January 1922

Better Eyesight

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

January, 1922

STOP STARING

It can be demonstrated by teen with the retinoscope that all persons with imperfect sight stare, strain, or try to see. To demonstrate this fact:

Look intently at one part of a large or small letter at the distance or nearpoint. In a few seconds, usually, fatigue and discomfort will be produced, and the letter will blur or disappear. If the effort is continued long enough, pain may be produced.

To break the habit of staring:

(1) Shift consciously from one part to another of all objects regarded, and imagine that these objects move in a direction contrary to the movement of the eye. Do this with letters on the teet card, with letters of fine print, if they can be seen, and with other objects.

(2) Close the eyes frequently for a moment or longer. When the strain is considerable, keep the eyes closed for several minutes and open them for a fraction of a second-flashing. When the stare is sufficient to keep the vision down to 2/200 or less, palm for a longer or shorter time; then look at the card for a moment. Later meer closing of the eyes may afford sufficient rest.

(3) Imagine that the white openings and margins of letters are whiter than the rest of the background. Do this with eyes closed and open alternately. It is an interesting fact that this practice prevents staring and improves the vision rapidly.

BE COMFORTABLE

By W. H. BATES, M. D.

IT can be stated without fear of successful contradiction that persons with perfect sight are always comfortable, not only as to their eyes, but as to the rest of the body. As soon as they cease to be so, it can be demonstrated, by examination with the retinoscope, that their sight has ceased to be perfect. They become nearsighted, farsighted, or astigmatic. The art of learning to use the eyes properly, is, in short, the art of learning to be comfortable. Even the memory of comfort improves the sight, while the memory of discomfort lowers it. Persons with imperfect sight often say and think that they are perfectly comfortable; but invariably such persons experience a feeling of relief when they close their eyes, demonstrating that they were not perfectly comfortable before, but had merely formed a habit of ignoring that discomfort. Persons with perfect sight, on the other hand, can immediately produce discomfort by producing imperfect sight, or even by remembering or imagining it, and persons with imperfect sight can produce a degree of discomfort that cannot be ignored by making their sight worse.

Imperfect sight cannot, in other words, be produced without effort, and this effort tears the nerves of the whole body to pieces. The same is true of an imperfect memory and imagination. To demonstrate these facts is often the best way of improving the sight.

While persons with imperfect sight may feel no discomfort when looking at letters on the teet card which they do not ordinarily distinguish, they cannot blur their vision for a letter they do distinguish without great effort and discomfort. In fact, the effort and discomfort are so great that many patients cannot be induced to make the experiment. When they can be prevailed upon to do so, however, they realize that they must be unconsciously straining whenever they look at anything with imperfect sight. It is often hard to convince patients of the existence of this unconscious strain, and nothing helps more in their treatment than to have them demonstrate the facts.

What is true of the vision is true of the memory and imagination. When a letter is remembered perfectly, with the outlines clear, and the opening as white as snow or starch; when the attention shifts easily from one part of the letter to another and it appears to move in a direction opposite to that in which the attention shifts; it is remembered easily. There is no sense of effort, or strain, and the individual is perfectly comfortable. When, on the other hand, a letter is remembered imperfectly, with the outline obscured by a gray cloud which is all the time changing, the mind tires so quickly that the memory of the letter is lost from time to time and has to be brought back by an effort. Discomfort is soon produced, and if the effort is continued long enough, severe pain may result. At the same time the retinoscope will show that an error of refraction has been produced, or if this condition previously existed, that its degree has increased. It should be added, however, that if the strain is to remember a near object, myopia may be decreased, because a strain to see a near object always decreases myopia and the memory of near objects has the same effect. Similarly a strain to remember distant objects may decrease hypermetropia.

Staring is uncomfortable, and lowers the vision. Shifting and the realization of the apparent movement resulting from it are comfortable, and improve the vision. Let anyone try to stop the apparent movement of telegraph poles and other objects past a moving train, and discomfort, pain and carsickness result. In the same way any effort to stop the slighter movement of stationary objects produced by the normal shifting of the eyes, results in discomfort and pain, even though the individual may not previously have hear conscious of the movement.

Some people are able to close their eyes and be comfortable. Such persons are easy to cure. In one case a man with presbyopia was completely relieved by keeping his eyes closed for half an hour; and the cure was permanent. Later his wife was cured by the same means. Other people cannot rest with their eyes shut, and are very difficult to cure. It is the same way with palming. Some persons, when they close and cover their eyes so as to exclude all the light, at once relax and are comfortable, and such persons are easily cured. Others strain more than ever, and are very difficult to cure.

