

## June 1930

Better Eyesight

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

June, 1930

Stop Staring

It can be demonstrated by tests 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 test 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 mere 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.

Imagination Essential to Sight

By W. H. Bates, M.D.

IT IS a well-known fact that vision is a process of mental interpretation. The picture which the mind sees is not the impression on the retina, but a mental interpretation of it. To the mind objects seen appear to be in an upright position, but the picture on the retina is upside down. When the sight is normal the margins and openings of black letters on a white card appear whiter than the rest of the card, but this, of course, is not the fact, the whole background being of the same whiteness. One may seem to see a whole letter all alike at one time, but, as a matter of fact, the eye is shifting rapidly from one part to another. The letter may also seem to move although it is stationary.

When the vision is imperfect the imagination is also imperfect. The mind, in short, adds imperfections to the imperfect retinal image. A great part of the phenomena of imperfect sight are, therefore, imaginary and not in any way to be accounted for by the derangement of the visual apparatus. The color, size, form, position and number of objects regarded are altered, and non-existent objects may be seen. Some persons with imperfect sight literally see ghosts. A boy, or a grown person either, in a dark cellar, is often under such a strain that he thinks he sees sheeted figures, and one of my patients, in broad day-light, used to see little devils dancing on the tops of high buildings.

It is a great relief to patients to learn that these appearances are imaginary, and helps them to bring the imagination under control. And as it is impossible to imagine perfectly without perfect relaxation, any improvement in the interpretation of the retinal images means an improvement in the conditions which have led to a distortion of those images; for relaxation, as all regular readers of this magazine know, is the cure for most eye troubles. There is no more effective method of improving the sight, therefore, than by the aid of the imagination, and wonderful results have been obtained by this means. At times imagination almost seems to take the place of sight, as in the case of a patient who gained a high degree of central fixation in spite of the fact that the macula (center of sight) had been destroyed, or in those cases in which patients become able to imagine correctly letters which are seen only as grey spots without knowing what they are.

How patients manage to see best where they are looking without a macula is hard to explain, but the imagination of letters which are not consciously seen is probably made possible by a certain degree of unconscious vision. When one looks at a letter on the Snellen test card which can be seen distinctly and tries to imagine the top straight or open when it is curved, or curved when it is straight or open, it will be found impossible to do so, and the vision will be lowered by the effort, to a greater or less degree. In one case the mere suggestion to a patient that he should imagine the top of the big C straight caused the whole card to become blank. When one looks at a letter seen indistinctly without knowing what it is and tries to imagine it to be other than it is, one is usually able to do so, but not without strain, evidenced by the fact that the letter becomes more blurred, or by the impossibility of imagining that it has a slow, easy swing of not more than a quarter of an inch. This fact makes it possible to find out what the letter is without seeing it.

The patient begins by imagining each of the four sides of the letter taken in turn to be straight, curved, or open, and observing the effect of each guess upon the swing. If the right side is straight, for instance, and he imagines it to be straight, the swing will be unchanged; but if he imagines it to be curved, the swing will be lengthened or lost, or will become less even and easy. If he is unable to tell the difference between two guesses it is because the swing is too long, and he is told to palm and remember a letter of diamond type, with its short swing, until he is able to shorten it. Having imagined each of the four sides of the letter correctly, he becomes able to imagine the whole letter, first with the eyes closed and covered, and then with the eyes open.

When one knows what the four sides of a letter are, its identification, in some cases, is a simple process of reason. A letter which is straight on top and on the left side, and open on the two other sides, cannot be anything but an F. If, on the contrary, it is straight on the bottom and on the left side, and open on the other two, it must be an L. Such letters can be imagined with a lower degree of relaxation than the less simple ones, like a V, a Y, or a K. If the letter is not imagined correctly, the swing will be altered, and in that case the process should be repeated from the beginning.

Having imagined the letter correctly, the patient is told to imagine it first with the eyes closed and covered and then with the eyes open and looking at the card, until he is able to imagine it as well when looking at the card as when palming. In this way it finally becomes possible for him to imagine it so vividly when looking at the card that he actually sees it.

With most patients this method of improving the sight produces results more quickly than any other. Others, for some unknown reason, do not succeed with it. Temporary improvement is often obtained in an incredibly short space of time, and by continued practice this temporary improvement becomes permanent.

The patient who describes her case later on in this article looked at the Snellen test card at ten feet one day, and did not see any of the letters, even as grey spots. By the method described above she became able in half an hour to read the whole card. A little girl of ten could not see anything at ten feet below the large letter at the top of the card. She was told how to make out the letters by the aid of her imagination, and then left alone for half an hour. At the end of this time she had read the whole of an unfamiliar card. A child of about the same age whose left macula had been destroyed by atrophy of the choroid (middle coat of the eye) was able with the affected eye to see only the 200 letter, on the test card, and that only when she looked to one side of the card. She was treated by means of her imagination, and after a few months, during which time she came very irregularly, she obtained normal vision in both eyes. She is still under treatment.

