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Better Eyesight

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

September, 1920

MAKE YOUR SIGHT WORSE

Strange as it may seem there is no better way of improving the sight than by making it worse. To see things worse when one is already seeing them badly requires mental control of a degree greater than that required to improve the sight. The importance of these facts is very great. When patients become able to lower their vision by conscious staring, they become better able to avoid unconscious staring. When they demonstrate by increasing their eccentric fixation that trying to see objects not regarded lowers the vision, they stop trying to do the same thing unconsciously.

What is true of the sight is also true of the imagination and memory. If one's memory and imagination are imperfect, they can be improved by consciously making them worse than they are. Persons with imperfect sight never remember or imagine the letters on the test card as perfectly black and distinct, but to imagine them as grey and clouds is very difficult, or even impossible, and when a patient has done it, or tried to do it, he may become able to avoid the unconscious strain which has prevented him from forming mental pictures as black and distinct as the reality.

To make imperfect sight worse is always more difficult than to lower normal vision. In other words, to make a letter which already appears grey and indistinct noticeably more cloudy is harder than to blur a letter seen distinctly. To make an imperfect mental picture worse is harder than to blur a perfect one. Both practices require much effort, much hard disagreeable work; but they always, when successful, improve the memory, imagination and vision.

EXPERIENCES WITH CENTRAL FIXATION

By M. H. Stuart, M.D.
Moultrie, Ga.

We are greatly indebted to Dr. Stuart for sending us this remarkable story of his own cure and that of his patients, all of which was accomplished without personal assistance by means of the information presented in this magazine.

Some sixteen years ago, when working as a stenographer, I developed indigestion and became extremely nervous, one of my symptoms being a tension in the spinal cord between the shoulder blades which was extremely uncomfortable. In the late afternoon and evening I would become so nervous that I could scarcely sit still, and I have walked five miles into the country and back again to get relief. I tried dieting for the indigestion, but after two months failed to get any relief. A medical student then suggested that the trouble might be due to my eyes. I went to an oculist, who fitted me with glasses, and all my troubles ceased.

The glasses given to me were convex 0.25, axis 90. A few years later, when I was in New York doing post-graduate work at the Polyclinic, they were changed to concave 0.25, axis 180, my refraction having changed from hypermetropia to myopia. In succeeding years the myopic astigmatism increased to concave 0.75, axis 180, and finally, after I had worn glasses for some fourteen years, to concave 1.00, axis 180. The last correction I had worn for about two years when I discarded glasses for good.

Slight as my error of refraction was, I was not able to leave off my glasses for more than an hour or two without suffering from nervousness and the feeling of nervousness in the spinal cord alluded to above. At other times I was perfectly comfortable except for the last year or two, during which I had so much to do that I suffered at times from the old nervous trouble. I had no pain in my head or eyes, but the trouble in my back was so bad last fall that I had to have the services of a masseur in tinder to do my work.

Five years ago I first read about Dr. Bates' experiments upon the eye muscles of animals. While interested I was not prepared to abandon the accepted teachings on the subject, and I waited to hear more. Recently I read, in the May (1920) number of Better Eyesight, Dr. Arnott's story of how, his headaches were cured, and I was so impressed by it that I determined to try the relaxation method upon myself. I palmed for five minutes and then read the card three times with each eye as far as I could without effort. I did this six times a day for five days, and at the end of this time I had gained a very decided degree of relaxation. I had, of course, discarded glasses, and, although this caused me a little discomfort at first, I was able about a week later, to perform, without them, three tonsilectomies and one operation for cataract, and to remove two blind eyes. At the same time I went through my daily routine of treating ten to thirty patients, examining eyes, ears, noses and throats, much of which work requires extra good vision. At noon I lay down to rest as usual and read the Atlanta paper. At night I read the Moultrie daily paper and anything else that I wanted to.

After the first five days of systematic relaxation I have never done anything in a routine way for myself, but if I feel nervous, or my eyes feel drawn, I swing twenty times and palm. In this way I am always able to get relief. Another method of gaining relaxation that I have resorted to is to look at an imaginary period in any dark distant object. In this pine-woods district there are thousands or stumps, many of which have been burned and blackened. The third day after I discarded my glasses I had to drive about twenty-eight miles, and whenever my eyes felt drawn I would look in an easy relaxed way at a small point on one of these stumps and always got relaxation.

