

munity level. We look forward to more studies from other regions of the world.

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Random thoughts¹ on bicycle helmets

EDITOR, — If we get bicycle helmet laws, don't we then need pedestrian helmet laws? Lots of child pedestrians, many more than child bicyclists, are hurt by cars.

Or is the answer to get drivers not to hit people? (Or kids, if you want to limit it.) Isn't that what's needed, hard as it is?

Thanks for thinking about, and taking a position on, a hard subject.

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PEDNET

Threads from the Pedestrian Network (PEDNET)

The lively discussions on PEDNET frequently include safety issues. One recent topic focused on efforts to 'encourage' motorists to stop for pedestrians in crosswalks. Much of the discussion about how this could be achieved involved elements of epidemiology, education, law enforcement, and environmental modification. It was evident, however, that concerns about violations of crosswalk rules differ widely. Whereas *Injury Prevention* readers worry about the injuries resulting from these violations, others worry about dangerous drivers scaring walkers. Reducing exposure is one way to prevent injuries, but it is difficult to imagine discouraging walking as a prevention strategy! Indeed, advocates oppose injury prevention programs that rely on deterrence (for example avoid walking at night).

Sally Flocks (of Walk Atlanta, pedsatl@aol.com) initiated a PEDNET thread by asking about the use of signs to mark crosswalks. Most participants agreed the current sign used in North America (a figure walking between two lines) fails to convey that the law requires motorists to stop for the pedestrian. Participants proposed other signs that might be better: I reported that one study¹ showed that a sign reading 'Stop Here for Pedestrians'

reduced conflicts by 80%.

Another part of the discussion focused on law enforcement. An exchange of information between advocates and researchers was valuable. A paper by Britt *et al* showed that traffic law enforcement aimed at increasing motorist compliance with pedestrian traffic laws failed to increase drivers' willingness to stop for pedestrians.² The authors state that altering the design features of the roadway to achieve traffic calming is likely to be more effective. Thus further contributions to this thread focused on crosswalk design and other environmental issues. Here's where the international perspective of PEDNET and the readers of *Injury Prevention* can be beneficial. Crosswalk design varies between countries. The US relies mostly on painted markings on the road surface, whereas British crosswalks are more elaborate and often include flashing (Belisha) beacons. Unfortunately, by international standards, both of these countries have higher than expected pedestrian injury rates.

Another thread addressed the role of legal liability. In much of Europe, the motorist is at fault for striking a child, whereas that is not the case in Britain and North America. More information is needed to determine the role of legal responsibility in injury reduction. Perhaps an *Injury Prevention* reader can help.

PEDNET participants also learn of the latest developments in politics. In many countries, transportation policy has become controversial. After the long, hot, and smog-ridden summer of 1995 in Europe, more people saw a connection between transportation policy accommodating car use and damage to the environment. Some protested road construction projects, notably at Twyford Down in Britain. This road project would have saved three minutes on the journey between London and Southampton, but would have sacrificed an area of historical and ecological importance. Protesters frequently framed the arguments against road construction in terms of injuries, and were successful in making transportation spending a campaign issue in the British elections.

In the US, pedestrian safety has also become a political item. The national transportation advocates, Surface Transportation Policy Program (STPP), received press coverage for determining that people are nearly twice (1.6 times) as likely to be killed by a car while walking than by a stranger with a gun. Nevertheless, in all, just 10% of US federal safety money is spent on pedestrian safety even though pedestrians account for 14% of motor vehicle related fatalities. In urban areas, the disparity increases. In New York City, pedestrian deaths are 53% of the traffic fatalities, but the city spends only 5% of the safety funds on pedestrians. Other cities were even less likely to invest in pedestrian safety, and 36 states spent none of their federal safety money on pedestrian safety. Although 10 times as many pedestrians die than people in railroad crossings, one tenth as much is spent on pedestrian safety. The STPP have asked for pedestrian safety projects, such as traffic calming, to receive federal safety funds at least proportionally to the number injured. Wouldn't that amount of money do wonderful things for pedestrians? Their report *Mean Streets; Pedestrian Safety and Reform of the Nation's Transportation Law* is available on the world wide web at www.ewg.org.

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BOOK REVIEWS

Injury Control—A Global View. By Lawrence R Berger and Dinesh Mohan. (Pp 292; US\$35.) Oxford University Press, 1996. ISBN 0-19-563680-5.

Published in 1996, and initiated by the World Health Organisation (WHO) Injury Prevention Program, the goal of this book was, in the words of the foreword written by Claude Romer, to 'provide an overview of the current status and trends of injuries in countries throughout the world'. This it does and does well. It is also intended to 'discuss the value and limitations of injury data, the scientific basis of injury research and control, and the role of all health professionals in addressing injuries as a public health problem'. Again, a clear success. Whether it succeeds in its third goal—to reach the intended broad target audience—is another matter. The dust cover suggests it would be of interest to health professionals, policy makers, community health workers, and students of medicine, nursing, and public health. We fear too many of these do not even know this book exists.

Injury Control effectively outlines the trends in injury in both the lower income countries and higher income countries, delineating the similarities and differences in the etiology and outcomes of injury in the two world areas. It is grounded in the theoretical framework of the Haddon matrix which, when combined with the chapters on 'Translating Concern into Action' and 'Injury Control Interventions' make it especially useful to program managers. Moreover, the numerous tables and pictures make it accessible to the novice and the appendices add to its value.

There are three positive features of this book. First, it is well written, coupling clarity with scientific rigor. Second, it achieves a balance between the problems unique to high and low income countries and those that are shared. Third, it is well illustrated, using clear charts and tables alongside many excellent photographs.

Information pertinent to low income countries is contrasted with that from high income countries. The rationale for doing so is that the profiles in each of these settings is different, and thus their respective research efforts should also differ. At the same time, the book makes evident that many problems are multinational, so that 'pesticides used by South American farmers appear in foods on dinner tables in Europe and North America', and, conversely, 'automobiles made in Japan, Korea, and the USA traverse the roads of Thailand and Argentina'.

However, while it addresses the special socioeconomic influences on injury in the low income countries it does not delve deeply into underlying issues such as religion