A school girl of sixteen with such a high degree of myopic astigmatism that she could see only the large letter at ten feet became able in four or five visits, by the aid of her imagination, to read 20/20 temporarily, and at her last visit she read 20/15 temporarily. A college student twenty-five years old, with compound hypermetropic astigmatism (four diopters in each eye), could read only 20/100 with his right eye and 14/200 with his left, and had been compelled to stop his studies because of the pain and fatigue resulting from the use of his eyes at the near-point. In four visits his vision was improved by the aid of his imagination to 20/30 and he became able to read diamond type at six inches without glasses and without discomfort.

These and many other cases of the same kind have demonstrated that imagination is necessary to normal sight.

### A PATIENT'S REPORT

I began to wear glasses for shortsight when I was fifteen, and from that time I wore them constantly until I came to Dr. Bates. For the last two or three years I never took them off, except for close work, until I got into bed at night, and before I got out of bed in the morning I put them on again.

In spite of these precautions my sight became steadily worse, and for the last ten years I have spent my time and money going from one specialist to another both in this county and in Europe. Three of the most famous specialists in Switzerland told me that I had retinitis pigmentosa, a condition in which pigment is deposited in the retina, and which, I was told, always ended in complete blindness if the patient lived long enough. Nothing could be done to prevent this outcome, they said, but they advised me to wear dark glasses when I went out of doors on bright days, because by exposing my eyes to strong light I was spending my capital. For the last three years I did this, and for the last year, on very sunny days, I often wore dark glasses in the house also, because my eyes had become so sensitive to the light that I could sometimes find relief only by going into a darkened room. Even with dark glasses and drawn blinds, there was a kind of razzle-dazzle before my eyes which was so maddening that I almost longed for the blindness with which I had been threatened, so that I might be free from such distresses. When I looked out of a window onto a sunny street and then back into the room again, everything became perfectly black for a minute. For the last two years and a half I have not been able to go out alone in the city. In this state of utter hopelessness, with my sight rapidly getting worse, I heard of Dr. Bates through a patient whom he was treating, and, in spite of what I felt to be the incredulity of my friends, although they were considerate enough not to express it, I lost no time in consulting him. The unusualness of his methods, while it excited the suspicion of others, was a recommendation to me. I knew what the old methods accomplished, or rather what they did not accomplish, and I wanted something different. It seemed to me that Dr. Bates was the very man I had been looking for.

My friends have now been converted, but, in spite of the fact that I am able to report substantial improvement in my vision, I still meet with much scepticism in other quarters. A doctor to whom my progress was reported by a friend wrote to her that if my trouble were imaginary Dr. Bates might help me through hypnotism or mind cure, but that if there were anything really the matter with my eyes he could do nothing by his methods. One who had met some of Dr. Bates' cured patients and, was inclined to believe in him, said, when, told that I was being treated for retinitis pigmentosa:

"Good gracious, he surely doesn't pretend to cure retinitis pigmentosa! That is an organic disease."

I said that he not only pretended to cure it, but had made substantial progress in my case. The doctor said: "I think he'll help you, but I don't believe you are ever going to see without limitations."

The improvement in my vision since I have been under treatment has been indisputable. After two weeks the intangible suffering caused by light left me, and it has never returned. I can go out in the brightest sunlight without glasses of any kind, and, although my eyes feel weak and I squint a little, there is no real distress. I can look out of a window onto a sunny street, and when I turn back again into the room there is no blindness. When I first took off my glasses I had to bend over close to my plate when I was eating, in order to see what was on it. Now I sit in an almost normal position, with such a slight bend that I don't think anyone would notice it. I also operate a typewriter while sitting in a normal position. For three years it has been very difficult for me to read or sew, with or without glasses. Now I do both without glasses, and instead of the distress which these activities formerly caused me, I experience a delightful feeling of freedom. And not only can I read ordinary print, but I can read diamond type and photographic reductions. About a year ago I began to lose my color perception, and up to two weeks ago I was unable to distinguish the rug from the floor in the doctor's office. Now I can see that the floor is red and the rug blue, tan and black. At the present writing I have just become able to observe that a couch cover in my apartment, which had always appeared blue to me, is green. I am still unable to see very much at the distance. But I am beginning to make out the features of the people around me and to read signs in the streets and street-cars, and when I look out of the windows on the Subway I see the people on the platforms. My field is still very limited, but I am conscious that it is slowly enlarging. The other day I pinned a piece of paper three inches from the test card, and was able to see it while looking at the card. After such improvement, in the brief period of five weeks, I do not feel inclined to credit the prediction of my medical friend that I am going to regain my sight only with limitations. I hope I am going to get normal vision.

