# January 1930

Better Eyesight

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

January, 1930

## The Imagination Cure

When the imagination is perfect the mind is always perfectly relaxed, and as it is impossible to relax and imagine a letter perfectly, and at the same time strain and see it imperfectly, it follows that when one imagines that one sees a letter perfectly one actually does see it, as demonstrated by the retinoscope, no matter how great an error of refraction the eye may previously have had. The sight, therefore, may often be improved very quickly by the aid of the imagination. To use this method the patient may proceed as follows:

Look at a letter at the distance at which it is seen best. Close and cover the eyes so as to exclude all the light, and remember it. Do this alternately until the memory is nearly equal to the sight. Next, after remembering the letter with the eyes closed and covered, and while still holding the mental picture of it, look at a blank surface a foot or more to the side of it, at the distance at which you wish to see it. Again close and cover the eyes and remember the letter, and on opening them look a little nearer to it. Gradually reduce the distance between the point of fixation and the letter, until able to look directly at it and imagine it as well as it is remembered with the eyes closed and covered. The letter will then be seen perfectly, and other letters in its neighborhood will come out. If unable to remember the whole letter, you may be able to imagine a black period as forming part of it. If you can do this, the letter will also be seen perfectly.

## Astigmatism

By W. H. Bates, M.D.

IN ALL cases of astigmatism one meridian of the cornea is more convex or less convex than all the other meridians. One definition of astigmatism is that the astigmatic eye is not able to focus the light from the sun or from any other object down to a point. There are many authorities who claim that astigmatism is always congenital or that people with astigmatism were born with it. However, recent work on astigmatism has demonstrated that it is always acquired and never congenital. Young children, babies, when examined with the retinoscope soon after birth usually have astigmatism which is acquired by a strain or effort to see. When the child's eye is at rest no astigmatism is manifest, but when the child's eye or the child's mind is under a strain, astigmatism is always present.

Animals always acquire astigmatism when under a strain. Those who examined the eyes of cats found that it is very difficult or impossible to make them strain to see. No fish were found which had astigmatism. The evidence is worth consideration because it is based on the examination of a great many fish at the New York Aquarium. The observer with the retinoscope stood outside of the tank and was able to observe the dark cloud moving in the same direction as the movement of the light from the retinoscope. At times the fish would come very close to the glass and strain their eyes, without the production of astigmatism. I never saw a fish with nearsightedness or astigmatism. There were a number of ophthalmologists who believed that fish were nearsighted or had astigmatism.

School children are often nervous and when the nervousness is considerable, a large amount of astigmatism may be produced by a strain of the eyes or mind. When rest is secured the astigmatism in school children promptly disappears. Rest of the eyes is not always obtained readily. Closing the eyes, palming with the help of a nearly perfect memory of some letter or other object, secures a considerable amount of rest. The more perfect the memory the greater is the rest or relaxation. Rest of the eyes and mind is also obtained after the child practices central fixation or seeing best where the eyes were looking. However, it is necessary to practice central fixation without a conscious effort. When the eye is fixed on a point it is oftentimes very easy to make an effort and the effort, even when slight, is capable of lowering the vision when astigmatism is present.

There are many conditions which are favorable to securing relaxation or rest. Some people see better when the illumination is unusually good, whereupon the astigmatism immediately becomes less. There are other people who cannot stand even a moderate amount of light and their astigmatism is less when the light is poor. The distance of the print from the eyes when seen best also varies with people. In some cases letters or other objects are seen well at twenty feet or farther and not so well at twelve inches. One patient had a vision of 20/30 plus. The large black letters of the Snellen test card appeared blood red but at one half or one quarter of the distance the astigmatism was worse or increased. In other patients the color of the black letters was a shade of brown or yellow or green at a distance of fifteen feet, while the black letters never appeared black, but corrected the astigmatism when the distance was less than ten feet.

The facts observed on the production of astigmatism were modified by shifting. One patient looking directly at the first letter of a line of letters had no astigmatism at six feet. The patient was told that he would be asked to look at the last letter of the Snellen test card and he was able to do this, but before his eyes looked from the first letter to the last letter on the same line the astigmatism became very decided. Shifting from one letter to another at ten feet produced astigmatism. Astigmatism was temporary and by alternately shifting from the top period of the colon to the bottom period of the colon his vision improved. When he tried to see all parts of the colon simultaneously a strain resulted and a severe headache annoyed the patient very much. He found fault and said that he came to have his headaches cured, not to have them made worse.