Nearly every afternoon at half past four I go out for a game of golf, and often I palm before going, as I find it gives me better control of my nervous system, and enables me to play a more consistent game.

I was so pleased with the results of the new treatment in my own case that I have since taught central fixation to about forty of my patients, and in only about two did I fail to improve the vision at the first sitting.

The following are some of my more notable cases.

Mr. S, an automobile mechanic, had been mentally deranged for two weeks, following an attack of flue, after which he gradually became rational, only to find that he saw double and his vision was imperfect in each eye. At the first examination he read with his right 20/120, and with the left 20/60. I suggested that he palm at least six times a day for five minutes, and on the second day he was greatly improved, reading with the right eye 20/80, left 20/40. On the third day he read with the right eye 20/40, left 20/30, an increase of vision in the right eye of 200 per cent, and in the left of 100 per cent. He is now at work, and when, occasionally, he has to lay off, it is not on account of any trouble with his eyes, but because of weakness in his knees.

A year ago a Mr. R consulted me about the sight of his right eye, the left having been blind for years. His vision was 10/40, and could not be improved by any lens. I advised him to have the left eye removed, since it was a menace to the other eye. He would not consent to this and I did not see him again until May 5 of this year, when he came to my office practically blind in his right eye from sympathetic ophthalmia. At one foot he could only count fingers. I advised the immediate removal of the blind eye and of a few teeth that had pus about them; but I could not promise that his vision would be saved. That afternoon I removed the eye, and the following day I was gratified to find that he could count fingers at three feet. I sent him home with some large letters to use for the practice of central fixation, and by the fifteenth he was able to count fingers at five feet. I then told him how to practice the universal swing, and on the twenty-second he could count fingers at seven feet. On the twenty-ninth he could read the small type on the 20 line of the test card at four inches, whereas he had been entirely unable to see them previously. He states that he can now see the small chickens running about near his feet, and can see small cotton plants seven feet away. I am confident that in a year, or some such matter, he will have sufficient vision to attend to the necessary work of his farm.

I have treated three cases of squint, all of them with success. One of them, Delia S, aged twelve, came to me on May 15, with her right eye turned in to such a degree that the cornea was partly hidden. The sight of this eye was so imperfect that at three feet she could only count fingers. With her left eye she could read 20/30. She was told to palm, and when she returned on May 24 she was able, with the squinting eye, to count fingers at six feet, twice as far as at her first visit, and the eye was straighter. On June 5 she came again, and counted fingers at eight feet, an increase of vision since the beginning of 700 per cent. On July 2, while I was writing this report, she came in, and I found that her right eye had improved to 20/40, one third of normal, while her left had become entirely normal, 20/30. Her right eye was entirely straight at times, and I feel sure that in a few months this condition will have become permanent.

Another case of squint was that of a young girl of fourteen with rather large, pretty blue eyes, one of which, the right, was slightly crossed inwardly. Her sight was very imperfect—half normal in the right eye and one-third normal in the left—while, like most cross-eyed people, she was troubled with double vision. I asked her to palm at least six times a day, and she came back with her eyes straighter and able to read 20/30 with both. The next week showed normal vision, the eyes being at times perfectly straight.

I was particularly pleased to be able to relieve these little girls of a disfigurement which means so much more to them than it would mean to a boy, and I was much interested to note how much prettier their eyes were, apart from the disappearance of the squint, after a few treatments. They were wide open, softer-looking, in short, relaxed.

HOW I IMPROVED MY EYESIGHT

By Pamela Speyer

This patient was wearing when first seen the following glasses: each eye, concave 5.00 D.S. combined with concave 1.00 D.C. A number of competent men had said that her myopia was progressive, and that her vision was certain to become very imperfect even with glasses. They all insisted that she must wear glasses constantly. Yet after she had discarded them her vision improved in two days from 6/200 to 20/100.

I have always been near-sighted. When I was six years old, my father took me to a famous oculist in London, and he prescribed and fitted me with my first glasses. With these lenses I was able to distinguish things at a distance which before I had not been able to see. I found that I could read or see objects at close range just as well without the glasses. The only difference that they made to my sight in this case was that print appeared smaller and less black.

