world. An English language examination must have been passed at the time of application.

English language test

At present candidates must have passed the English language part of an ECFMG examination, taken since January 1977, or the Test of English as a Foreign Language (TOEFL) before they can enter the VQE. These regulations apply even if English is the mother tongue. The TOEFL is held frequently (September, November, February, and May) in many centres throughout the world and information may be obtained by writing to the Educational Testing Service, Princeton, New Jersey, 08540, USA.

ECFMG certification

Foreign medical graduates need ECFMG certification before they can take part in accredited graduate medical education in the United States, and before they can take the licensing examinations of most states. The ECFMG has agreed that passing the VQE will satisfy the medical examination requirement for its certification. To obtain ECFMG certification the foreign medical graduate must also furnish proof that he has successfully completed the full medical curriculum at a prescribed medical school and has obtained an unrestricted licence or certificate of registration to practise medicine in the country in which he received his medical education. Thus, ECFMG certification requires credentials beyond those required for VQE; the ECFMG will, however, continue to administer its own examination each year in January and July for doctors who may be exempt from the requirements of the new immigration laws.

Medical licence

Alien medical graduates accepted into graduate training programmes may practise clinically on an institutional licence. But a person occupying a faculty position (instructor, assistant professor) will need his own licence, which has to be obtained from the state in which he is practising. This requires considerable paperwork and necessitates taking the FLEX in that state.

Advice to potential travellers

Prospective travellers should plan well in advance of their proposed trip, as it may take many months to complete the new requirements and collect the necessary documents. They should obtain a clear statement of their position and proposed activities from their employer. It is worth while enlisting the help of somebody conversant with the intricacies of the new legislation at an early stage. Many institutes in the US employ administrative staff who are experts on international relations and immigration, and their advice is invaluable. US embassy and the ECFMG should be contacted for the most up-to-date information on entry requirements.

Reference

¹ Young, A E, *British Medical Journal*, 1977, **2**, 1642.

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Contemporary Themes

Delivery of wheelchairs to disabled children

P DORSETT, K S HOLT, A WISBEACH

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Summary and conclusions

In a follow-up study from a children's wheelchair clinic the delivery times for 120 wheelchairs ordered during 1973-7 were analysed. Delivery delays were considerable: only 22 of the 120 chairs were delivered within one month and 69 within three months, while 21 took over six months to arrive. Factors such as the type of chair ordered, the need for modifications, and the centre handling the transaction did not influence delivery time. Administrative delays may be an important contributory factor.

Introduction

In 1972 we reported our first year's experiences of a children's wheelchair clinic.¹ The clinic has continued, and subsequent experience confirms all that we reported earlier. A wheelchair is an important part of the life of a disabled child. It should be prescribed carefully and supplied with appropriate accessories and modifications. It should also be supplied promptly so that it can be used before the child grows or some change in his disorder alters his requirements. During 1971 chairs were not delivered promptly, only a quarter being provided within three months. During 1977 more than half of the chairs were delivered within three months. As there is still room for improvement in delivering wheelchairs to disabled children, we examined factors influencing delays in deliveries to our clinic during 1973-7.

Methods

A record is kept of every wheelchair transaction. The delivery time is the interval between dispatch of the completed prescription and arrival of the chair. We did not include commercial and privately purchased chairs in the analysis or simple baby buggies and major

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buggies. When analysing the results we considered the effects of the following factors on delivery time: year; type of chair; need for modifications and accessories; and location of appliance centre.

Results

Table I shows delivery time for all types of wheelchair during 1973-7. Out of 120 wheelchairs delivered between 1973 and 1977 only 22 were delivered within one month, and only 69 within three months, while 21 took over six months to arrive. The delivery time for some chairs exceeded a year. Delivery delays grew worse between 1973 and 1976, but improved in 1977. The number of chairs taking over six months rose from one in 1973 to two in 1974, and from five in 1975 to 10 in 1976, but fell to three in 1977. The reason why delivery deteriorated and was so slow to improve was not immediately apparent and we looked at various possible influences.

As many of the children have complex problems, and their chairs require modifications and accessories, we thought that these adjustments might explain the continued delays (table II). Twenty-six of the 120 chairs were standard stock models that did not require modification or accessories, and yet only seven of these were delivered within one month, and seven took over six months. By contrast 12 out of 49 chairs needing accessories arrived within one month, and 3 out of 26 needing both accessories and modifications; and of all the 94 chairs requiring modifications or accessories, or both, the proportion taking over six months to arrive (14 out of 94, 15%) was less than for chairs requiring no extras at all (7 out of 26, 26.9%). Although we expected alterations to affect delivery time this did not always occur, and we could not understand how some chairs needing alterations could arrive within a week or two while standard models sometimes took many months.