To increase astigmatism is a very difficult thing. It requires much effort and with that effort to increase the astigmatism and to make the sight worse the patient com-plains that it is more difficult to increase the astigmatism and make the sight worse than it is to lessen the astig-matism and make the sight better. After many methods have been tried with much strain, it can be demonstrated that the production of a large amount of astigmatism is difficult. To lessen the astigmatism and improve the sight to normal is easy and can only be accomplished without effort.

The successful treatment and the cure of astigmatism without glasses is generally accompanied by so much strain that it is not always easy to make progress. It is very easy, however, to demonstrate that astigmatism is caused by a strain or strain and that rest or relaxation of the eyes will bring about a cure of astigmatism. The memory of familiar objects with the eyes closed is a great help in obtaining relaxation and lessening the amount of astigmatism. After the astigmatism is lessened by treatment, greater benefit can often be obtained by having the patient close his eyes and remember letters, music, and other mental pictures. Perfect memory means more perfect sight, because the greater the relaxation the quicker does the astigmatism disappear. It often happens that patients with astigmatism find it difficult to obtain relaxation, because they try to see too much of any one object at once and try to see letters, left side best, top best, bottom best, right side best. The mere act of seeing one side of a letter at a time makes it easier to imagine the vision of each part of a letter.

One patient, when examined with the retinoscope, had a high degree of astigmatism. When he looked at the left side of some letter he could imagine the left side was straight, curved, or open. He imagined it straight with his eyes open and more or less clear; with his eyes closed the left side of the letter was remembered or imagined straight; the top was also imagined straight; and the bottom was also imagined straight; and with the eyes open the left side, top, and bottom were imagined correctly. By alternately regarding each side of the letter with the eyes open and imagining these sides much better with the eyes closed, each side was imagined correctly. The patient was told to close his eyes and think of a letter, the left side straight, the top straight, the bottom straight, right side open. "What can you imagine the letter to be," he was asked. He answered: "It is an 'E.'" The patient was drilled on a number of other letters with success. He was convinced that the imagination of one part of the letter improved the relaxation and enabled the patient to ignore the blurred outline of the letter regarded.

When the imagination improves the vision improves. One can at will plan to imagine a letter with the left side more or less straight and do it successfully after a number of times. Many failures occur because patients try to imagine the unknown letter by a strain. One of the most difficult cases to cure by relaxation methods responded favorably when his attention was called to the fact that he could, when the astigmatism was corrected, see a part of a letter better than a number of small letters. The letter was so imperfect that he could not distinguish the size, the color, or the form. By explaining to him that he could see these blurred letters, one part of the letter at a time much better than he could see the whole of the letter at once, he soon became able to see the letters perfectly in this way. When a pointer was placed in the neighborhood of the letter, the vision for that one letter was improved more than for other letters of the same size and color. He could not see the left hand side cor rectly with his eyes open or closed. He was asked if he could imagine how the left side of the unknown letter would look if it had no blur. The imagination improved and with the improvement in the imagination the sight improved.

Some time ago there was printed in this magazine a description of a method of curing astigmatism which is far superior to all other methods. The patient was advised that there were white spaces between the lines of black letters and that these white spaces became whiter by alternately imagining them as white as possible with the eyes closed and then with the eyes open. The attention of the patient was called to the fact that one could imagine the bottoms of the letters resting upon the upper part of the white spaces, and when the letters were read a thin white line could be imagined going across the card from left to right. This thin white line was improved by the imagination of the line with the eyes alternately open and closed. When the imagination was successful in improving the thin white line, the black letters were imagined blacker and could usually be distinguished very quickly; but when the imagination of the white spaces was less perfect, the black letters could not usually be normally seen. In other words, the improvement in the vision for the black letters depended primarily upon the improvement of the whiteness of the thin white line. Of the two the thin white line was more important because one can imagine the whiteness of the thin white line much whiter relatively than the imagination can picture the blackness of the black letters.

