Furthermore, the probes exhibited 100% response times of approximately 60 s to square wave stimuli of 10°C. While the leads used in our laboratory are only 4 m in length, Nicholls (1983) stresses that the AD 590 transducer is particularly useful for remote sensing applications since it is insensitive to voltage drops over long lines because of its high impedance current output.

SAFETY PRECAUTIONS

After use the rectal probe was scrubbed in a warm Savlon solution to remove all traces of faeces. It was then disinfected by immersion for at least 60 min in undiluted, glutaraldehyde based “Wavicide-Aid(TM)” in accordance with the recommendations of the Australian AIDS Task Force (1985). The electronic equipment satisfied the requirements of the Standards Association of Australia (1980).

References


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BOOK REVIEW

**Title:** BACK PAIN. THE FACTS  
**Author:** I. V. Jayson  
**Publisher:** Oxford University Press  
**Price:** £8.95  
**ISBN:** 0 19 261643 9

The first edition of this book was published in 1981 which, in terms of back pain research, is a long time ago. This second edition is to be commended for incorporating most of the recent advances in knowledge in the field; a feature all too rare in books which aim to provide an overview of a subject.

Professor Jayson is a rheumatologist intimately involved in numerous aspects of back pain research and his multi-disciplinary interest is well reflected in an open approach to the problems and their possible solutions. The various chapters detail the scope of back pain in society, discuss the difficulties of diagnosis and itemise strategies for treatment and management. Throughout the author takes pains not to be partisan and he does not shirk acknowledgement of the limitations of our understanding of the complaint; there are no obvious gaps in the presentation. The style is pithy yet has wit, and herein lies a problem for the reviewer writing for a learned journal. To whom is the book addressed? In this case the simple answer is the ‘general’ reader, but this could mean either patient or practitioner. The sportsman is not immune to back pain and this book would certainly help such, often inquisitive, patients to understand their complaint and perhaps their therapists’ apparent difficulty in providing an instant solution! Those practitioners working in sports medicine, who are not intimately involved with back pain research, would find the text sufficiently technical and would probably gain much from re-appraising their views in the light of the contents of this text. A book that aims to be all things to most men usually fails to be so; this one is a welcome exception.

A. Kim Burton

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BOOK REVIEW

**Title:** THE MEDICAL ASPECTS OF DANCE  
**Editors:** D. Peterson, G. Lapenskie and A. W. Taylor  
**Publisher:**  
**Price:** US$7.60  
**ISBN:** 0 969 1619 5 6

This book contains the papers presented at a conference at the University of Western Ontario, London, Canada in 1985. It is a useful book for reference in libraries but not detailed enough to have on one’s bookshelf. Physiotherapists intending to branch into treatment of ballet injuries would find the section on physiology and conditioning useful.

The first section on “Dance Training Demands”, describes anorexia nervosa quite well, and should, perhaps, be accessible to ballet students, as well as to teachers. From the physiotherapist’s point of view, it would have been good to have seen more on dance injuries and treatment but to the student of ballet the book is interesting reading because it will encourage them to insist on early diagnosis and treatment from their physiotherapist.

The section on “Improving Ballet Performance” is worth noting and the information on pointe shoe re-design is long awaited. However, this has been found not to help established dancers as it alters their position and therefore their technique. If introduced during early training it should help prevent the ugly deformities that occur with the glue-hardened fabric box.

Paula Willcock
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 VO₂. 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 1), 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 “fixed J criteria” to determine peak VO₂ 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 VO₂ on each of the individual tests. The two subjects who failed to meet the established criteria were retested and both obtained the required peak VO₂ 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 VO₂ 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-

**References**


**ERRATA**

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


We apologise for these errors.

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.

Eds.

H. E. Rebone.