

July 1926

Better Eyesight

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

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Demonstrate

I. That the smaller the object regarded, the easier it is to remember. One can, with time and trouble, become able to remember all the words of one page of a book. It is easier to remember one word than all the words of a page. It is still easier to remember one letter of a word better than all the letters. Regard a capital letter. Demonstrate that it is easier to see or remember the top of the letter best, and the bottom of it less clearly than to remember the top and bottom perfectly and simultaneously. Now look directly at the upper right hand corner and imagine one-fourth of the letter best. Then cover the remaining three-quarters of the letter with a piece of paper. It is possible to look directly at the exposed part of the letter and imagine half of it best. Cover the part that is not seen distinctly, and demonstrate that half of the exposed part of the letter can be seen or imagined best, while the rest of it is not seen so clearly. With the aid of the screen, an area as small as an ordinary period, may finally be imagined. Demonstrate that the imagination of a perfectly black small period, forming part of a small letter at fifteen feet, enables one to distinguish that letter.

II. That, with the eyes closed, a small black period can be imagined blacker than one three inches in diameter. If this fact cannot be readily demonstrated with the eyes closed:

1. Stand close to a wall of a room, three feet or less, and regard a small black spot on the wall six feet from the floor. Note that you cannot see a small black spot near the bottom of the wall at the same time.
2. Place your hand on the wall six feet from the floor, and note that you cannot see your hand clearly when you look at the bottom of the wall.

Myopia

By W. H. Bates, M.D.

Definition

MYOPIA has been called near-sightedness, because the vision is usually very good for objects which are seen at a near point, while very dim or blurred for objects at ten feet or farther. In myopia, the eyeball is elongated. The normal eye, when reading fine print, becomes elongated, or myopic, during the time that the eye is focused for reading.

Acute myopia: When myopia is acquired, it is called acute myopia in the early stages. When treated at this time, it is readily curable without glasses. The practice of prescribing glasses in these cases, leads to a permanent use of them.

Progressive myopia: In these cases, the myopia increases quite rapidly, and may be accompanied by much discomfort, pain, fatigue, and loss of vision. In advanced cases, many become unable to see as well with very strong glasses as they can without them.

Complicated myopia: Many authorities have stated that the myopic eye is usually a diseased eye. It may be complicated with cataract or other eye diseases, or it may not. The exceptions are so numerous, that it can usually be demonstrated that diseases of the eye have nothing whatever to do with the cause of uncomplicated myopia.

Occurrence

Myopia usually occurs at about twelve years of age. It is rarely congenital. Some become myopic at the age of four, fifteen, seventy, or any age, earlier or later. Some children with normal vision may go through life without becoming myopic. Risley, after a careful study of the eyes of school children, believed that myopia was only acquired by children with astigmatism or with hypermetropia (far-sightedness). At one time, statistics were quoted that children living in large cities had myopia to a greater extent than those who lived in the country. I believe statistics are uncertain, because one can generally obtain statistics which prove the contrary.

It is a popular belief that habitual use of the eyes for reading, sewing, or for any other use at a near point, promotes the increase of myopia. Simultaneous retinoscopy always demonstrates that near use of the eyes—even under a strain in a poor light—instead of producing myopia, always lessens it or corrects it altogether.

Another theory, that individuals who use their eyes repeatedly for distant vision suffer less from myopia, has also been disproved by simultaneous retinoscopy. A strain to see at the distance always produces myopia. During the late war, it was unusual to find sailors or aviators with normal vision, or normal eyes without eye-strain. In order to obtain recruits for these branches of the service, because of the general prevalence of myopia, the standard of the requirements for admission had to be repeatedly lowered.

Symptoms

Myopia is always accompanied by a strained look of the eyes, when regarding objects. Partly closing the eyelids, a form of squinting, is often observed in myopia. When the sight is imperfect, this practice may improve distant vision for a few seconds; but at a near point when the sight is good, about five inches from the face, squinting always lowers the vision, especially when one eye is covered.

Cause

Staring can always be demonstrated to be the principal cause, if not the only cause of myopia. There are no exceptions. We may say: "It is a truth that the cause of myopia is the stare." Contributing causes are numerous. Any child with normal eyes and normal sight, will at once become temporarily myopic if you scold him severely. Teachers with normal sight and normal eyes are usually relaxed, and do not stare or strain. On the other hand, teachers who wear glasses for myopia, are under a strain. This strain is contagious, and children under their care are more apt to acquire myopia than those who are under the cue of teachers with normal eyes and normal sight.