Letters are frequently received by me, containing this very important question: "How can I remember black? It is impossible for me to remember black." One person wrote from the middle west that he could not remember or imagine black by central fixation. Whenever he tried he always failed and a number of friends of his also tried and they believed that it was impossible to remember or imagine a period that was anywhere near black. The man who complained had a high degree of astigmatism. This astigmatism was corrected by relaxation methods. His vision improved rapidly. By alternately practicing with his eyes open and with his eyes closed, his memory, his vision, and his imagination soon became normal.

Many people who try to see one period of a colon blacker than the other fail. If the patient can demonstrate that the cause of failure is a strain he soon learns that his failure is due entirely to strain. This strain is a mental strain. Many people fail because they lose their sight, memory, and imagination by an effort. It is a benefit to people with imperfect sight to demonstrate that the cause is always an effort or trying to see. It is aston-ishing to know that the memory of imperfect sight is so difficult and that it requires considerable time and patience to help a patient realize the facts. Most people believe that to do wrong is easy and are very much surprised when someone tells them the contrary and still more surprised when the facts are demonstrated.

Children eight years of age or younger have repeatedly demonstrated that imperfect sight, imperfect memory, and imperfect imagination are difficult.

When the largest letter of the Snellen test card is regarded, the blackness of it, the clearness of it, are so much better that people erroneously believe that the imag-ination of a large letter is much easier than the imagination of one half of the letter. When one half of a letter is covered, some people can imagine successfully that one half of the largest letter on the card is just as black, clear, and distinct as the same letter very much smaller. By continued practice the size of the letter or other object can be reduced to an area as small as the eye of a needle.

On one occasion a child ten years of age was brought to my office with normal eyes. The vision was tested and found to be normal. Her father said to her: "Can you tell that the largest letter on the test card is blacker than the very small letters." The child intelligently declared that the large letter was not blacker or clearer than the smaller letters. She could also make an effort sufficient to produce a considerable amount of astigmatism. Having normal vision, her control over her imagination was much better than that of patients with imperfect sight. The father then asked his daughter how she explained that she could see the small letters better than large ones. She replied that the reason she saw small letters better than large ones was because there was not so much to see.

Having good sight the child could very readily produce a considerable amount of astigmatism by an effort of which she was conscious. Her father had much less control over his eyes than his daughter had. He could regard the card with good vision but his daughter could strain much more and produce a higher degree of astigmatism measured with the aid of the ophthalmometer. She was also able to imagine, when she saw a small letter at fifteen feet, that it was moving.

She was asked if she could stop the movement and when she did so a larger amount of astigmatism was demonstrated in her eyes than in those of her father. She was very much annoyed when she produced astigmatism because she said it gave her great pain. His central fixation was not so good as hers. It was difficult for him to imagine the top period of a colon here and the bottom worse or to imagine the bottom here and the top worse. He invariably saw both at the same time nearly equally well, while the daughter always saw one period at a time, the upper or lower, best.

A boy came to me to obtain glasses for the correction of astigmatism in each eye. With the right eye his vision was 10/20 or one half of the normal, but with the other eye he saw four times as much and the astigmatism was four times as great as in the other eye. This boy, when he covered over both closed eyes with the palm of one or both hands, instead of seeing black, saw everything else but black—gray, green, blue, yellow, and other colors—and his efforts to obtain black did not readily succeed. When he imagined imperfect sight he did not see black. When he imagined perfect sight and remembered perfectly the things which he had seen the astigmatism disappeared and he was able to remember, imagine, or see perfect black.

Many facts of considerable value were observed. When the boy imagined a large object while palming, his astigmatism was slight when he opened his eyes, but when he remembered letters or other objects with imperfect sight with the left eye open his vision became worse. Perfect imagination enabled him to produce a greater amount of astigmatism than he was able to do when the vision was poor. When the right eye had more perfect imagination he became able to imagine more perfect vision and in addition he could imagine sight that was more imperfect. With a good imagination he had more perfect sight and at the same time remembered or imagined a greater degree of astigmatism than when his sight was poor. He demonstrated that when his mind was more under his control he could remember or imagine a larger amount of astigmatism. When his sight was good the mental control of his vision was improved. When his eyes were closed he could remember or imagine more perfect black than he could remember or imagine when his eyes were open. He demonstrated that he could produce a larger amount of astigmatism or a lesser amount of astigmatism as he desired because, his mind being under his control, he could remember things or imagine things better than he could when his mind was not under his control. The retinoscope was a great help in controlling the astigmatism. With its aid the amount of the astigmatism could be determined.