Every year stronger lenses were given to me, and I visited several oculists in England and America, in the hope of improvement. When I was fifteen an oculist told me that my eyesight, instead of improving each year as I had hoped, would gradually become worse. By this time I was wearing glasses all the time.

Then, quite by chance, my father heard of Dr. Bates through a friend whose eyesight had been cured by him. I was taken there at once. The first thing Dr. bates did was to take away my glasses. I sat down in a chair, opposite which was a Snellen test card, fifteen feet away. I could not see the largest letter, a "E," about four inches by three, which people with normal vision are supposed to read at two hundred feet. He brought the card five feet nearer and then I read the "E." It appeared very blurred and indistinct. The smaller letters were so blurred that I could not see them at all.

The most helpful thing I learned was how to "palm." This I did by closing my eyes and then covering them with the palms of my hands, so that I saw black and remembered it perfectly. This perfect black rested my eyes a great deal. After doing this for some ten or fifteen minutes, I looked at the card and found that I could read the two letters on the next line.

After I had learned to "palm," I learned to "swing." The reason I strained my eyes so when looking at the card was that I stared at one place. So by imagining the letter was swinging like a pendulum, I moved my eyes instead of staring as I had done before. At first the swing was a long one, but after practicing for some weeks, I began getting it shorter until it was only half an inch on each side of the letter. The short swing was more difficult to do than the long one, but it helped more in the end.

Then I learned to "flash." I looked at a small letter at fifteen feet distance and could not read it. The longer I looked the worse it grew. So by closing my eyes, remembering the swing for a few seconds, I just glanced at the letter and closing my eyes at once, I saw the letter in a flash.

All these things must be practised every day, and even now I have to "palm" every morning and night. Palming, swinging and flashing were the three fundamentals. As soon as they were mastered only practice remained. I have now been going to Dr. Bates for over a year, and my eyesight is almost cured. I often have flashes of perfect sight. Dr. Bates has certainly helped me in a remarkable degree, more indeed than I ever thought possible when I first went to him wearing strong glasses.

SLEEPINESS AND EYESTRAIN

By W. H. Bates, M.D.

How much sleep is necessary to maintain health? This is a question which has never been satisfactorily answered. Theoretically, mental or physical work should increase the need for sleep, but it is a matter of common knowledge that many inactive persons seem to need just as much sleep as those who work. or even more.

Much time has been devoted to the investigation of the symptoms of fatigue. Analyses have been made of the blood of fatigued subjects; the action of the muscles, nerves and brain, the changes in the structure of the cells, under the influence of fatigue, the changes following sleep, have all been carefully studied. But so far very little light has been thrown upon the nature of either fatigue or sleep.

This is a fact, however: that eyestrain has always been demonstrated when fatigue was present, and that fatigue has always been relieved when eyestrain was relieved. Perfect sight is perfect rest, and cannot coexist with fatigue. Even the memory or imagination of fatigue is accompanied by the production of eyestrain and imperfect sight, while the memory of perfect sight will relieve both eyestrain and fatigue. Sleepiness is a common symptom of habitual eyestrain, and when the sight improves the need for sleep is often markedly reduced.

One patient reports that after gaining normal sight without glasses she was able to get on comfortably with seven hours sleep, whereas she had formerly not been able to avoid continual sleepiness and yawning even on nine and ten hours. The inclination to yawn on all occasions had been so overpowering, she stated, that it often subjected her to great embarrassment. On one occasion she yawned so incessantly during a call made in the early evening that the visitor concluded, not unnatually, that her presence was a burden and departed in high dudgeon, no explanations sufficing to convince her that the yawning was not the result of boredom. The patient was made very unhappy by this condition, but finally became reconciled to it in a measure. thinking that what could not be cured must be endured. Great was her surprise and delight, therefore, when, after discarding her glasses and beginning to practice central fixation, she found herself sleeping less and not yawning so much. She made no conscious effort, she said, to check the yawning, and had indeed almost forgotten about it. She now gets sleepy only at bedtime.

