

## April 1924

Better Eyesight

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

April, 1924

Distance of the Snellen Test Card

THE distance of the Snellen Test Card from the patient is a matter of considerable importance. Some patients improve more rapidly when the card is placed fifteen or twenty feet away while others fail to get any benefit with the card at this distance.

In some cases the best results are obtained when the card is as close as one foot. I recall a patient with very poor sight who made no progress whatever, when the card was placed at ten feet or further, but became able to improve the vision very materially with the card at about six inches. After the vision was improved at six inches the patient became able to improve the card at a greater distance until normal sight was obtained at twenty feet. Some cases with poor vision may not improve when the card is placed at ten feet or further, or at one foot or less but do much better when the card is placed at a middle distance, at about eight or ten feet. Other individuals may not improve their vision at all at ten feet, but are able to improve their sight at twenty feet or at one foot. I recall one patient with 20 diopters of myopia whose vision at ten feet was peculiar. The letters at twenty feet and at one foot were apparently all the same normal size, but at ten feet they appeared to be one-fifth of the normal size. Practicing with the card at twenty feet or at one foot helped him greatly, more than practicing with the card at about ten feet. While some patients are benefited by practicing with the card daily always at the same dis-tance, there are others who seem to be benefited when the distance of the card from the patient is changed daily.

Concentration

By W. H. Bates, M.D.

THE dictionary defines concentration to be an effort to keep the mind fixed on a point continuously. It can be demonstrated that this is impossible for any great length of time, a few seconds or part of a minute. All persons with imperfect sight whether due to nearsightedness, astigmatism, cataract or glaucoma try to concentrate. Since concentration is impossible, trying to do the impossible is a strain. It does a patient no good to tell him that concentration or trying to concentrate is an injury. To obtain real benefit he must prove the facts, experimenting on his own eyes.

Most people can look at the notch at the top of the letter C at ten or fifteen feet and try to keep their minds fixed on one point of the notch continuously. After some seconds all patients demonstrate that an effort is required and that the longer the point is fixed, the greater becomes the effort. The eyes, and the mind become tired from the effort and sooner or later the eyes move away from the notch or the vision becomes blurred. This seems like a simple demonstration, but it may fail with individuals who have the ability to imagine erroneously that they are concentrating successfully and continuously, while unconsciously failing by closing the eyes or blinking or by shifting to some other point. These cases are difficult to manage and usually require a great deal of patience and ingenuity before the patient becomes able to demonstrate the facts.

With the eyes closed the patient may be able to re-mem-ber a letter C with its notch, continuously, and demonstrate that the eyes are moving from one point of the C to another. If the patient is directed to keep the mind fixed on one point of the notch continuously and endeavor to keep the point stationary, after a few seconds or longer the notch or the point are not remembered. If one looks to the right of the notch the notch is always to the left of where one appears to be looking with the eyes closed. Still with the eyes closed, if one imagines they are looking to the left of the notch, the notch is to the right. Every time the eyes or the mind look to the right, the notch in the C moves to the left. Every time the eyes or mind move to the left the notch moves to the right and by alternating, looking from one side to another, one can imagine the notch of the C moving from side to side in the opposite direction a short or a longer distance. This movement or swing prevents concentration and the memory, imagination or visiontrusually improve.

The normal eye when it has normal sight does not try to concentrate. If one consciously tries to concentrate the vision always becomes imperfect.

One day a professor of Psychology called at the office to consult me about his eyes. His first remark was: "Doctor, I have lost the power of concentration. My eyes are very bad and so far I have not been able to ob-tain glasses which could help me. I am so fatigued most of the time that I find it exceedingly difficult and often impossible to deliver my lectures. I have no appetite; I do not sleep well and feel quite miserable generally."

His vision with each eye was normal, 15/10 and although only 40 years of age he was not able to read the newspapers. The first thing I asked him to do was to try and keep his eyes on the left hand side of the small letter O, 15/15. After a part of a minute I asked him how he was getting along. He replied: "Badly. I lost the letter O. The harder I try and with all the efforts that I make it is impossible for me to bring back that letter O and, in fact, it seems to me that the harder I try the less I see."

