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THE TREATMENT OF CATARACT

From "A Case of Cataract," by Victoria Coolidge, in "Better Eyesight" for June, 1920 [link].

The treatment prescribed was as follows:

Palming six times a day, a half hour or longer at a time.

Reading the Snellen test card at five, ten, and twenty feet.

Reading fine print at six inches, five minutes at a time, especially soon after rising in the morning and just before retiring at night, and reading books and newspapers.

Besides this, he was to subject his eyes, especially the left, to the sunlight whenever an opportunity offered, to drink twelve glasses of water a day, walk five miles a day, and later, when he was in better training, to run half a mile or so every day.

The results of this treatment have been most gratifying. Not only have his eyes improved steadily, but his general health has been so much benefited that at eighty-two he looks, acts and feels better and younger than he did at eighty-one.

CATARACT: ITS CAUSE AND CURE
By W. H. Bates, M. D.

Cataract is a condition in which the lens becomes opaque. It is commonly associated with advancing years, but may occur at any age. It may also be congenital (present at birth). The opacities take many different forms, and may occur in a hard or a soft lens. According to the orthodox teaching the condition is incurable except by the removal of the lens, although in the earlier stages it is sometimes ameliorated by means of drops that expand the pupil and by glasses. The text-books are full of statements to this effect.

Yet it is perfectly well known that cataract does sometimes recover spontaneously. Many such cases are on record, and probably most ophthalmologists who have been practicing for any length of time have seen them. Fifteen or twenty years ago, when I was assistant surgeon at the New York Eye and Ear Infirmary, I collected, at the request of the surgeon, Dr Henry D Noyes, a large number of records of such cases.

The removal of the lens, when it is soft, is usually accomplished by the operation of needling, whereby the tissues are broken up so that they may be absorbed. A hard lens is extracted through an opening at the margin of the cornea, and the best results are believed to be obtained when the opacity has become complete. Otherwise part of the lens substance is liable to be left behind and cause trouble. Then the patient may be kept for years in a condition of semi-blindness.

The results of the operation are not always as satisfactory as might be desired. A considerable proportion of patients regain what is considered to be normal acuteness of vision with very strong glasses, and the results are considered good when they become able to read large print at the near-point and 20/50 at the distance. The patient is obliged, usually to have two sets of glasses, one for distant vision to replace the focusing power of the lost lens, and the other for reading to replace the focusing power of the lost lens, and the other for reading to compensate for the impairment of the accommodative power which usually follows the operation.

This impairment of accommodative power is not due to the removal of the lens, which has nothing to do with accommodation, but to the fact that the patient strains so to use that the muscles that control the shape of the eyeball fail to act properly. In some cases it is regained, after the patient becomes accustomed to the new situation, without treatment, and in rare cases patients have become able to do without glasses entirely, because the eyeball elongated sufficiently to compensate for the loss of the lens.

I began to treat cataract by the operative method, because I did not know anything better to do. Then I learned from Dr James E Kelly of New York that incipient cases would yield to hygienic treatment. My first inkling of the value of central fixation in such conditions came to me through a patient who had incipient cataract in one eye and hypermetropia (farsight) in the other. By the time the error of refraction had been relieved the cataract had disappeared. After this I had many similar experiences, but it did not occur to me that a ripe cataract, or a congenital cataract, could by cured by this or any other treatment.

In 1912, however, a young girl of seventeen came to my clinic with the left eye enucleated and a congenital cataract in the right. The left had been operated upon for the same condition, and, having become infected, was taken out to save the better eye. The latter having recently become worse, the patient had come to have it operated upon. Before performing the operation I thought it best to treat her by the method of relaxation, for the purpose of improving the condition of the eye as much as possible so that the operation might have a better chance of success. To my surprise the vision improved and her eyesight improving, until in three months it was normal and the cataract had disappeared.

One day, some half a dozen years later, a lady, fifty-five years of age, came to me to be cured of presbyopia (old-age sight.) Her distant vision in the right eye was 20/20, and in the left she had only light perception. This was due to the presence, in this eye, of a mature cataract. I began to treat her by the aid of the memory and imagination for presbyopia, and, in order to prove to her the relation between the mental faculties and the state of the vision, I asked her to cover her right eye and note that she could not remember or imagine a black period as well as when it was open. She replied that she could, and I said it was impossible. She insisted that, nevertheless, she did it. Thinking that at the near-point she would realize the imperfection of the sight of the left eye more clearly than at the distance, I brought the card closer and said:

"You cannot remember the period looking at this card with your good eye covered."

