the worms and the eggs. The mode of travel of the snails' eggs was obvious as soon as I arrived at the fields: there was an abundance of waterbirds, and the snails' eggs are carried on the feathers of birds. I declared that the filters could not protect the rice scheme from snails' eggs.

Would the filters have protected the lake from the paddy fields? Perhaps. Soon bathing at the grand beach at Salima Bay began to carry the risk of schistosomal infection, and now Salima Bay seems to be the most dangerous area of the great lakes for swimming.

Whenever there was an opportunity on the Malawi side of the lake, irrigation schemes sprang up and dams were built on the escarpments. People increased in number and migrated, and so did the snail and the worm. Geographical pathology is ever changing, not only because of natural forces but because of people.

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1 Pugh RNH. Schistosomiasis in Malawi. *BMJ* 1993;307:1354. (20 November.)

Health concerns in Kosovo

EDITOR,—Everything is possible, according to Lynne Jones's article on the Serbian repression in Kosovo, including a stone age infant mortality of 49% and a rabbit-like birth rate of 29.5%.¹ Presumably the author, to avoid Serbian propaganda, ignored official data, according to which the infant mortality in Kosovo in 1990 was 34.4 per 1000²—that is, more than 14-fold lower. However, common sense challenges the notion that each inhabitant, including newborn infants and elderly people of both sexes, gives birth to a child virtually once every three years.

No wonder that a land with such extraordinary demographic data should experience a mysterious outbreak that, as "most Albanians believe," "was caused by toxic chemicals being purposely introduced into the ventilation vents of schools, making over 3500 children ill. (Serbian and Albanian children had classes in separate shifts.)"¹ The implication is that in the Podujevo school, where the epidemic originated,³ all 80 Serbs attended classes in one shift and the 1984 Albanians attended the opposite one. As the nationality ratio is similar all over Kosovo, the likelihood of a few Serbian children having a shift in any school exclusive to themselves is low. Moreover, there is a little likelihood of a child (of any nationality) in Kosovo ever having seen any ventilation system more sophisticated than a window.

Space does not permit me to challenge in detail the statement on "signs of physical intoxication" shown by some of the patients as proof of poisoning. But a commission headed by a Slovenian and appointed by another Slovenian (who was in charge of health care in the then federal Yugoslavia) described the condition as "induced psychogenic reaction of a hysteriform type with superposition."³ This finding accords with the bizarre symptoms found in 35 patients, whose families trusted only Slovenian doctors and took the patients to Ljubljana. In an official report the main manifestations were listed as uncontrolled screaming, waving arms, and convulsions, along with forced closure of the eyes and frowns.⁴

It is true that "refusal of Albanian teachers to teach the new unified Serbian school curriculum has resulted in their dismissal." Unfortunately, nobody explained to Jones that it was not the content of the curriculum but the procedure that mattered: by accepting any curriculum the teachers would recognise Kosovo as a part of Serbia rather than a self proclaimed republic. An analogy may help: if Wales decided to secede, Welsh teachers (or clerks, doctors, etc) would be wrong to expect salaries from the government they otherwise ignored.

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Overestimation of cost savings in prevention of osteoporosis

EDITOR,—In their assessment of the economic impact of a scheme for early discharge of patients with hip fracture William Hollingworth and colleagues used the marginal cost method and concluded that use of the readily available cost per day produces an overestimate of 41% (((189×41.7)–5606)/5606) for patients with no access to the early discharge scheme and 34% (((189×32.5)–4591)/4591) for patients with access to the scheme.¹ A similar approach to costing was used in a study conducted recently in Aberdeen and the same conclusion was reached even though the average length of stay is considerably shorter in Aberdeen than in Peterborough: 29.6 days compared with 41.7 days. The overestimation of costs in Aberdeen would be 23% for acute care and 48% for rehabilitation if the specialty costs per day were used.

We deduce, therefore, that those cost effective-

ness studies of hormone replacement therapy to prevent osteoporosis in Britain that have used the cost per day will have overestimated the likely financial benefits to the NHS.^{2,3}

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Resource implications of cancelled operations

EDITOR,—Cancellation of a planned elective operation is sometimes unavoidable because of unpredictable variations in emergency workload, but cancellations due to the distribution of resources can be identified by audit and may be preventable within existing budgets. Repeated admissions for operations that are later cancelled give rise to duplication of essential investigations and further wastage of resources.

A prospective audit of cancellations of major aortic surgical procedures during 1992 was conducted in the vascular unit at the John Radcliffe Hospital in Oxford. The key resource that was unavailable and responsible for each cancellation was identified and the cost implications evaluated. Over the year, 35 elective aortic procedures were performed. The ratio of male to female patients was 10:1, and the mean age of the patients was 66.6 (SD 10.9) years. Twenty of the patients had their operations cancelled at least once (mean 1.8 (1.4) times), accounting for 36 cancellations; in one case the operation was cancelled seven times. On each occasion the operation was cancelled because no bed was available in the intensive therapy unit.

The resource implications of these cancelled operations can be measured as a loss of surgical workload and resources wasted. Over the seven years 1985-91 an average of 43 elective aortic procedures were performed each year. In 1992 only 35 procedures were performed (that is, a 19% decrease in workload). Resources wasted by the 36 cancellations included extra bed days in the surgical wards, operating time in theatre not used because of late cancellations, unused cross matched blood, and repeated ancillary tests (table). Current costings for the vascular unit indicate that these wasted resources, at a conservative estimate, amounted to £33 000 over the year.

Delivery of services requires perfect matching between key resources. Specific deficiencies in resources responsible for cancelled operations will vary among hospitals and in the same hospital over time. In 1992 the elective aortic operations in

Resources wasted when 36 major aortic procedures were cancelled

	No
Ward bed days	78
Theatre time	65
Cross matched blood (units)	138
Ancillary tests:	
Full blood count	26
Creatinine and electrolytes	26
International normalised ratio	31
Liver function tests	2
Kaolin cephalin clotting time	11
Blood glucose	10
Electrocardiography	7
Chest radiography	5