Perfect sight, perfect memory and perfect imagination cannot, in short, coexist with the consciousness of any abnormal symptom, and all such symptoms are relieved when the sight becomes perfect, or when one is able to remember or imagine something seen perfectly.1

MY EXPERIENCE WITH CENTRAL FIXATION

By Dr. Doris J. Bouchy

THE correction of imperfect sight without the use of glasses, as taught by Dr. Bates, first came under my observation on January 1 of this year when Dr, Etha Marion Jones, of St. Petersburg, Fla., called my attention to the method. It appealed to me as being both simple and rational, and I began at once to study and later to practice it. Since that time I have taken glasses off about fifty patients, varying in age from ten to eighty years. Among them have been cases of squint, glaucoma, iritis, retinitis, double progressive myopia and enacue voilantee (floating specks). Many had worn glasses for years. Yet I had great success with all of them. The following are specimens of other equally interesting cases that might be cited:

Frank, aged ten, came to my office on September 1, 1921, for examination. He had been wearing glasses since he was four years old for what was supposed to be congenital myopia, and was then wearing the following:

Right eye, concave. 15.75 D. S., combined with concave 4.00 D. C., axis 15; left eye, concave 15.75 D. S., combined with concave 4.00 D. C., axis 165.

With his left eye he could see only the 200 letter at one foot (1/200), and with his sight he had only light perception. His parents hesitated about putting him in my care, as it seemed incredible that lie could ever be cured, but were finally persuaded to search at what must have appeared to them a forlorn hope. The boy himself was unwilling to discard his glasses at first; but after the second treatment, when the vision of the left eye improved to 3/30 and that of the right to 3/40, he hesitatingly consented to go home without their aid. After his third treatment he felt safe in going anywhere without them. As he lives twenty-five miles from my office, I could see him only twice a week, but after every treatment the improvement was so marked that now, after two months, his right vision is as good as his left, both being 11/30 for the Snellen teet card, while he reads diamond type at six inches and the larger type of his school books at eight inches. I feel sure that he will soon be reading 20/20. He looks and acts like a different boy, and is, naturally, a very happy one. The case has attracted much attention in the village where he lives.

On September 9, a young girl of eighteen came to me because of the intense pain which she was suffering in her eyes and head. She had not been able to go to school, or use her eyes in any way, for over a year, and during this time had been to three specialists. Her lenses had been changed a number of times, she had dark glasses to wear whenever she went into the light, and for eight months she had spent most of her time in dark rooms. Her sight had been perfect, so far as she knew, until she had had measles four years previously. During this illness she had reed and studied, and afteraard her eyes were red and weak. Two years ago she noticed that she could not see writing on the blackboard, and in a few days an eruption appeered on the eyelids and side of the face. Later she had an infected sinus, and also infected tonsils, tonsillectomy and an operation upon the nose having been performed eighteen months previously. No doubt the fact of infection which had existed at leoe a year had something to do with her trouble. When she came to me she was suffering from conjunctival congestion, with escaloation of purulent material, and there was some hardening of the eyeballs. Her left vision was 7/30 and her right vision 7/50, and she was wearing:

Right eye, convex 1.00 D. S., combined with convex 1.00 D. C., axis 100; left eye, convex 1.00 D. S., combined with convex 1.25 D. C., axis 80.

The patient came for treatment every day and has been very faithful in her palming and other exercises. After the third treatment all pain left her and she left her glasses with me. By October 1 she was able to return to school. She now reads the lowest line of the teet card at twenty feet (20/10), and reads diamond type at ten inches. The retinoscope shows no error of refraction in either eye, and the strained look about her eyes and in her face has given way to one of relaxation.

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STORIES FROM THE CLINIC

23: Congenital Blindness Relieved

By Emily C. Lierman

It is a pleasure to be able to publish the following report of the relief of congenital blindness involving not only cataract but disease of the retina. Accordling to the accepted teachings of ophthalmology there would have been no relief for this child, and he would have been condemned to a life of blindness, a burden to himself, his family and the state.

ONE day about a year ago there came to our clinic a little boy of three bearing the picturesque name of Jocky. A man and woman on the last lap of life's journey accompanied him, and I learned later they were his grandparents, his father and mother having died of influenza when he was a baby. As they held the child's hands and waited very patiently for Dr. Bates to speak to them, they both looked very sad indeed.