She replied: "I can, and what is more, I can read the card," which she did, both at two feet and at twenty.

This was naturally a shock to me. It did not seem to me possible that a mature cataract could melt away in such a short time, but the ophthalmoscope confirmed the statements of the patient. When she remembered a period perfectly I could see the optic nerve and other details of the eye-ground. Since then I have cured a great many similar cases, one of the most remarkable having been reported in Better Eyesight for June, 1920 [link].

I had another shock when a few months ago a traumatic cataract began to melt away under the influence of relaxation treatment. The patient came to my clinic with an eye which had been completely blind for four years from traumatic cataract complicated with detachment of the retina. The opacity completely covered the pupil, and with the ophthalmoscope no red reflex (light reflected from the retina) could be seen. After a few treatments the patient became able to see the movements of his hand on the temporal side. Later he became able to see the hand in all parts of the field. Now he is beginning to read.

Another case of the cure of traumatic cataract is reported in the following article.

These cures are very remarkable. A traumatic cataract is one which follows an injury (trauma) to the lens, the opacity being due largely to the formation of connective tissue in the pupil, and, in advance of the event, I should have pronounced the cure of such a condition impossible, although I had previously demonstrated that when patients practice central fixation connective tissue is absorbed in the optic nerve, retina and cornea. In the retina and optic nerve the circulation can be seen to improve as the connective tissue disappears, and I can only assume that this is the cause of its disappearance.

Equally remarkable is the cure of diabetic cataract without relief of the disease. A patient with such a cataract came to me on April 29, 1918, her vision being 10/200 — in the right eye and 20/30 — in the left. She had been seen a year and a half previously by a well-known ophthalmologist who had advised several operations, but, fortunately, she had not submitted to them. By the aid of palming, swinging, imagination and memory, her vision improved rapidly. On May 15 that of the left eye was 20/70, while later it became normal. On May 22 the vision of the right became normal temporarily. Since then she has had slight relapses in the right eye, but few or none in the left. The general diabetic condition has not changed, and it is remarkable that when it is at its worst there is very little lowering of the vision.

It is quite evident from the foregoing facts that the cause of cataract (other than traumatic) is strain, and I have found much evidence, both clinical and experimental, to the same effect. I have not been able to produce cataract in a normal eye by strain, but in a cataractous eye I have seen the opacity come and go according as the mind of the patient was relaxed or under strain. In one of these cases the opacity was so dense that no red reflex could be seen. Another doctor who was present looked at the eye and made the same observation. I asked the patient to remember a swinging O perfectly black, with a perfectly white center. This meant perfect relaxation, and when she did it I saw some of the details of the retina and the optic nerve, while the other doctor again confirmed my observation. I then asked her to think of the O as stationary, with grey outlines and a clouded center. This meant great strain, and while she did it neither I nor my colleague could see the red reflex. In experimental animals I have produced cataract by operating upon the external muscles in such a way as to increase their pressure, and have then relieved it by cutting these muscles.

TRAUMATIC CATARACT DISAPPEARS
By Margaret Dennis

This patient was first seen on October 18, 1920, when her vision in the right eye was 20/100 and in the left 14/200. She had congenital myopic astigmatism in the right eye, and the pupil of the left eye was covered by a traumatic cataract which prevented ophthalmoscopic examination of the eye-ground. On December 6, the cataract had been absorbed except for a spot about the size of a pin-head, and I was able to see the optic nerve and the retina clearly. With a glass to replace the focusing power of the lens—convex 7.00D.S. combined with convex 3.00 D.C., 75 degrees—she was able with this eye to read 20/40, and on the same day, after palming and swinging, she obtained temporary normal vision in both eyes, the left eyeball having elongated sufficiently to compensate for the loss of the lens. The fact that astigmatism should have developed in the right eye after the injury to the left is interesting, as astigmatism has been supposed, until recently, to be congenital.

When I was thirteen years of age a bullet from an air-gun, rebounding from a tree, struck my left eye and injured the lens. This resulted in the formation of a cataract which was operated upon three times. After the third operation about one third of the cataract remained, but the doctor was afraid to operate again. I was now able with this eye to distinguish, with the aid of a strong glass, only the outline of near-by objects.