I said to him, "When I try to concentrate on the left hand side of that letter O my vision soon fails, just like yours did."

He jumped out of his chair and said:

"Wait a moment, Doctor," and went out into the waiting room and brought back with him a friend who was apparently perfectly well and who had normal sight. He asked his friend to try to keep his eyes and mind con-centrated on one point of the left hand side of the small letter O. In a few seconds the friend looked away and said to the patient:

"Don't ask me to do that again."

The patient asked: "Why?"

The friend replied: "Because it spoils my sight and worse than that it gave me a pain and a headache and I don't like it."

The patient smiled and motioned to his friend to retire to the waiting room again.

"Pardon the confirmation," the patient said and asked this question:

"If I avoid looking at a point continuously will that help me?"

I answered: "Yes it will help you and if you always avoid concentration you will always be relieved of your eye and nerve trouble."

I suggested that he close his eyes and demonstrate the facts that it was just as impossible for him to concen-trate on the memory or a mental picture of a point on one side of the letter O, and that when he tried to do it he lost the memory of the O and the effort to concen-trate, while it interfered with his memory, also made him uncomfortable.

I asked him if he had demonstrated sufficiently to be convinced that one cannot concentrate for any length of time when one looks at a point or when one remembers a point with their eyes closed.

He replied: "I am convinced. I wrote a book once on concentration and it had quite a sale. I have been teaching concentration for years and I have many friends who are also teaching it."

My answer was this: "Let me remonstrat-e with you and with all people who advocate concentration. In the first place you do not know what concentration is, what you are doing, or that you are teaching people to ruin their eyesight and their general health. It is the effort, the concentration which is always present with imperfect sight, with pain, fatigue of the eyes and the body generally. You can demonstrate that with the help of trying to concentrate pain can be produced and other symptoms of disease. It is not possible to improve the eyesight without eliminating concentration or the stare. One cannot see, remember or imagine when concentration is practiced or an effort made to practice concentration."

I taught the patient to shift, to keep looking from one place to another because it prevented concentration. I taught him how to imagine things moving which also prevented concentration. Palming also helped him very much. The swing and the blinking at the same time gave him the greatest relief and I kept him practicing the long swing and the blinking for a considerable time, an hour or longer, when he declared that he felt perfectly well and not only could see the Snellen Test Card with normal sight continuously but he also became able to read the newspaper without any difficulty and also diamond type at six inches or less.

What became of him? I received a letter recently from the gentleman in which he said among other things: "Thank you very much for your inquiry. I have changed my occupation and no longer teach concentration. I feel perfectly well and happy and am full of gratitude for what you did for me."

One day a lady came to see me with a child about four years old suffering, from an alternating squint. Sometimes the right eye turned in, at other times the left eye turned in. His mother said the child was quite nervous and had not been strong or well for some time. With the mother standing and facing me I took hold of both her hands and had her sway in unison with me from side to side. The child was interested. I then took the child in the circle, the mother holding one hand and I the other and we all three swayed from side to side. The child was delighted and enjoyed it very much.

I said to him: "Keep looking up at the ceiling," which he did while swinging. The color came into his face, he smiled and laughed and best of all the eyes were per-fectly straight. I advised the mother after her return home to encourage the child to laugh, sing, to play, to dance and to have a good time generally and that she should spend some hours daily playing with the patient.

She said: "I don't know any games."

I answered: "I will teach you a few," and I placed the mother in one corner, the little boy in another, while I stood in the third. When she tried to run from one corner to another, I ran after her and tried to get there first. The child sought another corner and got it, while I tried unsuccessfully to beat him to it. It was not very long before the child was laughing and screaming with delight. We kept this game up for quite a while and some of the patients in the waiting room came and looked in at the open door to see what was going on. The more the child laughed, the more he screamed, the more he ran, the straighter became his eyes.