We decided to see whether the type of chair influenced delivery time. Table III, which lists the many different types ordered, shows that doctors working in wheelchair clinics need considerable knowledge of available chairs. Class 8 and 12 chairs were most commonly ordered, but were still sometimes slow to arrive. The Bec powered chairs were particularly prone to delay, but apart from them delays were apparently not related to the type of chair prescribed.

Finally we examined the delivery times from different artificial limb and appliance centres, since we expected that delays from the more distant ones might be longer (table IV). Most chairs come from our local centre, Euston, and from a neighbouring centre, Cambridge. We had fewer deliveries from nine other centres. The idea that greater delays occur in the distant centres gained some support: of the 40 chairs from the nine distant centres, only 3 came within one month and 10 took over six months. By contrast our local centre supplied 19 out of 80 chairs within one month, but still took more than six months to deliver 11 of them.

TABLE I—Delivery time for all types of wheelchair, according to year

Year	Delivery time (months)				Total supplied
	≤1	1-3	3-6	≥6	
1973	2	9	2	1	14
1974	6	11	8	2	27
1975	7	8	5	5	25
1976	3	10	7	10	30
1977	4	9	8	3	24
1973-7	22*	47*	30	21	120

*Combined figures represent 53.6% of total.

TABLE II—Delivery time for all types of wheelchair, according to whether accessories or modifications were supplied

Extras	Delivery time (months)				Total
	≤1	1-3	3-6	≥6	
None ..	7	9	3	7	26
Accessories ..	12	19	13	5	49
Modifications ..	0	9	5	5	19
Accessories and modifications ..	3	10	9	4	26
All chairs	22	47	30	21	120

TABLE III—Delivery time for different wheelchairs

Type of chair	Delivery time (months)				Total
	≤1	1-3	3-6	≥6	
8 class: 8L, 8C, 8GJ, 8LJ, 8BL, 8G ..	15	22	9	5	51
9 class: 9LJ	0	1	0	0	1
10 class:	3	3	3	1	10
12 class: 12, 14, 16 ..	3	14	11	1	29
13 class: 13C	0	0	0	1	1
Yorkhill	1	1	1	0	3
Cindico	0	2	0	0	2
Everest and Jennings	0	0	1	2	3
Becs: 3 Bambino Fireball	0	1	3	11	15
Epic	0	0	1	0	1
Newton	0	2	1	0	3
Swallow	0	1	0	0	1
Total	22	47	30	21	120

TABLE IV—Delivery time for all types of wheelchair according to artificial limb and appliance centre

Centre	Delivery time (months)				Total
	≤1	1-3	3-6	≥6	
Euston	19	30	20	11	80
Cambridge	2	6	4	4	16
Other centres* ..	1	11	6	6	24
All centres	22	47	30	21	120

*Combined figures for deliveries from nine other centres.

Conclusions

From the results of the five-year study we conclude that the delivery of children's wheelchairs to our clinic is still far from satisfactory. The deterioration observed during the first four years was reversed in the last year. We did not think that the type of chair, the need for alterations, or the centre issuing the chair were major factors accounting for the delays. Other, as yet unidentified, factors may account for this continuing problem. We suspect that unreasonable delays occur in handling the paperwork and authorisation processes, but we have not been able to investigate these aspects.

Reference

- Holt, K S, Darcus, H, and Brand, H L, *British Medical Journal*, 1972, **4**, 651.

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WORDS Black bile was thought to come from the spleen, hence the organ of melancholy; SPLEEN is still occasionally used to denote an irritable, peevish, or morose frame of mind; likewise SPLENETIC to describe this state. The spleen is situated under the costal cartilages (well, it is when enlarged), whence HYPOCHONDRIA (G *hypo*, under; *chondros*, cartilage), and hence this region is the seat of melancholy, and by a slight shift of meaning we have its modern sense of morbid anxiety about one's health. I suppose no one has THE VAPOURS nowadays, but, when they did, this acute emotional disturbance with hysterical manifestations was supposedly due to vapours rising from the spleen and other hypochondrial viscera to affect the brain. When we say that someone is in ill or good humour we maintain the ancient usage while no longer believing that the mood is due to the balance of body fluids. Current advances in the study of cerebral amines and their manipulation by psychopharmacological agents suggest that the wheel may yet turn full circle.