Previous to the accident my eyes had been straight, and the vision of both normal, so far as I was aware. After the last operation, however, I found myself unable to read writing on the blackboard at school. I went to the specialist who had performed the operations and he was astounded to find that I had a bad case of astigmatism in the good eye. He gave me the following glass: convex 3.00 D.C., 105 degrees, combined with concave 2.50 D.C., 15 degrees. Later my left eye began to turn out.

I wore my glasses constantly, putting them on the first thing in the morning, and taking them off the last thing at night. I went swimming with them, and if they were lost or broken, I remained in my room until they were found or repaired. My condition caused me much unhappiness, and I was particularly disturbed about the squint. I wrote to every medical journal that I knew about and to many other publications, asking if there was any cure for squint; but none of them was able to suggest anything but an operation. A few months ago I happened to hear about Dr. Bates, and I resolved to see him as soon as an opportunity offered. At the beginning of the season I came to New York from my home in Texas to study music, but with Dr Bates in the background of my mind. Nevertheless I did not look him up immediately.

One day in the interest of a department store my glasses were swept from my face, disappearing as completely as if they had never existed. I went to the Lost Property Office, but after waiting there a long time failed to recover them. It was a horrible experience, and the realization of my helplessness without glasses depressed me terribly. However, it resulted in my looking up Dr. Bates immediately, it was a good thing.

I went to him with the hope that he might be able to cure my squint and astigmatism, but I never dreamt that he could cure cataract also. When he told me he could do so I hardly knew what to think, but I resolved to do everything I could to help him cure me. I carried out the swinging treatment so vigorously that I used to get dizzy, and fall over on my bed. Of course I was not doing it right, but the doctor had told me to swing, and I was determined to do so. I was positively terrified when he told me to palm and remember all sorts of strange things, such as the letter F on a piece of white starch, because I thought he was trying to hypnotize me, but I did my best, nevertheless, to carry out his instruction. Later I bought and read all the back numbers of the magazine, and learned the scientific principles on which the treatment is based.

My eyesight is now steadily improving, and I intend to keep up the treatment until I have normal vision. I have given up the music for the time being—my eyes are more important, ten times more important—and the ridicule of my friends does not disturb me. As long as that old cataract continues to melt away nothing else matters.

In addition to the improvement in my eyesight I have noticed an improvement in my memory. My memory for the things I learned out of books at school was always poor, while my memory for music has always been exceptionally good. I suppose the difference was due to the fact that one set of impressions reached me through my eyes, and the other though my ears. Now that my vision is improving I can remember the things that I see better.

I wish everyone could know of this remarkable method of curing defects of vision. I know in the end it must surmount all opposition, but meantime how many persons as afflicted as I once was will remain unhelped! It is right that we should be dubious of the new, but to hang so tightly to tradition as the medical profession seems to do makes progress unnecessarily hard.

INCIPIENT CATARACT RELIEVED
By C. L. Snooson, M. D.
New York.

This patient when first seen had a vision of 20/200 in each eye, and was wearing, for distant vision, the following glasses: right eye, concave 6.00 D.S. combined with 1.00 D.C., 90 degrees; left eye, 10.00 D.S. combined with 1.00 D.C., 60 degrees. Owing to the presence of incipient cataract in each eye these lenses improved his vision only 20/50 in the right eye and 20/100 in the left. For reading his glasses were three diopters weaker. He now has flashes of normal vision. He was helped most by the use of his imagination.

Since boyhood—I am now sixty-five—I have had myopia and astigmatism, for the correction of which I have worn glasses and spectacles. About two years ago cataract developed in my right eye, and a few months later in my left eye. Both were in mild degree, but still had enough to seriously obscure the field of vision. I also suffered from frequent severe headaches. My glasses were often changed without much relief.

About November 1st of this year (1920) I consulted Dr. Bates, of whom I had heard much and favorably. His methods of treatment seemed exceedingly rational, and he gave me great hopes of getting rid of my eye troubles. First of all he made me discard my glasses, which, at first, seemed rather hard, but to which I have gradually become reconciled. Through what I would call a system of progressive education of sight, I have now almost got rid of the myopia, the vitreous opacities do not bother me any more, and, apparently, the cataracts are disappearing by degrees. The headaches have also disappeared. I have resumed, to a great extent, the literary and research work on which I have been engaged since my retirement from active practice, and I have no doubt that, ultimately, I shall be in possession of full visual power. Upon my future progress I will report at a later date.

