January 1924

Better Eyesight

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

January, 1924

Questions

ASKING questions is all too common with patients who have imperfect sight. There are important or necessary questions which the patient should know in order to bring about a cure. The cause of the imperfect sight should be emphasized. In all cases of imperfect sight a strain, an effort, a state or concentration can be demonstrated. To see imperfectly requires a great deal of trouble. Even the imperfect memory or the memory or imagination of an imperfect letter is an effort. It is so great a strain that the memory or imagination fail if you keep it in mind for any length of time. Perfect sight can only be obtained without an effort, without a strain. It is impossible to remember or imagine things perfectly by an effort.

One may divide questions into (1)—Proper questions; (2)—Improper or useless questions. It is a waste of time, an injury to the patient, for him to describe the infinite manifestations of imperfect sight. To know in history minately and its variations require an effort on the part of the patient to describe these things. And this effort increases the imperfect sight. It is absolutely of no help whatever in formulating methods for its cure. Avoid asking questions about the symptoms of imperfect sight or anything connected with imperfect sight. Any question connected with perfect sight may be a good thing for the patient to know. One may ask questions as follows:

How long must one practice a perfect memory, a perfect imagination or study the latest manifestation of perfect sight?

The answer to this question is a benefit to the patient.

The Optical Swing

By W. H. Bates, M. D.

MOST people when they look at stationary objects believe that they see such objects stationary; but if they observe the facts more closely, they find that when the normal eye regards a small letter of the Snellen Test Card with normal sight, the letter does not appear to be stationary, but seems to move from side to side, a distance about the width of the letter. This is called the optical swing.

During the late war, a soldier, who was cared as a sharpshooter, told me that when he regarded the bull's-eye of a target five hundred yards away or further, that he had difficulty in aiming his gun properly because the bull's-eye seemed to move from side to side a very short distance. Both he and others who had observed it did not discuss the matter with any great interest.

The movement of a letter or other object from side to side in the optical swing is so short, so slow, that most persons with normal eyes have never noticed it. There is no reference to the optical swing in any publication which I have seen. It is a truth that in all cases of normal sight the optical swing can be demonstrated. In all cases of imperfect sight the optical swing is modified; it may be lengthened, it may become too rapid and irregular. The swing is a necessary part of perfect sight. The importance of it has not been realized. With the short optical swing the vision is good while the mental efficiency and the efficiency of the nerves and muscles is enormously increased.

THE SHORT SWING: When the swing is short, no more than the width of the letter, the vision is normal; when the vision is normal, the swing is short. One cass-not have normal vision of a letter, a normal memory of a normal imagination, without demonstrating the presence of a short optical swing.

It can be demonstrated that it is impossible to remember or imagine with the eyes closed a letter, a color or any object without the optical swing. When the swing is stopped an effort or strain is necessary, which may be conscious or unconscious, and the memory or imagination becomes imperfect. Normal vision is not maintained continuously without the short optical swing. It is not necessary, however, for one to be conscious of the swing in order to demonstrate normal vision.

Methods of treatment which restore the optical swing are a benefit to imperfect sight. When the short swing can be demonstrated, the vision, the memory and the imagination are normal. One cannot imagine the short swing and imperfect sight at the same time. One cannot remember or imagine pain, fatigue or any symptoms of disease and the short swing at the same time. For example, the symptoms of acute indigestion have disappeared when the patient imagined the short swing of a letter or some other object. In some cases, hay fever symptoms have disappeared quickly and permanently, through the use of the short swing. Bronchial troubles, the cough associated with influenza and whooping cough, have disappeared quickly when the short swing was imagined quickly.

THE UNIVERSAL SWING: When you hold the Snellen Test Card in your hand, you can imagine a small letter "o" printed on the card to have a slow, short, easy, continuous, regular swing. Of course, when the "o" swings, the card to which it is fastened also swings; when the hand holding the card swings, the card swings and the letter "o" swings. When the letter "o" swings the card swings, the hand swings, the wrist, the forearm, the elbow, are all swinging with the "o". If the elbow rests on the arm of the chair, when the chair moves the elbow moves; the card moves. One can demonstrate that a letter "o" pasted on the Brooklyn Bridge moves when the bridge moves, and when the "o" moves the bridge moves. One may think of many objects, one at a time, each one in turn moving with the moving "o". This is called the universal swing.

