that effect, and immunization schedules, have been published by the Public Health Service's Centers for Disease Control and by the American College of Physicians. It remains, now, for health professionals and knowledgeable citizens to spread the word about immunization: it's not just for children. Adults, too, need the protection that only immunization can afford.

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LETTERS TO THE EDITOR

Injury Prevention for Indians: Was the Assessment Too Early?

Dr. Leon Robertson's article "Community Injury Control Programs of the Indian Health Service: an Early Assessment" (*Public Health Reports*, November-December 1986) unfortunately raises many more questions than it answers. I am cognizant of the journal's space limitations; however, a number of these questions could have been answered by a more detailed report. Of particular import are the age characteristics of the populations studied, given the inevitable variation of injury type and frequency at different ages that Dr. Robertson only alludes to in passing.

Specifics are similarly lacking relative to the intervention programs, causing the reader to speculate on what was done and whether there was a proper match of injury prevention efforts with the populations at primary risk for those injuries. The rationale for even comparing such seemingly unrelated variables as fire safety training and attempted suicide is not elucidated.

The applicability of the data presented to the overall population of interest is also subject to question, since data were "unavailable" from service units representing 349,000 inhabitants. There is no indication of the degree to which this group is comparable to the 570,300 from service units providing data, nor is there an explanation of why data were not obtainable from such a large proportion of the population. While the outpatient coding problems noted by the author can be appreciated, an effort to evaluate injury victims seen on an outpatient basis in addition to those requiring hospitalization also seems an appropriate precursor to any community intervention program.

Given the aforementioned limitations, and, with the exception of fall injuries, the apparent lack of meaningful associations between preventive efforts and injury reduction, one can only speculate as to the efficacy of the intervention program as described. Without doubt, injuries among Native Americans are a problem deserving of both further study and effective preventive initiatives. Hopefully, the program presented by Robertson represents one of these initiatives, although it may be that the "early assessment" was in fact premature.

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Reply: The Critic Overreaches

Professor Maetz is correct that much more detail on my research into the Community Injury Control Programs of the Indian Health Service would have been desirable, but such is impossible in a journal-length article. The full 102-page report is available for the cost of photocopying it.

However, Professor Maetz overreaches in his criticism. Surely he does not believe that a 4-year shift of 41 percent in motor vehicle hospitalization rates and a 35 percent change in hospitalizations for falls and assaults were primarily from changes in the age distributions, which were minimal.

As to the lack of data from all of the service units, surely it is legitimate to compare the effects of the different programs in the 54 service units studied. Was John Snow's research on cholera "premature" because he did not study every town in England?

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