Treatment

The cause suggests the cure. Since the stare or strain produces myopia, the cure would naturally be rest or relaxation. This is obtained by palming, swaying, and improving the memory and imagination.

1. Palming & Close yaw eyes and rest them for at least half an hour. Some receive more relaxation by covering the closed eyelids with the palm of one or both hands. thus excluding all light. By thinking of pleasant things, rest your mind as well as your eyes. Some mild cases have been cured, at first temporarily, and later more continuously by faithfully following this practice.

2. Swaying & Stand with the feet about one foot apart, facing the Snellen test card at a distance of fifteen feet. Sway from side to side, while moving the head and eyes in the same direction. It is a benefit to the sight to alternately open and close the eyes while swaying slowly, easily, and continuously a short distance from side to side. It is a help to imagine the Snellen test card, or one or more letters on the card, to be moving opposite to the movement of the body, head, and eyes. If the card, or a letter of the card, does not appear to move, the vision soon becomes imperfect.

While swaying from side to side, and observing that one or more letters appear to move in the opposite direction, it is possible for one with normal vision to imagine that the letters are seen with central fixation. By this is meant, seeing best the point regarded, and other points not so clearly. With normal sight, the point regarded shifts constantly. The vision is always imperfect if the letters are not seen, one part best. When regarding the letter "C," notice that when you look at the top of it, you see that part best, and the rest not so clearly. Then, notice that when you look at the bottom of the letter, you see that part best, and the top not so clearly. This can be done with any object. When regarding a chair, notice that when you look at the back of it, you see the back more clearly than the rest of the chair. Then, when you look at the legs, they are seen more clearly than the back is seen.

When practiced properly, without effort, the sway enables one to imagine each of the smaller letters to be as black as the largest letter on the card. The white part of all letters is also imagined to be whiter than other parts of the test card, where there are no letters.

3. Memory and Imagination: Improving the memory and imagination, is one of the quickest methods of curing myopia. This can be done by practicing with two Snellen test cards. Place one on the wall of the room, and hold the other close enough to the eyes to enable you to read the smallest letters with good or perfect sight. Now, step back one inch from the card on the wall, and read one of the smallest letters on the card in your hand. Then quickly close your eyes for one second, and remember the letter as-well as you have seen it. Open your eyes and flash the same letter on the wall-card. Quickly close your eyes, whether there is an improvement in the vision or not, in order to avoid the stare or strain. Alternate, until the imagination of a letter on the wall-card at seven inches, becomes equal to the vision of the same letter on the hand-card at six inches. When this is accomplished, increase the distance to eight inches from the wall-card. When the known letter can be imagined on the wall-card at eight inches for a second or fees, in flashes, as well as it can be seen at six inches for a longer period of time, increase the distance to nine or ten inches. Continue to

increase the distance by gradually stepping back, as long as you can flesh the known letter on the wall-card, as well as, you can see it at six inches on the hand-card. When your ability to imagine or flash a known letter fails at five feet or farther, it is usually best to move closer,—close enough to flash successfully without effort.

One patient with myopia of 7.00 D. S., vision 4/200, obtained more benefit from "flashing" than from any other method. In half an hour, she became able to flesh the letters at fifteen feet, as well as she could see them at six inches. When this was accomplished; her myopia disappeared, and she read a strange card 'with normal vision at fifteen feet, almost as well as she could see it at six inches.

Prevention

In order to prevent, as well as to cure myopia, it is necessary that you use your eyes correctly all day long.

1. Blink frequently, just as the normal eye does. Staring is a strain, and always lowers the vision.

2. Shift constantly from one point to another, seeing best the part you are looking at, and other parts not so clearly.

3. All day long, your head and eyes are moving. It is important that you notice stationary objects to be moving in the opposite direction to the movement of your head and eyes. When you walk around the room or on the street, notice that the floor or pavement appears to come toward you, while objects on either side of you, appear to move in the opposite direction to the movement of your body.

4. Practice daily with the Snellen test card for five minutes or longer.

Shifting, blinking, and imagining stationary objects to be moving, can be practiced at all times and in all places, no matter what you may be doing.