Along with the improvement in my sight there has come also a remarkable improvement in my physical condition, the natural result of freedom from suffering. I used to be a very restless sleeper, and when I woke in the morning I was greatly fatigued. Now the bed is as smooth in the morning as if I had never stirred all night, and I am much more refreshed than I used to be, although not so much so as I hope to be later. Formerly I had to force myself to write a letter. Now it is a pleasure to do so, and I am clearing off all my correspondence. I could not attend to my accounts. Now I have them all straightened out. If I could receive nothing more from the treatment than this physical comfort and increased ability to do things, it would be worth while.

#### Suggestions

By Emily A. Bates

1. If the vision of the patient is improved under the care of the doctor, and the patient neglects to practice, when he leaves the office, what he is told to do at home, the treatment has been of no benefit whatever. The improved vision was only temporary. Faithful practice permanently improves the sight to normal.
2. If the patient conscientiously practices the methods, as advised by the doctor, his vision always improves. This applies to patients with errors of refraction, as well as organic diseases.
3. For cases of squint we find that the long swing is beneficial to adults and to children.
4. When a patient suffers with cataract, palming is usually the best method of treatment, and should be practiced many times every day.
5. All patients with imperfect sight unconsciously stare, and should be reminded by those who are near to them to blink often. To stare is to strain. Strain is the cause of imperfect sight. The following rules will be found helpful if faithfully observed:—
6. While sitting, do not look up without raising your chin. Always turn your head in the direction in which you look. Blink often.
7. Do not make an effort to see things more clearly. If you let your eyes alone, things will clear up by themselves.
8. Do not look at anything longer than a fraction of a second without shifting.
9. While reading, do not think about your eyes, but let your mind and imagination rule.
10. When you are conscious of your eyes while looking at objects at any time, it causes discomfort and lessens your vision.
11. It is very important that you learn how to imagine stationary objects to be moving, without moving your head or your body.
12. Palming is a help, and I suggest that you palm for a few minutes many times during the day, at least ten times. At night just before retiring, it is well to palm for half an hour or longer.

#### Questions and Answers

Question.—(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. I. I.

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

Question.—(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 fixture 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; but I found in accomplishing this I was partially closing my eyelids, so that I must have looked much like the Patagonians in Fig. I in Dr. Bates' book, said to be probably myopic when the picture was taken. I found that I could not keep my eyes thus 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.

Answer.—(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.

#### Announcements

Space does not permit us to print the entire list of Dr. Bates' authorized representatives in the United States, Canada and Europe, which we should like to do for the benefit of our subscribers. The following, however, is a list of those who have taken courses of instruction in the Bates Method within the past few months. Those subscribers who wish to know if there is an authorized representative in their city may obtain this information by writing direct to Dr. Bates at 210 Madison Avenue, New York City.

Miss Clara M. Brewster  
Studio 6, Aquila Court,  
Omaha, Nebraska.  
Miss Mary E. Wilson,  
2538 Charming Way,  
Berkeley, Calif.  
Dr. Paul J. Dodge,  
911 New Industrial Trust  
Bldg., Providence, R. I.  
Mrs. D. L. Corbett,  
1712½ Fifth Ave.,  
Los Angeles, Calif.  
Miss Jane Button,  
249 Harvey St.,  
Germantown, Pa.  
Mr. Fred Baechtold,  
572 12th St.,  
West New York, N. J.  
Tel.—Palisade 6-7735  
Mr. Harold E. Ensley,  
112 West 104th St.,  
New York City.  
Dr. Med. E. Schluter,  
Hamburg, Mundsburger-

damm 11, Germany.  
Mrs. R. Norman Jolliffe,  
171 West 71st St.,  
New York City.

It has come to our attention that certain parties not connected with Dr. Bates in any way are desirous of publishing a periodical called "Better Eyesight". We wish to say that any such use of this title is not with the permission of Dr. Bates or the Central Fixation Publishing Company and that any magazine issued under this title, other than the present one, is not published in the interest of the Bates Method. The title, "Better Eyesight", is protected against illegal usage.

As we have already notified our subscribers, "Better Eyesight" is being discontinued with this issue. This will enable Dr. Bates and Mrs. Bates to devote more time to the writing of new books on treatment alone for which there has been a very great demand. We request that all those who desire to be notified upon the publication of new books kindly send us their names and addresses which will be kept on file.

Bound volumes of "Better Eyesight" containing the issues from July, 1929 to June, 1930, inclusive, will be ready about July 15th. Those subscribers wishing to have their own magazines bound may send them to us before July 10th and they will be bound at the same time our issues are being bound. The price for binding will be \$1.00.

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