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BOOK REVIEW

Title: 1986 YEAR BOOK OF PODIATRIC MEDICINE AND SURGERY
Editor: R. M. Jay
Publisher: Year Book Medical Publishers, Chicago and London. UK agents — Wolfe Medical
Price: £38.00 **ISSN** 0 815 148577

The 1986 Year Book of Podiatric Medicine and Surgery is the second volume in a series of annual literature reviews for the Podiatric profession. It is also a useful reference book for other health care professions who are concerned with the health and disease, function and malfunction of the foot and thus their effects on the rest of the body. The editors have selected what they believe to be the "superlative papers" relating to the feet in print to date. Over 500 different medical and allied health journals have been surveyed by the publisher from November 1984 through to October 1985. From this vast collection of literature, the editors have chosen selected articles reviewing foot-related problems in the following areas:— Paediatrics, Biomechanics, Forefoot and Rearfoot problems, Ankle, Sports Medicine, Traumatology, Neurology, Radiology, Tumours, Infection, Dermatology, Systemic Diseases, Arthritis, Diabetes Mellitus, and Peripheral Vascular Disease. Many of the articles have associated Editorial comment, clarifying or explaining the importance/relevance of the work reviewed.

Each chapter is suffixed with a list of the articles abstracted. Unfortunately, this is not an alphabetical or author listing. However, a brief overview will enable the reader to locate an article of particular interest. The subject index and author index are to be found at the back of the book. Both are comprehensive and include some cross-references. For those of us concerned with aspects of foot-related medical care this reference book is essential. It provides a wealth of updating information at a glance, which the practitioner would normally find difficult to access. I can thoroughly recommend the 1986 Year Book of Podiatric Medicine and Surgery for your practice library.

Susanna K. Nickson

BOOK REVIEW

Title: THERAPEUTIC MODALITIES IN SPORTS MEDICINE
Author: W. E. Prentice
Publisher: Year Book Medical Publishers, Chicago and London. UK agents — Wolfe Medical 1985
Price: £28.95 **ISBN** 0 8016 4025 3

This American text book comes as the answer to at least one doctor's prayer. As the preface somewhat immodestly remarks "the availability of this text fills a void that has existed for quite some time." No doctor engaged in sports medicine can avoid the, sometimes unpalatable, fact for long that physiotherapy is really quite important, not least in the minds of the athletes. The uncomfortable realisation is that no-one ever taught us about physio and, until now, I have never been able to find a readable book that introduces the mysteries.

Not only is this book readable, but it is obviously written by teachers. Each chapter sets out its aims and ends with a summary of the important points in the text. It starts with a discussion on pain and its perception and goes on to explanations of the basic principles of the various energy sources, before a detailed discussion of the various applications of infra red, ultrasound, short wave and ultra violet. Whilst manual traction is a whole art in itself, the chapter in this book gives a useful idea of the principles involved together with some sound practical advice. Massage has always seemed to me to be a sadly neglected art and I am pleased to see that it too is recognised as a useful and reputable technique, against a background of the principles involved.

It must be fairly obvious that I liked the book. I like its content and I like its style. Essential reading for Doctors and a good introduction for student physios. Whilst it probably has little to teach the experienced sports physiotherapist, it is still a good read, even for them.

Malcolm Bottomley

leg exercise. Individuals who are untrained for arm work have been shown to demonstrate a lower lactate threshold as well as an increase in rate of lactate release as compared with trained individuals for cycle ergometry (Pendergast et al, 1979). The resultant early disruption of homeostasis may be attenuated for untrained individuals performing incremental arm ergometry using an accelerated incremental protocol such as that used by Walker et al (1986). One would expect to find that the moderately aerobically trained subjects in the present study to have increased oxidative enzyme activity, higher myoglobin concentration, higher mitochondrial density (Holloszy and Booth, 1976), and increased vascular bed capillarisation (Saltin, 1977) in the exercising muscle. The result may be a lowered glycolytic flux at any given work rate and enhanced lactate clearance. Thus, the accelerated cycle ergometry protocol may not have been as advantageous to this subject pool in order to achieve a higher peak $\dot{V}O_2$. The possible interaction between state of training and test protocol warrants further investigation.

Although the proposed JMT protocol to determine peak oxygen consumption offers a time saving advantage when compared to the total time of test administration involved in the DT and CT (Table I), the JMT presents a disadvantage in that it does not allow for accurate determination of the anaerobic threshold or the ventilatory threshold. Further, the proposed JMT would not seem appropriate for patients with heart or lung disease since this protocol may not provide the slow work rate progression often required for clinical cardiopulmonary assessment (Buchfuhrer et al, 1983).

In any experiment designed to compare exercise protocols for cardiopulmonary assessment, it is essential that the experimental design employ a set of "fixe d criteria" to determine peak $\dot{V}O_2$ and a highly motivated subject pool. The present experiments met both of the above criteria. First, all but two of the subjects reached the established criteria for peak $\dot{V}O_2$ on each of the individual tests. The two subjects who failed to meet the established criteria were retested and both obtained the required peak $\dot{V}O_2$ criteria upon the second test. Secondly, the nine subjects chosen for study were highly motivated individuals. Hence, it seems unlikely that the results obtained in the present experiments were due to a lack of sustained subject commitment.

In summary, these data do not support the notion that the proposed JMT elicits a higher peak $\dot{V}O_2$ during cycle ergometry than the continuous or discontinuous tests studied. However, the JMT does save time while achieving similar results. Therefore, it appears that the proposed JMT might be particularly useful in studies requiring determina-

tion of peak $\dot{V}O_2$ in large numbers of subjects.

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ERRATA

Details of two texts reviewed in 21:3 were incorrectly recorded. The correct information is as follows:

21:3, p. 124: W. E. Prentice, *Therapeutic Modalities in sports medicine*. Publisher C. V. Mosby, UK agents Blackwell Scientific. Price \$24.

21:3, p. 129: D. Peterson, G. Lapenskie and A. W. Taylor: *The medical aspects of dance*. Publisher: Sports Dynamics, London Ontario. Date: 1986.

We apologise for these errors.

Eds.

In Dr. Lorna Fisher's review in BJSM 21:3 p. 144 a line was inadvertently omitted, which altered the meaning substantially. The first paragraph should therefore read —

This book is well written and presented with clear headings, tables and illustrations. It is also very well referenced. The authors have tried to address the problem of non-articular and non-inflammatory soft tissue rheumatic disorders. Reference is made to inflammatory conditions when these need to be considered in the differential diagnosis. A very relaxed interpretation of what constituted 'soft tissue' has allowed the inclusion of conditions such as osteochondritis, osteomalacia and osteoporosis. Conversely, virtually no mention is made of metabolic and endocrine causes of soft tissue rheumatic pain.

We apologise for this error.

H. E. Robson