Stories from the Clinic

No. 77: MYOPIA

By Emily C. Lierman

MANY times I have been called upon to answer the question: "How do you treat or cure myopic cases?" This has been asked not only by laymen, but also by physicians. It is not an easy question to answer, because myopic cases vary in their response to treatment, and each requires an individual application of the method. Some patients with a high degree of myopia improve or recover in a reasonable length of time, while others with only a slight degree become despondent, because it takes so long to be cured. These patients fail, because they are unable to retrain from making an effort to see. Myopic cases are cured quickly when they do exactly as they were told, instead of strain-ing their eyes by trying to see.

Progressive myopia is generally believed to be incurable, and to my knowledge there is no method of benefiting or curing it other than the Bates method.

A man, seventy years of age, called on me recently to learn what he could about the method. He said that he had been myopic since birth. Several eye-specialists had told him that he could never be cured. Opticians had also told him the same thing. His eyeglasses were changed every two or three years, and each time he was given stronger ones. When he was examined with the ophthalmoscope, it was found that he had incipient cataract in both eyes, in addition to myopia. When I told him about the cataracts, he said that other doctors had also informed him of them. He asked if I could help him, when so many others had attempted to do so by fitting him with glasses, and had failed. I told him glasses were not necessary, and suggested that he try the Bates method. With much hesitation, he finally consented. He said that he would believe in the treatment if I could improve the vision of either eye, for the distance, in one visit. At ten feet from the test card, he could see only the two hundred line, or the letter "C," but he said even that looked very much blurred.

I taught him to palm, and while he was resting his eyes in this way, asked him if he could remember a favorite chair in his home, or the title of a book he had read. I reminded him of a sunset, and a white cloud in a blue sky. He visualised the mental pictures described, and nodded his head as I mentioned one thing and then another. I continued this method for half an hour, and then asked him to remove his hands from his eyes, but not to open them. I told him to stand with eyes closed, and sway his body a short distance from side to side, just as an elephant does. This made him smile, but he did as I told him. He was then directed to open his eyes, and to blink frequently as he swayed. While moving his body from left to right, he was able, to Bob the letters of the test card, and without stopping, he read 10/50 with both eyes.

His face expressed his pleasure, and his eyes twinkled as he remarked: "I'm coming back for more treatment and will prove to those, who gave me no hope, that I am cured!"

Another patient, a woman, thirty-five years of age, was cured of myopia in two months' time. Her vision of the test card was 5/40 in each eye. During her first treatment, she made very little progress, because she strained so hard to see beyond two feet from her eyes. Palming seemed to tire, instead of helping her. She frequently removed her hands from her eyes, although she still kept them closed. I decided to have her try swaying her body from side to side, first while sitting in a chair, and later while standing. To help her to sway rhythmically, I practiced with her, and reminded her to blink all the time. When she became able to imagine things about the room to be moving in a direction opposite to the movement of her body, I told her to Bash one letter of the test card at a time. When she saw things moving in an opposite direction about the room, her eyes remained open in a natural way. Just as soon as she glanced at the letters of the test card, she squeezed her eyes, practically closing them, and the muscles of her face became tense. When she was again seated in her chair and had closed her eyes, I placed three large test cards, all similar, at different distances from where she was seated. I placed the nearest about one foot away, the second three feet, and the third, five feet from her eyes. We again started the standing away and, while blinking, she was directed to look at a letter on the card nearest her, then to flash the same letter on the next card, and to repeat this with the distant card. This method was successful, and she was overcome with joy as she flashed each letter in turn on the cards.

Eight weeks later, she read 10/10 on different test cards. The retinoscope showed no more eyestrain, and the patient has not had a relapse since.

The Great Delusion

"Wearing Glasses to Strengthen the Eyes" A Billion Dollar Industry Based on an Error!

By Dr. Wendell A. Diebold

TENS of thousands make their living in a profession whose basis is founded on a misconception! Strong statements I grant you, yet the saddest part is that they are only too true.

Fitting of glasses to aid our vision on the theory that the lens of the eye is a factor in accommodation, is the present practice. It is true that glasses do enable some people to see better—for a time—just as any crutch may help a lame man to get about, but when his lameness is gone or his broken leg has mended, he can throw away his crutch. Not so with the crutches of the eye. The longer, in most cases at least, glasses are worn, the poorer becomes the vision and the stronger must the lens be. In other words, the eyesight gradually becomes less acute—its keenness diminishes.