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STORIES FROM THE CLINIC

10. A Case of Cataract
By Emily C. Lierman

One day last July a man of forty came to the clinic suffering from cataract and a complication of other troubles. As I approached him he was palming. This was an unusual thing for a stranger to do, but he evidently thought that if covering the eyes with the palms was good for others it might help him also. I stood before him and said:

"Can I help you?"

He paid no attention to me whatever, and I soon discovered that he was deaf, so deaf that one had almost to scream into his left or better ear to make him hear. When I had at last succeeded in making him understand me he asked:

"Is it possible that you will be able to do anything for me?"

I answered: "I am going to try, with your help."

Then I said I wanted to know something about the history of his case, and this is what he told me:

At the age of six his left eye struck his forehead on a newel post, severing an artery in the head. Later, when it was noted that his right was deficient, physicians attributed the condition to this fall. During the thirty-four subsequent years he had been treated by many New York physicians, first their offices and clinics. During that period he had been blind three times, and surgical treatment had been repeatedly necessary. As a boy he could never see a blackboard at school, and could read but little. Between his twenty-first and his thirty-fifth year he had enjoyed the best vision of his life; but for the past five years his right had been steadily declining, and several doctors had told him that this would continue until he became completely blind. He was now practically blind in one eye so far as useful vision was concerned. I tested his sight, and found that he could count fingers at about three feet with the right eye, and with the left could see only the movements of his hand. Dr. Bates had previously examined him, and had found that he had an inflammatory cataract in the left eye, together with other inflammatory conditions.

I told him to palm again, and he complained that he saw all sorts of bright colors, and that these disturbed him very much. I then told him to remove his hands from his eyes and look at the large letter on the test card, which I held a foot away from him. After he had tried a few times he was able to remember the letter with his eyes closed; then the bright colors faded away, and after palming for fifteen minutes his vision improved from 1/200 to 1/50 in the right eye, while in the left he became able to count my fingers at three feet. Next clinic day he became able to read 3/30 with the right eye and 1/10 with the left, while at the end of two weeks the vision of the right eye had improved to 3/10 and of the let to 3/70. At the same time his general health had improved so much that he asked me if I had time to let him tell me about it. I told him that I would be very glad to hear the story, and what he had to say interested me so much that I thought the readers of Better Eyesight might be interested also.

"For many years," he related, "I have suffered from insomnia, and in recent months it has been nothing unusual for me to remain awake the entire night. Frequently I stay up all night, realizing the futility of trying to induce sleep. A short time ago I did this twice in a single week. When I do sleep my slumber has been very light and disturbed by the wildest imaginable dreaming—fires, murders, hairbreadth escapes, etc. As a result of the insomnia and eyestrain I had frequently splitting headaches, sometimes every day, and sometimes twice a day. From these I could secure relief only by the use of what I know to be harmful medicines. Since I came to you I have been sleeping very much better, the dreams have become much less disturbing, and the headaches have practically ceased."

Hearing this, I was encouraged to try to do even more for him; so I handed him a test card, and asked him to look at a small letter, close his eyes and remember it, and then imagine it blacker and clearer than he saw it. He was able to do this, and the constant twitching of his eyelids ceased. For a moment I forgot that he was deaf and said in an even voice: "How do your eyes feel now?"

He heard me, and answered:

"They feel so rested just now I do not feel that I have eyes at all, but am seeing without them."

He came three days every week for three months, and then as he improved he came less frequently. When I last saw him he was able, with his left eye, to read 3/10 at times, and with his right 5/10, while his hearing had improved so much that I was able to talk into his better ear without raising my voice much above my ordinary conversational tone. At the same time he had been relieved of head noises, including a drumming in the ears, which, he said, had often continued for from three to ten days. When he first came he could not go about alone, and always walked like an intoxicated person, for which he was frequently taken. When he left the clinic I noticed that he bumped against the benches and he told me that the condition had been attributed by physicians whom he had consulted to incipient locomotor ataxia. After his first visit, however, he never bumped into the furniture, and before he left us his walk was almost normal.