The mother said: "That is easy to do."

My reply was: "I am not so sure of that. You have many duties and I am afraid you will neglect the child." She answered: "Oh, no, I promise you."

I requested her to write to me and let me know how he was getting along at the end of a week. At the end of the week instead of writing she called and when the little boy saw me he ran to me, threw himself in my arms and held up his face to be kissed. I was quite willing to kiss him because his eyes were perfectly straight.

Stories from the Clinic

50: The Blind Girl

By Emily C. Liernan

IT is very easy to get into a habit, at least I find it so. I had been in the habit of calling Anna Bernard, My Blind Girl, or, My Blind Patient, but I had to get out of the habit because Anna can now see. Her vision is not normal by any means. No one could expect that. Not if they had seen Anna at the beginning of her treatment. People who have had fairly good sight and then acquired cataract and other diseases of their eyes have a fair chance or a better chance to regain normal vision. I have seen many such cases entirely cured after they had intelligently carried out our treatment. But, Anna, who was born blind, with cataract and also acquired other diseases, was the greatest problem I ever had. I want to say this for Anna: If she would not have had the faith in me or in my ability to benefit her, I could not have helped her. She did as she was told and that was a great deal. For instance, Anna was caning chairs for a living. She could earn at least six dollars per week. But, when I told her that she stared and strained her eyes while caning chairs and that I feared she would be wasting her time and mine, if she continued to do this work while under treatment, she gave it up. It was not easy for her to make this sacrifice, because she was giving up her independence. Her great desire was not to be a burden on her family. She wanted to help instead of being helpless.

Her wonderful mind helped her however to realize that if she could see with eyes that had always been sightless, she would be able later on to earn much more than she could at caning chairs by the sense of touch.

During the months of October and November, 1922, Anna made steady progress. She could read the test card up to the forty line at a foot or so from her eyes but the smaller letters she read holding the card quite close to her face. She came every Saturday morning accompanied by her sister Ella as usual. She had something to tell me. Now she was going to the movies and sitting about fifteen or twenty feet away, she could at times see the heads and faces of people on the screen. She had to keep up the body swing and also to blink constantly, otherwise everything before her became a blank. If she did not keep up the practice all the time, the staring and straining to see always lowered her vision.

One day I had three visitors in our office whom I had invited especially to see the progress Anna was making. One of my visitors was a lady who happened to be in our waiting room the day Anna appealed to me first for help. This lady was a school teacher, a delightful person with a great deal of love for others. I placed her at a desk in one corner of the office, the desk separating her from the patient. To her left I placed a young man, a relative of hers who was also troubled with imperfect sight.ÿTo her right sat another young man who was at the time under treatment by Dr. Bates. All objects seen by Anna on the street and elsewhere were seen under favorable conditions, either in the bright sunlight or under strong electric light. While at the movie theatre, all lights being out, she was able to relax enough to see objects thrown on the screen. Now, I was anxious to find out how much she could see as she entered the office, where I had purposely lessened the amount of light. As she stood in the doorway I asked her if she saw anything unfamiliar in the room.ÿÿOur visitors were perfectly still and intensely interested. Anna began to blink and swing her body from side to side, which was always a benefit to her. She looked about the room and then back again to the right where the visitors were sitting. She smiled and immediately walked unassisted to the desk, and as she kept up the blinking, she leaned over the desk, and said the center figure was a lady with a light colored waist on. There were two gentlemen also; one on either side of her. After praising her, I placed her in a chair to palm and rest her eyes for a little while. This was always necessary because in her eagerness to read or tell what she saw, she strained unconsciously and her vision blurred. Ten minutes later I asked her to follow me about the room and tell me what she saw. A Brazilian butterfly, in an oval frame hanging on the wall, attracted her and at three feet she was able to see the color of it. As she had never seen a butterfly she tried to tell me what it might be. She remembered that at one time a butterfly was described to her, so she said it might be one although she was not sure. The memory of the form of an object explained to her, helped her to really see it. She was placed before a mirror and immediately she saw what it was.

