by an independent observer, and these results are very close to those of Table I. The similarity of the standard deviation, and the results of the pilot study, suggest that self-measurement is of similar accuracy to observer measured pulse rate. The lower mean RHR in those exercising at levels known to produce a cardiovascular training effect supports the hypothesis that the self-reported vigorous exercise levels were valid.

The results on the average time for an episode of exercise might indicate that those with longer exercise sessions are possibly training less intensively. The fact that heavy manual exercise at work was not associated with a reduction in resting pulse rate would imply that exercise at work is of insufficient intensity to produce a training effect, a finding that has been reported elsewhere (Tuxworth et al, 1986).

Thus, in summary, we have conducted a survey of vigorous exercise taking in a community, and validated it by use of a self-measured resting heart rate. We found self-measured resting heart rate to be easy to measure and repeatable and would recommend its use in community surveys of exercise taking.

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BOOK REVIEW

Title: CARDIAC REHABILITATION: BASIC THEORY AND APPLICATION
Authors: F. J. Brannon, M. J. Geyer and M. W. Foley
Publisher: F. A. Davis Co. UK Agents: Quest Meriden, Beckenham, 1988
 Price: \$33.00 US 310 pages Tables Index References Drawings, graphs, ECGs, half-tone photos
 ISBN 0 8036 1121 8

In the UK cardiac rehabilitation is available to only a small percentage of those who might benefit from it. Nevertheless, interest in this treatment is growing, and exercise courses for post infarct patients are now provided in about 30% of Districts. The majority of these courses have been initiated by interested nurses and physiotherapists, rather than cardiologists and physicians, and the quality of the treatment provided is unknown. There are no training courses for would-be rehabilitators in this country, and no qualification or certification available. Books cannot fill this void, but a good text would be a boon to those who wish to start, or to help, in cardiac rehabilitation programmes. There is no such publication by British authors, and these two American books are written very much for the American market.

Cardiac Rehabilitation: Basic theory and application. I do not recommend this book, little of which would be helpful to the British rehabilitator. The description of the heart and circulation gives the basic picture (including two references to the fact that the aorta is the largest artery in the body!) but unnecessarily detailed description of muscle physiology. The brief notes on exercise physiology introduce some difficult concepts, very inadequately explained, and without the use of illustrative graphs. The chapter on the physiological adaptations to training would also have been enhanced by such illustrations. The chapter on coronary disease contains a scanty description of infarction and its effects, but then includes unnecessary data about physical signs, such as gallop rhythms and mitral murmurs. The chapter on ECGs, traditional in such books, would have been better left out — the subject is much better covered elsewhere. The chapter on laboratory measurements over-emphasises documentation, and uses case histories, rather than adequate description, to explain their uses: annoyingly, only trade names of drugs are given. Complicated formulae are recommended for calculating exercise prescription with unrealistic exactitude — experience teaches that exercise testing gives a guide to capacity, but that the prescription can only be confirmed by careful supervision. The actual organisation of cardiac rehabilitation programmes, which should be the meat of the book, is hardly described. Thankfully there are a few bright spots in this generally unhelpful manual — a summary of medical and surgical treatments for coronary disease, which would be a great help to paramedicals involved in rehabilitation, and a well written appendix on emergency procedures.

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