The universal swing has been a wonderful benefit in improving many cases of imperfect sight, in the relief of pain, fatigue and other symptoms of disease. It can be demonstrated that when one has the universal swing the sight is perfect. If the universal swing becomes modified, the sight is imperfect. There as no exceptions. This fact has suggested successful treatment for myopia, cataract, and other causes of imperfect sight.

It is well to remember that some people have difficulty in imagining the universal swing. They are very apt to separate the letter "o" from the card and imagine that either the card or the letter moves; and it is difficult for them to imagine the letter and the card fastened together and one unable to move without the other moving. Of course one can imagine the hand moving and the arm stationary, but when the hand and the arm are in a vise or fastened very closely together without any hinge, it is difficult or impossible to imagine the hand is moving without the arm moving as well. Persons who have difficulty in imagining the universal swing should consult others who can demonstrate it, explain it and help them to accomplish it.

I generally suggest to my patients that they practice the universal swing twice daily, morning and night, or better still, practice it at all times, in all places, no matter where they are or what they may be doing.

THE MEMORY SWING: With the eyes closed you can feel your eyes move under your fingers when lightly touching the eyelids. If you imagine that you are look-ing over your right shoulder, you can feel the eyeballs move to the right, and a long distance to the right. When you imagine that you are looking over your left shoulder, you can feel your eyeballs moving to the left, and far to the left. One can shorten the movement of the eyeballs by looking a shorter distance to the right, alternately looking to the left. With a little practice one can feel or imagine one feels, the eyeballs are moving the shortest possible distance from side to side. The eyeballs can be seen to move under the closed eyelids. The memory swing is a good thing to practice under conditions which would not be so convenient for the other kinds of swings. One can practice the memory swing in a dark room, on a dark night, in a dark cellar, in bed, and obtain a mental relaxation or an optical relaxation or a relaxation of the nerves which is worth while.

THE VARIABLE SWING: Some years ago a school teacher called for treatment. She had a conical cornea, which is a very serious disease of the front part of the eye. The cornea bulges and becomes conical. The apex of the cornea becomes elevated, and may become perforated with loss of aqueous. Various operations have been recommended, but the results have been usually very unsatisfactory. The vision of the patient was 1/20 of the normal. She was very much benefited by the variable swing. The variable swing is shorter at twenty feet, or further than it is at six inches. In this swing the patient holds the forefinger of one hand to one side of the temple, and while looking at the Snellen Test Card, the head is moved from side to side a short distance. The patient when looking straight at the card, was able to imagine the finger moving from side to side an inch or more, while the test card moved a much shorter dis-tance, or did not appear to move at all. By shortening the movement of the head, the swing became still shorter, until the finger seemed to move no more than its own width, and the card seemed stationary. It was very remarkable how her vision improved with the improvement in the swing. At the end of about an hour of the variable swing, her vision had improved to 1/2 with flashes of normal sight occasionally, which was a great deal better than the vision she obtained with her glasses.

There are some people who can practice the variable swing and obtain good results, while there are others who are not able to use it with any help or comfort. It is difficult for me to explain why or how, some people obtain good results from this form of a swing, while others require supervision with a great deal of mental gymnastics from their medical adviser.

THE LONG SWING: The patient stands with the feet about twelve inches apart, facing one wall of the room. He is directed to turn his body and his shoulders to the right, and in order to do this he lifts the left heel a few inches from the floor. The head is not turned on the shoulders, and the eyes are not moved in the head. The whole movement is brought about by turning the body until the shoulders are square with the right hand wall. Then the body is turned to the left, and to promote this movement the right heel is lifted a few inches from the floor. The body is turned until the shoulders are square with the left wall. It is very important that moving objects are not observed closely: do not try to see closely objects which are moving.