I never thought when I first saw Anna, that we could accomplish so much. In her home she helps with the housework and picks up things and places them where they belong. She sees the steam from the boiling tea kettle and reads the large headlines and the next size type in the newspapers. When, she first learned to write with crayon for me, she wrote something in a note book which I hope to have photographed for my book, so that those who are interested may see what she learned to do. Perhaps not all blind patients could have accomplished what Anna did. Such an extraordinary mind as she has, is very rare. Her cheerfulness, her hope of seeing helped me to help her too. Her smile was with her all the time and her gratitude to me and her faithful sister was great.

She does not come for treatment just now but her letter of February 11, 1924 reads:

"My dear Mrs. Liernan,

It pleased me greatly to receive your letter and I appreciate your interest in me very much. I am not caning chairs any more but am taking a commercial course. With kindest regards, I remain

Sincerely,

ANNA BERNARD

Nancy's Mental Pictures

By Florian A. Shepard

LAST week, in her piano lesson, nine-year-old Nancy couldn't play one of her "review pieces," and her memory was all mixed up. Something needed to be smoothed out.

"Shut your eyes, Nancy," I told her. "It is easy to remember. You can see a picture of it."

"I don't see any picture," she answered. "You can see a picture of the page, can't you?"

"No, Miss Shepard."

"Well, perhaps you haven't looked at the music lately. See, here it is: look just at this first little black note on the lowest line. Now shut your eyes and remember it."

"But I can't see a picture of it," she repeated.

"You can see a picture of the piano keys, can't you?"

"No, Miss Shepard." She was trying to do what I asked, but her voice sounded baffled.

"Nancy," I suggested, "have you been making valentines lately?"

"I've made some, but not this year."

"Well, what have you done lately that you like to do?"

"I play with my doll lots."

"Your dolly! What's her name?"

"Betty."

"And what color are Betty's eyes?"

"They're blue—dark blue."

"Can you see them when you shut your eyes?"

"Yes, I can see her eyes," and she smiled.

"When you look at her right eye, you notice that best, don't you? Then you can notice her left eye best." She nodded. "Now look at her feet, first one foot, then the other. Now look back at her eyes. Do you see her?"

"Oh, yes."

"Now hold her up by the piano. Can you see the music?"

"No, and I can't see her either now."

I had her think of Betty's eyes again; and when she could remember the doll, I told her about the cat that walked across his master's piano so comically that the gentleman wrote a piece about it and called it the "Cat's Fugue." Then I asked her if Betty couldn't walk on the keys and play "fugue," too.

"I can see her walking on the keys!" she cried.

"And can you see the music on the rack behind her?" I suggested.

"She's busy doing something else now," she explained. "She's into the sugar."

Presently we brought her back to the piano keys.

"I can see the piano now and the music, too," said Nancy. We both smiled.

"Well, now, how did we get that picture of the music?" I asked her.

"By thinking of other things first," she replied,—and those are the very words that Dr. Bates has often used in helping patients to improve their memories!

It took only a few moments then to get the piece nicely straightened out, and we went on easily to others. At the end of the lesson, just for fun, I tried something else with Nancy.

"Can you remember the dolly now?" I asked. "Yes, I can see a picture of her."

"Look at her eyes; now look at her feet. When you look at her eyes, you don't notice her feet so well, do you? And when you look at her feet, you don't see the eyes so well. Now can you look at the eyes and the feet at the same time, and see them all just as well."

"Yes, I can see them all very well."

"I don't think you can, dear," I told her. "I think you are looking first at one and then the other."

"Well, that's the way I do it," she replied, as a matter-of-course.

"But now look at both eyes and feet at the same time," I directed. "What happens?"

"Why, it gets dim," she exclaimed, in surprise. So she found out what happens to any of us, with eyes open or closed, when we try to look at too much at one time.