After the Doctor had examined the boy's eyes, he called to me and asked me to watch very carefully to see if the little fellow would follow his hand as he passed it from side to side very close to the eyes. Poor Jocky paid no attention whatever to the proceedings, for he did not see the hand at all. He could not see anything. He was blind, and had been so from birth. Breathlessly the grandmother exclaimed:

"Isn't there no hope at all, Doctor, please? Oh, say there is!"

Poor woman! There seemed very little room for hope. The child's pupils were filled with a white mass plainly visible to the naked eye, and Dr. Bates said that there must have occurred before birth an inflammation of the iris and the interior coats of the eyeball. This had not only caused the formation of the cataracts, but had destroyed the sensitiveness of the retina, so that the removal of the cataracts would have done no good. The Doctor did not promise anything, but carefully explained to the dear old people how necessary it was for Jocky to rest his eyes, and I then showed the grandmother how he could do this.

It was not easy for Jocky to rest. Every nerve in his body seemed to be straining. But with infinite patience his grandmother taught him to palm and encouraged him to snake a game of it.

"Where is Jocky now?" she would ask.

Then he would cover his closed eyes with his little chubby hands, shut out all the light, and say: "Jocky gone away." Jocky enjoyed playing this game, and the two would keep it up for hours. Even by himself, when he became tired of his other games he would cover his closed eyes with the palm, of his hands and go somewhere else in his imagination. When he took his hands down he could always see better, and this naturally encouraged him to continue the game. He also enjoyed joining hands with his grandmother, or grandfather, and swinging, and the practice helped his sight very much. He did not know his letters at first, but the grandmother soon taught him, with the help of the teet card.

After a few months of this treatment he had made the most astonishing progress. The area occupied by the cataracts grew smaller and smaller, until one pupil was half clear and the other partially so. Jocky began to go out by himself and to play with other children. At the clinic, after he had palmed awhile, his grandmother would ask him to go and find the good nurse who had been so kind to him when he first came, and he would go straight to her. Then she would ask him to find Dr. Bates, and he would put his arms about the Doctor's knees and hug him affectionately. He would also go to a little girl patient, suffering from crossed eyes, and the two had great fun swinging together.

Then one day the grandparents were told that Jocky could not come to the clinic anymoen, because he did not live in the district of the Harlem Hospital. We did not see or hear from him after that, and I can only hope that the grandmother kept on with the treatment and continued to get result, from it.

No patient who ever came to the clinic was more missed than Jocky when his vision ceased. As he lived quite a long way off, he did not come three days a week, like the other kiddies, but when he did come he was like a ray of sunshine. His cunning ways endeared him to everybody, while his wonderful progress inspired confidence in the treatment and encouraged young and old to practice more industriously. He understood what we were trying to do for him, and tried to help us all he could. Whenever he saw Dr. Bates coming towards him he would put his hands over his closed eyes, and say over and over again:

"Jocky gone away, Doctor. See! Jocky gone away."

AFTER THIRTY YEARS

By William Murphy

This very interesting article furnishes a striking illustration of the fundamental principle of the cure of imperfect sight by treatment without glasses. All the methods used for this purpose are simply different ways of obtaining rest, and although most persons cannot obtain sufficient rest to effect a cure merely by closing their eyes, there is a minority of patients who require nothing more. The writer is mistaken in thinking that his imperfect sight was caused by excessive reading in youth. He could not have done all this reading unless he had done it without strain. And even reading under a strain would not have made him myopic. It is more likely that his trouble started with straining to see the blackboard or other distant objects in school, for it is straining to see distant objects that causes myopia.

I WAS born in Ireland forty years ago, and my eyes began to fail when I was about nine or ten years old. I never knew why, but since reading Better Eyesight and The Cure of Imperfect Sight by Treatment Without GLasses I think I have found the reason.

I was very far from being a story when I was a boy. If you had asked any of the gang, they would have told you that I was a "regular feller"; and if they had told you anything else they would have heard about it, because I was the leader of the gang. Nevertheless I was an inveterate reader. I would eagerly devour every scrap of reading matter that came into my hands, and many a night I have curled up in bed all night long, reading about the hair-breadth escapes and other thrilling adventures of Buffalo Bill and Nick Carter and all the other wonderful heroes so dear to the heart of a red-blooded boy. On such nights I might get one, or, maybe, two hours sleep. I would then get up and go to school–I now believe that all that reading was a very great strain on my eyes, and, not having learned how to rest them, they remained under this strain for more than thirty years.

