60% of those treated by exercises the deformity increased, and in 40% it remained unchanged.

Dr. Burger-Wagner reports his results in treating 'les scolioses essentielles'—that is, idiopathic scoliosis, on the assumption that an idiopathic curve between 30° and 55° before puberty will more than double by maturity: this is certainly true in many cases, but there are also many patients whose deformity remains stationary or almost so and no pronouncement can be made about a particular patient without sufficiently prolonged observation to establish the pattern of progression in that particular individual. Eighty-two patients were treated as outpatients twice a week with daily or twice daily periods of exercises on all fours at home. Fifty-three patients were treated as in-patients remaining recumbent all the time except for the twice daily exercises. The length of treatment is not made clear, but radiographs showing progress over more than a year are illustrated. In addition, an unspecified number were treated with various forms of spinal brace as well as exercises, and a further unspecified number of the more severe curves by spinal fusion.

Radiographs of the results of treatment are unimpressive. The rotation is minimal in some cases, flexibility in a compensatory curve being illustrated as showing the effect of treatment on a primary curve; and the method of measurement is open to question as the vertebrae chosen for measurement were sometimes in the compensatory rather than the primary curve.

This is the second edition of this monograph, and I hope that it will not lead to continuation of the outmoded practice of forcing large numbers of children with postural or trivial structural scoliosis to spend long hours having special exercises instead of leading the normal active lives of their fellows. Equally important is it to realize that exercises, however carefully designed, will not prevent the worsening of a rapidly progressive scoliosis. We have a great deal to learn about the effective treatment of scoliosis, but this meticulous insistence on posture and exercises attempts to put the clock back half a century.


It is perhaps surprising that today, when so much effort is being expended on the care of the premature infant, so little is known of his long-term prognosis. As readers of this journal will already know, Dr Cecil Drillien’s work in Edinburgh has done much to make good this deficit. This book is largely a re-presentation of her previous papers on the subject in a more convenient and digestible form. It contains a mass of detailed observations made on a group of 381 premature and 214 mature infants born in 1953/54, who, having survived the neonatal period, were followed up to the age of 5 years. Data are provided not only of the physical and mental development but also of the incidence of disease in the group. There is also a chapter on the behaviour of the children during their first few years at school. The author considers in detail the effects that various environmental factors have had on the health and development of the group. In doing so she has largely abandoned the Registrar General’s familiar classification of social classes for her own more realistic social grading and for an assessment of maternal efficiency. The relevance of the latter, particularly in respect of the smaller prematures, is well shown by the figures.

A final section is concerned with the follow-up of a group of 110 very small prematures. The figures here serve to highlight the general finding of the survey, that on average the prematurely born child fares less well in almost every respect than his mature counterpart. In addition the book provides a most valuable contribution to our knowledge of the general pattern of child care in contemporary society.

So much information whets the appetite for more. In particular perhaps the practising paediatrician would like