Report of the February Meeting

By Miss May Secor, Secretary

ON February twelfth the League for Better Eyesight held its regular monthly meeting at 383 Madison Avenue. The meeting was well attended and proved very interesting.

Dr. William West, an osteopathic physician of this city, presented an exposition of the application of Dr. Bates' system to the alleviation of functional diseases of the mind. Dr. West uses the Bates System as a means of assisting the patient to gain control of the conscious mind. The patient is taught the various Bates exercises, and is instructed to practice them several times each day; this relieves eyestrain, and alleviates mental strain. The patient is instructed also to practice the exercises, or to perhaps simply think of the "C" or "O," whenever he finds himself losing self-control. By giving his attention to eyework for even a short period the patient secures relaxation, the nervous strain is relieved, and self-control returns. Dr. West reported the following cases:

Woman 28; profound neurasthenia of suicidal type. In two weeks suicidal thought quelled, and insomnia and hysteria controlled.

Man 20; mental depression overcome in three weeks.

Woman; nervous case, lost voice. Completely cured.

Woman 40; neuralgia of eyes. Completely cured without the use of glasses.

Lack of self-control greatly enhances symptoms of a pathological condition. By means of the Bates System Dr. West assisted two adults to regain self-control, and thereby reduce symptoms. One patient was enabled to eliminate nausea during finger therapy for tonsillitis; the second patient found that self-control thus gained greatly reduced discomfort resulting from hayfever. Other patients were enabled to control intense emotions of fear and anger.

Dr. Bates reported the success of Miss Elizabeth D. Hansen's work in a Chicago school. (Please consult March number of Better Eyesight Magazine for de-tails [link].) Dr. Bates also called attention to the effect of eyestrain upon the work of the student. Eyestrain causes mental tension which greatly hinders the learning process; conversely, the relief of eyestrain not only renders vision normal, but relieves mental tension, and permits the neurones to function normally. Among the effects of eyestrain are:—irritation of the eyelid and eyeball, "watering" of the eyes, glaucoma, and detached retina.

Following Dr. Bates' discussion the meeting was adjourned.

BATES EVENING AT THE PSYCHOLOGY CLUB

The meeting of The Psychology Club, Mr. Henry Knight Miller, president, which was held on the evening of February twenty-eighth, was given over to a discussion of the Bates Method.

Dr. Clinton E. Achorn, Vice-president of the League for Better Eyesight, presented interesting reports on a number of cases. Dr. Achorn is a former pupil of Dr. Bates, and is meeting with marked success in the correction of visual defects without the use of glasses.

Dr. Bates discussed several phases of his method, and remained until a late hour replying to questions. Mrs. Lierman reported several clinical cases.

The Tin Soldier

By George Guild

THE little boy went to sleep with the tin soldier held tight in his hand. After a little while he began to dream and he imagined that he was out in the pretty sunlight with the green trees and flowers and the cool grass; and that there were men, women and children walking around. Off in the distance were a number of targets each with a bull's eye, a round black spot in the middle, with black and white rings surrounding it. There were soldiers and sailors, all made of tin, but with a wonderful intelligence, who walked up to the firing line, aimed their guns at the targets and blazed away. The little boy's tin soldier kept fretting, fuming and scolding, saying over and over again:

"Let me at them, let me at them. I could hit the target, I could hit the bull's eye, I could win the prize."

And so the little boy granted his request and allowed him to march up to the firing line, aim his gun and fire.

With a look of great disgust he came back to the little boy and said:

"It wasn't my fault I missed the bull's eye but the gun kicked me and spoilt my aim."

So the little boy said: "Well, try again."

The little tin soldier loaded up his gun, walked up to the firing line and aimed at the bull's eye. In a few moments he took his gun down, turned to the little boy and said, "Somebody is moving that bull's eye from side to side, I can see it moving. How can anyone be expected to hit the bull's eye when it is moving?"

The little boy soothed him as well as he could and suggested to him that it would be better to do the best he could, even if it did move, to still blaze away.