My vision grew steadily worse, but I never could bring myself to wear glasses. Several times I have been tempted to do so, but always when it came to the point I balked. One day when I was about fourteen years old, in my search for something to read, I happened upon a publication entitled Physical Culture Magazine. Of course I read it. It was only a pamphlet of ten or twelve pages, but it made a very strong impression upon me. Ever since then I have been a firm believer in natural methods of curing disease, and I fully, expected that some day I would find a natural method that would cure my eyes. Wearing glasses was not curing them, and I simply could not get myself to put them on. Perhaps I missed something by this stubborn attitude. Perhaps there was something on the other side of the street that I did not see, but now I am sure that I gained more than I lost. If I had added the strain of glasses to my other strains, there is no knowing how much worse my eyes would have become.

Now, after waiting nearly thirty years, my long cherished hopes have been realized. I have found a way to cure my eyes by natural methods. On November 28 of last year I began the practice of Central Fixation, and the results have been wonderful. On that date I could read, with my left eye, only the fifty line at six feet. With my right eye, at three feet, I could barely see the great big letter at the top of the card. Eight days later my left eye had improved to 6/10 and my right eye to 6/50, and with the right eye alone, the eye that was almost blind, I read newspaper type at twelve inches.

All this I accomplished simply by closing my eyes and resting them for fifteen minutes at a time, and then looking at the card. I didn't imagine dim or swings or anything else. I just rested my eyes and looked at the card, keeping it up for about two hours.

Now I am trying something else. I noticed that whenever I attended a movie show my eyes felt fine afterward. So I decided to go to a movie every day, and this is how I work it: The first day I sat up in the very first teet, close to the screen; now I am moving back a seat each day (I always go to the same playhouse). I am very careful not to strain and always close my eyes and rest them when they feel the least bit tired. In fact, this resting of my eyes is becoming quite a habit with me. The results so far have been splendid.

My greatest trouble is double-vision. I have it in both eyes; but it is going away gradually, and doesn't bother me except when I look at the teet card.

QUESTIONS AND ANSWERS

All readers of this magazine are invited to send in questions regarding any difficulties they may experience in using the various methods of treatment which it recommends. These will be answered as promptly as possible, in the magazine, if space permits, otherwise by mail. Kindly enclose a stamped, addressed envelope.

Q. (1) Should a house be brightly lighted by a direct electric light or a reflected white light? (2) In many homes colored shades are used on the lights. Does that impair the sight? C.L1.

A. (1) The more brightly the house is lighted the better for the sight. (2) Yes.

Q. (1) Is it advisable to use specimens of diamond type other than the Seven Truths of Normal Sight? Would it be well to get a New Testament in diamond type? (2) I have thus far found the flashing method the most helpful. However, after closing the eyes, I have difficulty in opening them. The lids seem to stick together, as it were. What is the cause of such stickiness and the remedy? (3) I was trying to read the Seven Truths lately by the flashing method, and for about twenty minutes obtained very little results. Then, of a sudden, upon closing my eyes, I saw the blackest object I have ever seen with closed eyes. I was startled, it seemed so real, and on opening my eyes I was surprised to find that I could read practically all of the Seven Truths clearly, at thirteen inches, without closing my eyes. I think the black object was probably the black rubber key of the electric socket in the future which I had unconsciously looked at from time to time during the exercise. I have not been able to do just this since. What is the probable reason for my failure? (4) I find I see any reading matter more clearly in a bright light—sunlight or electric light—than in a dim or less bright light. Why is this? (5) Today in trying to read the Seven Truths I found that I could do it at six or seven inches with few alternate closings of the eyes and flashes; but I found in accomplishing this I was partially closing my eyelids, so that I must have looked much like the Patagonians in Fig. 1 in Dr. Bates' book, said to be probably myopic when the picture was taken. I found that I could not keep my eyes than partly closed without some strain, but I could not see the print clearly when they were wide open. Often the print would look quite blurred when I first looked at it, but it cleared perceptibly and became quite black as I continued to look. I also found myself reading today twenty pages of fairly small print at about eight or nine inches in much the same way. W. C. C.

A. (1) Yes, if you wish to. The Testament would be a good thing to have. (2) Difficulty in closing or opening the eyes is a common symptom of strain, and may be relieved by any method that relieves strain. (3) Such intervals of relaxation are a very common phenomenon. They will come more frequently and last longer if you continue to practice. (4) In a bright light the contrast between black letters and their white background is more marked than in a dim light. Persons differ greatly, however, in the amount of light they require for maximum vision. Some people see better in a dim light, because they think that condition a favorable one. (5) It is a bad one.

1. Bates: The Relief of Pain by the Aid of the Memory, N. Y. Med. Jour., May 24, 1919.

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