This is the long swing, and it can be done with great benefit, because it relieves symptoms of pain when other methods do not succeed. When the patient is suffering from a severe pain, it is not easy or always possible to imagine the short swing. The long swing is the only one available under these conditions. The long swing is always a relief to some extent; and furthermore, it enables the patient very soon to obtain the short swing, which gives even greater relief from pain than the long swing. Besides relieving pain, the long swing benefits or relieves fatigue.

It is a matter of great interest, that the long swing relieves pain, without necessarily correcting the cause of the pain. Pain from an injury or from a foreign body, can be relieved by the long swing. The long swing does not usually give complete relief of pain, but it paves the way to the practice of the short swing, which is a greater relief.

The long swing is also a benefit to imperfect sight. The central vision is improved, and what is also unusual, the long swing improves the field of vision. It improves sight blindness, it improves day blindness. The long swing has improved opacities of the corneo so dense, that vision was reduced to perception of light. Yet, although the opacity of the corneo was so dense, in some cases, that the pupil could not be seen, it would clear and the vision become normal after some weeks or months. The long swing also helps glaucoma, cataract, diseases of the optic nerve, diseases of the choroid, detachment of the retina.

One needs a sufficient amount of light in order to practice the long swing.

THE DRIFTING SWING: One day there came to the office a patient, who was among the worst that I have ever seen. In the first place, the pain that he had in his head, his eyes, his shoulders, his back, and pretty much in all parts of his body, was the most severe that any of my patients has ever described. It was so severe that I have often suspected that he used a dope of some kind. Beside the pain, he complained of great depression. To hear him talk, he gave you the impression of being very miserable; and for some reason or other, he could describe the condition of general misery more vividly than I have ever had the pleasure (?) of hearing it described before. His misery was mitigated to some extent, he said, when he took long walks with one or more friends, and became interested in their conversation.

This case was remarkable for several reasons. With all my knowledge of various methods of resting the eyes, he failed to obtain the slightest benefit from them. In fact he said that when he tried the treatment, the pain, the depression, and his general misery, were increased alarmingly, and instead of being a rest, it was actually an injury. He did not see a dark shade of black when he closed his eyes, but rather various colors—red, blue, etc. I tried to have him practice the swing, and I exhausted my knowledge of the various kinds of swings, but was unable to have him practice successfully any swing that was of the slightest benefit; in fact, the more he tried to follow my suggestions, the worse he felt. Again I tried him with memory, encouraging him to tell me of the experiences he had had in Europe, in New York, and in his home town. He had absolutely no mental pictures, and although I had usually been able to teach people how to imagine mental pictures, in this case I failed ignominiously.

I tried many things that I knew and after I had exhausted the things that I had already practiced, I realized that I was up against it, and had to devise and hone him practice with benefit, something that I had never recom-mended before. As he could not think of anything con-sciously without discomfort, I suggested that he let his mind drift. As he had a very active mind and was con-tinually thinking of a great many things, I suggested that he make no effort to keep his attention fixed on any one thing, but let his eyes keep shifting from one object to another. I asked him not to strain his eyesight to see the things about the room at all clearly, but rather to remember or speculate or think about objects in some other room. For example, when he looked at a chair in the waiting room, I asked him to remember some other chair or other object that he had seen in some other room.

It is not easy to describe what I mean by the drifting swing. Of course when he looked from sight to left, the objects seen moved from left to right; when he looked up the objects moved down, and the whole time that he spent in shifting his eyes continuously to various parts of the room, some of the objects moved opposite in the direction of his shifting. His mental pictures, if he had any, were remembered with so little responsibility on his part, that he felt no discomfort. Part of the time he spent talking to some of the patients in the waiting room, and I encouraged him to take things easy, and to be as comfortable as he knew how.

In this I believe, he succeeded, because when I invited him to go into another room, where he could test his sight with the Snellen Test Card, he was smiling, a new experience for him. His vision for distance was normal, and the speed with which he read all the letters on the test card was gratifying. The rest had given him, at least temporarily, perfect sight for the distance, whereas before even with his glasses on his vision was less than one-half the normal. He was also unable to read diamond type with or without his glasses. After practicing the drifting swing he read the diamond type rapidly, per-fectly and without any apparent effort, at less than twelve inches. Then he said to me,

"Doctor, do you think you can help me?"