The little tin soldier aimed his gun at the target and said: "This is outrageous. When I try to keep the bull's eye from moving it all gets blurred and disappears just as soon as I try to imagine it stationary or try to keep it stationary."

Then the little boy advised him that if he could not see it stationary it would be better for him to see it when it was moving, since that was the only way he could see it.

And so the little tin soldier said: "Well I don't care, I will let it move and I know I can hit it." Then he raised his gun, aimed quickly, pulled the trigger and at once the signal came back: "Bull's eye." Then the little tin soldier was so pleased that he tried to dance, which was rather difficult because his joints were all tin. He found it rather creaky and hard to move around very gracefully.

Then he fired the second time, bull's eye number two. Then the third, the fourth and the fifth time and got a Bull's eye every trip. The people became very much excited and rushed up to the tin soldier and praised him and patted him on the back and told him he was the finest tin soldier that ever lived.

All this flattery pleased him exceedingly; and, always when he aimed his gun he waitP4 till he could see the Bull's eye moving and when the movement was slow, short and easy he pulled the trigger and got the Bull's eye and this thing went along pretty much all the after-noon until the little boy got tired of the boasting tin soldier.

The next morning the sun came out bright and strong and the little boy was sitting up in bed when his mother came in to give him his usual good morning greetings. With his arms around her neck he said: "Mamma dear, my little tin soldier beat them all. Oh! he hit the target over and over again while no other soldier came any-where near hitting it. I am awfully proud of my tin soldier and I hope you will be proud of him too, because he did so well. If it hadn't been for what you told father about Central Fixation and seeing things move or how the normal eye sees things with normal sight, my little tin soldier would not have done so well or so much better than all the others."

In the Office

By Emily A. Meder

THE Central Fixation office is a busy one. The regular routine is continually being interrupted by telephone calls, and personal visits from people who demand first-hand information.

One of our recent visitors was a writer who wore very heavy glasses. What I first noticed was that, while I was speaking, she would stare out of the window, as though in a trance, and slowly nod her head from time to time. This was to give me the impression that she was deeply interested in what I was saying, and care-fully weighing each statement.

Staring, I told her is bad (I had noticed her doing this so dropped a little hint). She broke forth in smiles and made the astonishing remark that she thought it was bad also, and that she never stared. I politely told her she did, and how.

Our little black circular has been distributed quite widely throughout the United States. The first issue con-tained testimonials from book readers who were bene-fited and desired to help others. Owing to the fact that our work is so revolutionary, a great many people think we are boasting when we happen to print a few of these. Here's what one man answered:

"I am glad to advise you that for twenty-one years I have been stone blind in my right eye and the left has been removed and a glass eye placed in the socket. After reading four pages of Perfect Sight Without Glasses the vision in my right eye has become normal, and I can count my fingers at four feet with my glass eye."

Our business of explaining Perfect Sight Without Glasses is a serious one, but as shown above, it has its amusing side.

Questions and Answers

Question—If Dr. Bates' method is practised without professional supervision can harm be done to the eyes?

Answer—No harm can be done to the eyes, if the method is practised properly.

Question—What is the best thing to practice when glasses are removed and eyes are terribly weak?

Answer—Palming, if it is beneficial.

Question—How long does it usually take for the eyes to get enough improvement to see without glasses?

Answer—Glasses should always be discarded at once in order to obtain improved vision.

Question—How can one improve their imagination?

Answer—By improving the memory. When the memory of a letter becomes perfect or one can remember it with their eyes open or with their eyes closed equally well, it is possible to imagine it perfect.

Question—What is the difference between the wink and the blink?

Answer—Winking consists in closing one or both eyes for an appreciable length of time. Blinking the eyes is closing and opening so quickly that most people do not know they do it.

Question—If your method is followed for a short time and glasses then resumed, do they retard progress?

Answer—Wearing glasses for emergencies or for a longer time makes it impossible to improve the vision without glasses to any great extent.

Previous Issue