## Two Cases of Myopia

By Emily A. Bates

A LITTLE girl, aged seven, came to Dr. Bates for the first time for treatment. She had a high degree of myopia with astigmatism and had worn glasses for a few years. According to her mother's statement she was a very nervous child, due to eyestrain. The vision in each eye was 15/40 minus. The usual treatment was given the child, first having her close her eyes to rest them. Then with the aid of the long swing, the variable swing, and the sway of the body, which was a rest to her, her vision improved to 15/20 minus. Dr. Bates explained to the mother that it would be necessary for her to have daily treatment for at least two weeks in order to bring about a satisfactory improve-ment in her sight. The mother explained that she was taking a long trip with her family and could not at that time remain longer than a day.

On her way west she stopped at a place where we had a competent student who treated the child successfully and gave her a temporary improvement in her sight as Dr. Bates did. The mother then went west where her child was placed under the care of a person who has only a slight knowledge of what the Bates Method really is. As the result of the improper treatment given this child, in one year's time her vision was lowered from 15/40 to 15/100 in each eye. Dr. Bates was much concerned about the lowering of her vision and found out that diathermy and other appliances were given as treatment for the relief of eye strain. The treatment produced more strain and the myopia became worse. When such patients return to Dr. Bates they are extremely hard to treat and if I can possibly help it I try to dodge such cases unless I am promised a reasonable length of time in which to benefit the patient.

After the Doctor saw the child again, Miss Katherine Hayes, our secretary and assistant, was directed to treat the child, which she did with satisfactory results. On October 19th, the day the patient returned for more help, her vision was 15/100. On October 22nd her vision had improved to 15/15.

On September 12th, 1929, the mother returned again with her child for more treatment. It was found that the vision in both eyes was the same and by practice she improved to 15/10. During her absence between September 12th and October 26th, her vision gradually became better because the mother had kept in constant communication with Dr. Bates. The advice which she received for home treatment for her child helped. With but a few exceptions results are usually obtained if the mother keeps up the constant practice for her child every day.

On September 14th, the mother again left for her home in the west and again returned early in December for a check up. It was found that Betty had carried out the instructions given her for daily practice at home or wherever she might be, with the result that she no longer made an effort to read the letters of the various test cards placed before her, which was something she always did and had to be reminded constantly not to do. She found out all by herself that the harder she tried to read the letters of the cards the more her vision blurred. Shifting from a near object to the test card as she was reading avoided any effort to see better. When she noticed that the black letters of the white test card became blacker if she did not look too long at them, she enjoyed the treatment much more. The card which she had moved near her was placed at ten feet and she began to strain her eyes to see, causing a frown and a wrinkling of her forehead, which the mother herself corrected before I had a chance to do so myself. I know that the mother's efforts to help me with the child brought about a better vision which remained with her most of the time.

The next day Betty did better, improving two lines on a strange test card. On a sign about fifty feet to the left of our office windows were letters which she could not read distinctly at first, but during the treatment she became able to read all of the sign letters which were much smaller at the bottom of the sign that at the top. Shifting from this sign to the test card in the room again improved her vision for another line, namely 10/15.

The next day, having sunshine in the room, we gave her the sun treatment for about twenty minutes. Small test card letters seen by the normal eye at four feet she was able to read nine inches farther away by shifting from the white spaces to the type. Then all the test cards which were used in our office were placed at a distance of fifteen feet and she read each one of them through to the bottom line without a mistake. Her mother and I decided to test her memory for these various test card letters by having her close her eyes and read from memory. She was able to do this successfully with two of the test cards but she had not memorized the others, even though she had practiced with them while she was in our office. This proved to the mother that the memory of the known letters with her eyes closed helped her to read all the other test cards when her eyes were open and to read them at more than the normal distance. The nervous twitch of her body which was in evidence always toward the end of her treatment and during her last few treatments had entirely disappeared. I believe that Betty is entirely cured now.

Betty's brother Bobby, aged twelve, had never worn glasses although he has for many years had myopia or short sight. His vision in the right eye was 10/50 and with some help from me he was able to read some of the ten line letters of the card with his left eye. He explained that the bottom line of the test card looked as though each line had a tail to it, and that all the P's looked like T's and the P's much like a P, only distorted. He could not raise his head sufficiently to read the test card but always while reading he would lower his head so that his chin almost touched his chest. This produced a strain which Bobby did not at first believe was the cause of his trouble. He thought that it was perfectly right for him to lower his head in order to see better.