I answered him, "Did you read the test card and the fine print perfectly?"

"Yes," he answered and blushed.

That was the first time I ever saw a man blush under such circumstances. The blush was to me an admission that he realized that I had given him a temporary cure. He sends me patients from time to time, who report that his eyes seem to be cured without glasses.

All this happened some years ago, and I have been able in many other cases, to obtain good results with the drifting swing, when other treatment had failed.

FAILURES: There are some people who have great difficulty in demonstrating the illusion of stationary objects moving. Persons with imperfect sight do not ever imagine perfectly the optical swing. By practicing resting the eyes, testing the memory and imagination, they may after some weeks, months, or a longer period, become able to imagine a short, as well as a long swing. The failure to imagine that stationary objects are moving, is always due to a stare or strain. One can stare in looking straight ahead with the center of sight, and one can stare by trying to see with the sides of the retina, eccentric fixation.

The normal eye is only at rest when it is moving, and the optical swing can be demonstrated.

Stories from the Clinic

47: My Young Assistant

By Emily C. Lierman

ONE evening while treating some patients in my home, Ruby Eibel, aged three, who had been living with us for over two years, came into the room and sat in a big armchair observing the treatment and listening to every word that passed between the patients and myself. She has large blue eyes, and when she is excited or interested in anything her pupils dilate and the iris seems to change color.

When I told one of the patients to palm for ten minutes Eibel placed her hands over her eyes also. She kept perfectly still for about two minutes and then we heard a pitiful sigh. I watched and presently two little fingers of her right hand began to separate and she peeped. When she saw me smile she quickly removed her hands from her eyes and for a while she sat quietly. Presently she left the room to join other members of my family. After my patients had departed I discovered her in a room ordering the head of the household to palm. She was pointing with her little finger to an imaginary tree card on the screen door. The head of the house certainly needs to do some palming and also to practice other things to improve his imperfect sight. Sometimes those whom we love are not easily persuaded to do the things that benefit them, but here was this little three-year-old very seriously giving him a treatment. Then she demanded: "Take down your hands and read the card. Do you see the R? Now close your eyes and 'member it," she demanded. He did so in all sincerity. "Now open your eyes and read some more." He mentioned several letters and then she said: "Swing your body, side to side, and see letters swinging opposite."

He got up and swung as he was told, as all of us looked on in amazement, not dating to laugh, knowing that the little lady was very sensitive.

"Now," said she, "sit down and read some more letters."

He read very faithfully, following her little finger as she touched various parts of the screen door. All of a sudden she complained: "You are staring. You shouldn't stare; that is bad."

"Well," said he, "what must I do, then?"

"You must blink your eyes. Just let me show you how."

She stood before him, blinking and swinging her body from side to side, looking as serious as a judge. At this moment, to our sorrow, we all laughed. I myself could not hold back a moment longer. That broke the spell, and my little three-year-old assistant began to cry. But since then her efforts have not been in vain, for I notice that her patient still keeps up the treatment. I am grateful to Ruby Eibel in that she was able to accomplish more for him than I could myself.

While we were sitting in our garden one day an aeroplane passed over our place, and as it traveled on he was able to see it miles away until it became so small to our view that it looked like a small black spot. He then closed his eyes for a while and afterward he read a newspaper for a half hour or so. It has been a long time since he was able to read for that length of time.

When our friends called on us Ruby Eibel was ever ready to show them how to palm and swing. She directed her mother to palm if her head ached or if she suffered any pain. Eibel was sincere about it all, because, as she explained it, "Dr. Bates helps big people and little people that way in his office."

She knew Doctor very well and would talk to him about reading the test card to help children's eyes. She has perfect sight. Her eyes are never still and she blinks unconsciously all day long. If only adults would follow her example there would be less eye strain. I am very grateful for what she accomplished for my husband. Does not the Bible say: "And a little child shall lead them."

