study who died, only one did not have a head injury with an AIS score of 3 or greater. This finding recapitulates that of all preexisting studies reviewed.

Third, the chance of sustaining a severe head injury is greatly increased if the rider is not wearing a helmet. In our study the incidence of severe head injury was increased by nearly 300 percent among those without helmets.

Conclusion

In light of the these findings and many previous reports, it is difficult to conceive of a rationale for the optional usage of motorcycle helmets. At present the only apparent justification is "infringement" on personal rights. Extrapolation of this concern for individual rights, however, leads to the obvious presence of considerable infringement on the well-being of those who are forced to share the financial burden of caring for those partially or totally disabled by these severe head injuries.

REFERENCES

1. Graf L, Blair RW, Weisbuch JB, et al: Morbidity and mortality associated with helmet wearing among motorcyclists. Presented to the American Public Health Association, 1978

2. The Effect of Motorcycle Helmet Usage on Head Injuries and the Effect of Usage Laws on Helmet Wearing Rates, NHTSA DOT-HS-803 791. U.S. Department of Transportation, January 1977

3. Head Protection for the Cyclist: A Medical Inquiry. Chicago, American Medical Association, 1977

4. Baker, SP, O'Neill B, et al: The Injury Severity Score: A method for describing patients with multiple injuries and evaluating emergency care. J Trauma 14:187-196, 1974

5. A Motorcycle Safety Helmet Study, NHTSA Technical Report, DOT HS-801 137. National Highway Safety Administration, March 1974

6. Motorcyclist Killed, Helmet Information, Cause of Death. Olympia, Washington State Patrol, 1978

Importance of Blink Rate

THE BLINK RATE is very important when it comes to talking about tear film abnormalities. Patients who come to you complaining of irritated eyes (they say their eyes are irritated; they give you all kinds of symptoms, including the fact that they have excessive tearing) and then it's up to you to find out if it's really tearing, or is it an irritative phenomenon which gives them the impression that they have too much tearing. But in reality, it's a dry eye. So as you're talking to the patient—and if a patient, particularly a patient in the 50's, 60's or 70's, comes in and tells me they have irritated eyes, I immediately look at the blink rate. As they are talking to me and if they are not blinking very often, or if you watch them and the blink is an incomplete blink (they don't fully close the lids), it gives you a clue as to what area to ask about and what to look for.

—PETER R. LAIBSON, MD, *Philadelphia*

Extracted from *Audio-Digest Ophthalmology,* Vol. 19, No. 11, in the Audio-Digest Foundation's series of tape-recorded programs. For subscription information: 1577 East Chevy Chase Drive, Glendale, CA 91206.