Another patient, although he never had any desire to sleep in the daytime, found it very difficult to keep awake in the evening. At the opera or theatre, at lectures and social gatherings, and at church, he was always sleepy and often went to sleep. It was naturally more difficult for him to keep awake when he was not interested, but whether he was interested or not he was sure to become more or less sleepy. He never went to a lecture without going to sleep. and the world's most famous song-birds were not always able to keep him awake at the opera. In the case of dull papers or sermons, it did no good to think of something else, for the sound of the speaker's voice acted like an opiate. When he learned how to relax by the aid of the memory, imagination, shifting, swinging and palming, the trouble gradually became less, and now he can stay awake at all times and in all places where people are supposed to stay awake.

STORIES FROM THE CLINIC

The Woman with Asthma
By Emily C. Lierman

When eyestrain is relieved all other strain is relieved, and therefore patients relieved of eyestrain are often relieved of many other symptoms. Asthma belongs to a large class of diseases with symptoms which may result from nervous disturbances instead of from organic changes. They have been called functional neuroses. It was not strange, therefore, that this patient should note an immediate improvement in her breathing after palming, and that this treatment, in combination with hygienic measures, should have permanently relieved the trouble. Many similar cases could be reported, and even when organic disease has been present, the subjective symptoms have been relieved.

One day during the summer of 1919, a woman suffering from asthma came to the clinic. She was only forty years of age, but looked fifty, and it was evident, from the wrinkles in her forehead and her half-shut eyes, that her vision was very poor. She told me that she suffered from continual pain, and I could see that she had great difficulty in breathing; but her spirit was unbroken, and her exuberance was something of a problem to me. She talked continually as long as she could find anyone to listen to her, and in order to preserve any order in the clinic I had to keep her as much as possible by herself. I was sorry to do this, because her good humor was contagious, and made the patients forget their pain and other troubles, but I could not have the work brought to a standstill, even for such a desirable end as this.

The state of her eyesight did not seem to trouble her. 12

It was her asthma about which she was concerned. When I asked her to read the test card she said:

"Please ma'am, help me to breathe first; never mind my eyes."

"You are in the wrong room for asthma", I replied, "just let me do something for your eyes, and then I will send you to another room where a good doctor will treat you for the asthma."

She smiled, evidently pleased that I had not sent her away, and proceeded to read the card, as I had asked her to do. Her vision was 20/30 in each eye. I told her to palm and on no account to remove her hands from her eyes until I came back. It was fully half an hour before I was able to do this, and when I told her to uncover her eyes, she asked:

"What makes me breathe so easy?"

"The palming has helped you", I replied.

Her vision was now 15/20, and she said the pain in her chest and back had gone. I gave her some advice about her diet, told her to drink plenty of water, and asked her to come to the clinic three days a week.

On the next clinic day, to my great disappointment, I did not see her. I concluded that she did not care to bother about her eyes, and was not willing to give up the foods and drinks I had told her not to take, including meats, pastry, strong tea and other liquids much stronger than tea. Other patients were continually coming in, however, so the poor woman with asthma went completely out of my mind until two months later when she rushed into the clinic like a cyclone. Most of these poor people do not think about waiting for their turn, and are so anxious to tell me about their relief from eyestrain and other troubles that I have to forgive them when they break the rules. This woman not only did not wait her turn but did not think it necessary to wait till I had finished with the patient I was attending to. As soon as she saw me she veiled in a loud excited voice:

"Please, ma'am. I didn't forget you. I didn't forget myself either. I felt so good after you treated me, I just palmed and palmed, and I began to breathe so much better I went out and got a job right away. During the day my madam allowed me to rest my eyes. and I ate very sparingly. Sure, ma'am, it was no joke either, for I just love to eat good and lots of it; but I remembered what you said, and so I behaved myself. I must have starved the asthma all away."

"I am very glad to hear all this" I said. "Now let me see what the palming did for your eyes."

Her vision had improved to 15/10. And it had all happened in two months. She did it and not I. When I told her this and praised her for it, she replied:

"God bless you! You don't know how happy I am. I am working and supporting myself now for the first time in four years. But what surprises me the most is that I have not been drowned by this time with all the water I have been drinking."

QUESTIONS AND ANSWERS.

The editor has received so many questions from the readers of Better Eyesight that he feels it sufficiently important to open a new department which will start next month. All persons are invited to send in questions which will be answered as promptly as possible by mail or the questions and answers will be published in the magazine. Kindly enclose a stamped, self-addressed envelope.

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