Some Clinic Cases

By Dr. J. M. Watters

IN the two years we have been using Dr. Bates' eye system in our offices we have discovered that our most interesting and unusual cases are to be found in the free Clinic. When this Clinic was opened last October we expected a few scattered patients to take advantage of our offer of free treatment, but great was our surprise on the first evening to find our offices and even the corridors of the building filled with men, women and children of all descriptions, each one pathetically eager to take one more chance at saving his eyesight. The variety of cases was great, ranging from simple refractive errors to various forms of equint, cataract and glaucoma.

One very interesting case which we treated was that of a man thirty-one years old, who ten years previous had been hit in the right eye with a golf stick. He had been advised many times to have the eye removed surgically, as the eyeball was constantly inflamed. When we first examined him his vision was dim at 10/70, and his near point negative. When our Clinic closed for the summer his vision had improved to 10/15, the inflammation was no longer present, and his near point was positive.

Another interesting case was that of a young man with congenital cataracts of the zonular type in both eyes. The cataract in the right eye had apparently re-mained stationary, but the left had started to spread, which was his reason for coming to the Clinic. At that time the vision in the right eye was 10/30 and in the left 10/40. His near point was 12". After eight vision his vision was 10/10 in both eyes and his near point 6".

A man sixty-six years of age, suffering from glaucoma, came for treatment after being told by six different specialists that only an operation could help him. We exam-ined him and found the distant point 10/30 in both eyes, his near point negative, and a tension of 40 mm. of mercury in both eyes. At the time the Clinic closed his vision was 10/15 in both eyes, near point positive, and tension reduced to 25 mm. of Hg.

Another case of glaucoma that was of special interest was that of a man sixty years old who showed the hemorrhagic type of this disease in the right eye, with total loss of vision and a tension of 40. There was also a complicating cataract. The vision in his left eye was 10/30 and the near point was negative. When he discontinued treatment at the Clinic his left eye was normal for both the distant and the near point. In the right eye the hemorrhagic condition had entirely disappeared, the tension was reduced to 23, and the cataract was beginning to disappear. I believe that eventually the right eye will clear up entirely. The astonishing feature of this case was that an operation had been advised as the only means of relief, and one physician had even suggested removing the eyeball.

We had a number of hyperopic, presbyopic and myopic patients, all of whom responded readily to treatment. Among the myopic type we found several patients with a vision of only 10/200 in both eyes, and in a very short time they were able to read 10/15 and 10/10. Hyperopic and presbyopic patients who were unable to read diamond type when they first came in for treatment were soon able to read fine print as they could large headlines in a newspaper. Patients who complained of constant pain in their eyes, or of the inability to read or sew without discomfort, were greatly relieved and in many cases ab-solutely cured after a few visits.

We reopened our Clinic on the evening of November 6 at seven o'clock, in our offices at 2 Lombardy Street, Newark, New Jersey. The work will be continued throughout the winter and spring on Tuesday and Friday evenings. We trust that readers of Better Eyesight will take a personal interest in this Clinic and help to make it an even greater success than it was last year.

Report of the League Meeting

By May Secor, Recording Secretary

THE November meeting of the Better Eyesight League was held on November 6th, at 383 Madison Avenue. Dr Clinton E. Achorn, an osteopathic physician of this city, was the speaker of the evening. Dr. Achorn is a former pupil of Dr. Bates and has now been practicing the Bates' Method for some time.

The speaker presented a very encouraging report of the results he has obtained, correcting defective vision without the use of glasses. He emphasized the importance of the use of the memory and imagination in this work and reported a case in which the vision improved fifty per cent within twenty-four hours after the patient had secured adequate use of his memory and imagina-tion. Perfect relaxation is also essential in the correction of visual defects. Sight is impaired by strain, and fatigue follows effort.

Many cases of defective vision in children may be cured as the result of one lesson; normal use of the imagination and memory, and the facility with which the child relaxes, are helpful elements in these cases. The absence of mental strain in a child is due largely to the fact that he usually forgets quickly; when his attention is called to a new object, the former object of his attention is forgotten, and so on throut the day. The application of this principle in the correction of defective vision will prove helpful: one should see best the object or letter at which he is looking; and, proceeding to the next object or letter, he should forget the former object of his attention.