If glasses really strengthened the eyes, why should stronger and stronger lenses, ever so often, be required? If the theory that we are born with defective organs of sight (a rare condition), were correct, there might be some justification for the enormous number of folks with glasses, but all errors of refraction are functional, therefore, curable by the proper methods.

The general teaching regarding the eye has been that it is more or less of a fixed organ. It is supposed that some are born with short eyes and therefore they are apt to have various degrees of far-sightedness, and astigmatism—while others are supposedly born with long eyeballs, and therefore they are doomed to short or near-sight, technically known as myopia.

Experiments, made over a hundred years ago by Helmholtz and others in photographing a candle light's reflection from the front of the lens, are supposed to have demonstrated that the curvature of the lens changes during accommodation. Helmholtz's conclusion from his experiments was that the lens contracted and expanded. This supposed contraction and expansion of the lens was thought to be the factor that enabled the eye to accommodate for the near and distant point in reading. I say, it seemed so to them, although Helmholtz was never entirely satisfied himself, but his followers "more loyal than the king," for over a hundred years have accepted what he considered as the probable cause of the fact without further question, or attempt to prove or disprove the idea. All our present practice has been and is based upon this theory. If the theory can be shown to be wrong, then the whole present practice of the eye glass fitting fraternity, based on that theory, will have been proven to be wrong. A correct practice cannot be founded on an incorrect or untrue premise.

Now, while the rank and file of the eye glass fraternity have blindly accepted the teaching handed down to them in their colleges and schools, there have been many experiences in their actual application that have no coincided with their theory. A classical example is the cases of people who have had their lenses removed through a cataract operation and still have been able to acquire the ability to accommodate without a lens. This could never have occurred if the lens were the factor of accommodation. -Again, tens of thousands of cases of near-sight, far-sightedness and astigmatism have been corrected and normal vision secured. It is evident that these results could not have been secured if the error of refraction were a fixed thing—something people were supposed to have been born with, and not a functional condition as first maintained by Dr. W. H. Bates of New York City.

Dr. Bates, as long ago as 1886, cured cases of myopia by a simple method based on a principle that he later demonstrated scientifically. He was one of the few who was not satisfied with the usual explanations and when he found that he could by some simple methods secure correction of "errors of refraction," he realised that the old theory must be wrong. What did he do? He tried to prove, by reenacting the same experiment that Helmholtz performed, that the accommodation theory was correct. He worked almost continuously for two years and every experiment made proved that the theory was wrong, due to a mistaken interpretation of certain facts. Then he had to prove his own theory, which is, that the extrinsic muscles that move the eyeball also control its shape. The oblique muscles in contracting elongate the eyeball, producing myopia, and the recti muscles in contracting shorten the eyeball and produce hypermetropia. He made many thousands of experiments on animals of all kinds. He found that by cutting the superior oblique muscle that the retinoscopes would not show any focusing of the eye. When it was sewed together again, the eye focused normally as before. This proves that the tension of the extrinsic muscles determines the shape of the eye, therefore, its focusing. go, on this basis, Dr. Bates says that the bad habit of staring and straining to see (and other conditions of mental and bodily strain), causes an undue tension on the extrinsic muscles, which does not allow the eyeball to accommodate through shortening or lengthening at will, as it should, and therefore give us perfect vision. Now the proof of the pudding is in the eating; not only has Dr. Bates, for many years, corrected all kinds of defective vision in tens of thousands of cases, but many other physicians all over this country and England, by using his methods, are securing the correction of far-sight, short-sight, "old age sight," astigmatism, cross-eyes, and even cases of cataract and glaucoma.

Dr. Bates' work and researches are undoubtedly one of the greatest boons of this century that has come to suffering mankind. Generations unborn will do homage to him. He at last has made it possible for nearly everyone to regain normal sight. The practice of a few of his simple rules will positively prevent children from ever developing defective vision. From a lifetime of study and practice, he asserts with the conviction of one who (mows whereof he speaks, that to put glasses on children is a crime. My own experience convinces me that children and young people can regain

A Radio Talk on "Better Eyesight"
By Emily C. Lierman

For the benefit of those who desire to improve their eyesight and to work without the aid of eyeglasses, I shall be glad to answer any question addressed to me at this station, WMSG.

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