I did something to Bobby which I rarely care to do with most patients, although it is a good demonstration to the patient that strain causes the lowering of sight. Dr. Bates is successful in having patients demonstrate for themselves that producing discomfort from straining helps them to overcome the trouble. In most cases I have hesitated to try this because it affects me personally and causes me to strain so that sometimes I cannot go on with the treatment. Bobby was so enthusiastic about wanting to be cured that he was perfectly willing to have me demonstrate anything that he did which was wrong so that he could cure it.

Bobby had the mind of a boy sixteen or seventeen years of age instead of a boy of twelve, and he carried out my instructions very much like our West Point cadets or the boys who are ready to enter Annapolis. We have had many from both academies and so far we have not found one of them difficult to treat, no matter how severe their eyestrain might be. Dr. Bates thinks that discipline and knowing what it means to pay attention makes this type of patient easy to treat and to benefit. I think little Bobby is headed for either one of these places for he spoke about it every time he came.

He was encouraged to do the long swing, not paying any attention to stationary objects in the room. Occasionally I had to remind him to keep his chin up like a soldier, which always spurred him on. I believe also that his sister being in the room and watching his treatment helped me in treating him also. She looks upon him very much like a hero and is proud of everything good that he does. Just a little sound of approval from her made him show off a wee bit, which made it amusing to me. His vision improved in less than a half hour's time to 12/10, reading with both eyes together at first. Having no sunshine while treating him I gave him the thermo-lite for half an hour. Then I tested his right eye, having his left eye covered, and found that he had improved to 10/15 from 10/50 in less than one hour's time and not once had he lowered his head to read better.

The next day we had sunshine and while Bobby reversed the strong light of the sun at first as the sun glass was used on his closed eyelids, he soon became accustomed to it and liked it, asking for more. After the sunlight treatment the vision of the right eye improved that day to 10/10. The next day we did some mental arithmetic while he was taking the sun treatment and found that that was not so good. Trying two things at one time was not helpful to Bobby. The sun glass was then used and after half an hour of sun treatment he palmed and then we did some mental arithmetic. He visualized the numerals as they were given to him and as quickly as I mentioned the figures he gave the answers correctly, not once making a mistake. Again his right eye was tested with a strange card and his vision had improved to 12/10.

I drew his attention then to the sign outside of our window and then to a more distant sign about five hundred feet away and he became able to read all of the sign at that distance with both eyes together. Then I turned him around, facing another strange test card and he read the bottom line, the smallest letters of the card, at fourteen feet two inches.

This boy before coming to me had had diathermy and other treatment, which perhaps improved his vision temporarily but did not last. He explained to me that the electric treatment which was given him for the improvement of myopia caused a nervous afflicition of the body. The advice given Bobby to keep up the good vision obtained through our treatment was to play ball, watch the ball as he threw it to the other player and then blink and sway a little bit as the ball was thrown back to him. I gave him a little demonstration of this in the office, which he enjoyed. I told him to play other games where only two objects were used, one a ball and the other a goal or certain point where the ball should be thrown. The old fashioned horse-shoe game is not only relaxing but it gives the patient an opportunity to practice shifting.

Betty and Bobby could not be treated exactly alike because their minds were not alike. Each had to be studied carefully before the treatment could be successfully given. If the doctor or student does not carry out this idea the patient has little chance to be relieved entirely of eyestrain.

## Notice

Dr. Bates, as well as the Central Fixation Publishing Company, has been receiving a number of letters recently from people who have been unsuccessfully treated by practitioners who have not taken Dr. Bates' course of instruction and do not understand the Bates Method thoroughly.

Dr. Bates gives a course of instruction to doctors, teachers, nurses, and others who wish to practice his method professionally. At the end of the course the student receives a certificate authorizing him to help others by the Bates Method. Those wishing further particulars may obtain them by writing direct to Dr. Bates at 18 East 48th Street, New York City.

We wish to inform our subscribers that the Better Eyesight Magazine will be discontinued after the June, 1930, issue. This will enable Dr. Bates and Mrs. Bates to devote more time to the writing of new books on treatment alone for which there has been a very great demand during the past year. Subscriptions for the remaining months, however, are being received.

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