At the close of Dr. Achorn's interesting address, Dr. Bates explained the failure of hypnotism and faith in correcting defective vision as due to the presence of effort; effort precludes relaxation.

The next meeting will be held on Tuesday, January 8th, 1924, at 8 o'clock, 383 Madison Avenue.

Get a Good Start with Some New Resolutions

By Emily A. Meder

SOMEONE remarked recently that "promises were made to be broken." I wonder if the same train of thought is carried out with New Year's resolu-tions. How many of us conscientiously adhere to them throughout the year. Yet, the fact that we have made them is in our favor, for from time to time during the year they spring to life and we renew them for another week, until forgotten again.

Resolutions, however, are made for one's own benefit—either financially, physically or spiritually. Begin now with the right attitude towards your eyes, and resolve that you will treat them decently. It is not necessary to pamper them; just give them half a chance and they will do the rest. Resolve that:

1. You will not overwork them by staring.

2. You will relieve them from duty by blinking constantly. Eyes are like sentinels; they are tense –while on duty and must have systematic relief.

3. Palm frequently. This is relaxation to the eyes and is what play is to the soldier. One always works better for having a little play.

4. Swing and see objects moving. This is good exercise and keeps the eyes "in trim."

5. Read small print as much as possible. This requires relaxation. You cannot read fine print very well if you strain. Large print you can read under a strain.

Let these five rules govern your eye action. They aren't difficult, and become a good habit with practice. After all, your eyes will appreciate it, and perfect sight is worth "resolving" for.

A Glaucoma Case

By Dr. Harold J. Geis

MRS. Z., the mother of four children and the wife of a very wealthy farmer, was referred to me by a local physician who apparently believed what I said when I told him I felt reasonably sure that I could benefit a glaucomatous case which he had been unsuccessful in treating for several weeks. He wanted the lady to undergo an operation (an iridectomy) but she refused, thanks to the Lord and Dr. Bates.

When she called on me she felt rather skeptical, but as she said afterwards, "I was willing to take a chance inasmuch as it did not necessitate an operation."

She was unable to recognize the big "C" at six feet. In fact she could not count the fingers on my right hand at five feet. When she tried to read the card I noted a slight tilting of the head, and I felt sure this was due to eccentric fixation. I explained to her that she made an effort to see every character on the card equally well, and that if she wanted to improve her vision and see perfectly she should see one letter best and all the other letters on the Snellen Test card worse. I then had her palm for ten minutes, after which she was able to read the 10/70 line. Then I told her to "flash," trying not to see the characters all equally well but just the one she was looking at should be seen best and all the other letters worse. She was enabled by this exercise to read the 10/40. Her husband, who was standing beside me while I was treating her, said: "Ann, how do you like it?" and she replied, "Dr. Geis has hypnotized me."

After eleven treatments she can read, write, sew, and to her most importante of all, go to the movies She thinks her cure is miraculous and so do her many friends, but as I tell them, "It's all in a day's work" and simple if one understands the fundamental principle, which is muscular relaxation, of the Bates Method correctly applied.

The Question Mark

QUESTIONS AND ANSWERS

QUESTION—When doing the swing, does one move the head or the eyes?

ANSWER—The eyes are always moved; moving the head also may help.

QUESTION—Does massaging help the eyes?

ANSWER—No.

QUESTION—What causes the eyes to became bloodshot? How is it cured?

ANSWER—The cause is strain. It is cured by relaxation.

QUESTION—Is practicing under a strong electric light as beneficial as practicing in the sun?

ANSWER—It may be.

QUESTION—Is closing the eyes and resting them during business hours as efficient as palming?

ANSWER—Usually not.

QUESTION—Can one remember perfectly and see imperfectly?

ANSWER—No.

QUESTION—What is the quickest cure for imperfect sight?

ANSWER—Imagine something perfectly. If you imagine the white Snellen Test Card perfectly white, you'll see the letters perfectly black. If you see them perfectly black, you can tell what they are.

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