after a 200-mg dose of alprenolol blockade was incomplete. Saameli showed in anaesthetized dogs that the duration of action of a single intravenous dose of pindolol is appreciably longer than that of an equivalent dose of propranolol. These findings suggest that the therapeutic action of pindolol might last longer than that of propranolol or alprenolol, but they do not explain why in our patients it apparently lasted for a week. Possibly with prolonged dosage (over a period of four weeks in our study) pindolol becomes fixed in the tissues and is then released slowly. Perhaps all beta-blocker drugs become fixed for a time in the tissues and the duration of their action depends on how quickly they are released. This is a matter which might be investigated.—We are, etc.,

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Spina Bifida Splint

SIR,—The "Draycott-Oswestry" spina bifida splint described here has been used successfully in this hospital for the past six months for maintaining the required position of the legs after operation on children with myelomeningocele. It can be made cheaply from standard National Health Service sheepskin and it obviates the pressure problems of plaster-of-Paris splinting.

Fig. 1 shows the front and fig. 2 the back view of the sheepskin with Velcro bands attached. The views (figs. 3 and 4) of the splint in position show that the bands are not in contact with the patient’s skin and that those holding the legs pass along the sheepskin. A later addition that has proved useful after takedown has been the addition of foot supports (fig. 4). The sheepskin is tailored to fit from the nipple line to feet, allowing for extensions for covering the soles of the feet to the end of the big toe. The width at the nipple line and around the pelvis at great trochanter level should allow for 1 in (2·5 cm) overlap.

We keep the splint continuously in posi-