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Better Eyesight

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

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HOW TO OBTAIN PERCEPTION OF LIGHT IN BLINDNESS

Two things have always brought perception of light to blind patients. One is palming, and the other is the swing. The swing may take two forms:

1. Let the patient stand with feet apart, and sway the body, including the head and eyes, from side to side, while shifting the weight from one foot to the other.
2. Let him move his hand from one side to the other in front of his face, all the time trying to imagine that he sees it moving. As soon as he becomes able to do this it can be demonstrated that he really does see the movement.

Simple as these measures are, they have always, either singly or together, brought relaxation and with it perception of light, in from fifteen minutes or less to half an hour.

In palming, the patient should remember that this does not bring relief unless mental relaxation is obtained, as evidenced by the disappearance of the white, grey and other colors which most blind people see at first with their eyes closed and covered.

BLINDNESS: ITS CAUSE AND CURE

By W. H. Bates, M. D.

As ordinarily used, the word blindness signifies a degree of defective sight which unfits the patient for any occupation requiring the use of the eyes. Scientifically it means a state in which there is no perception of light. Speaking of this condition in his Cause and Prevention of Blindness Fuchs tells us that except in extraordinarily rare cases it is incurable, and this is the accepted opinion of ophthalmology today

The facts that have come to me during thirty-five years of ophthalmological practice have convinced me that the above statement should be reversed, and made to read: "Except in extraordinarily rare cases blindness is curable." In fact, unless the eyeball has been removed from the head, I should be unwilling to set any limits whatever to the possibility of relieving this greatest of human ills, for I have never seen a case of injury or disease of the eye which was sufficient to prevent improvement of vision. In all cases of blindness, whatever their cause, a mental strain has been demonstrated, and when this strain has been relieved perception of light has always been obtained.

Even when the eyeball has been so shrunken that the patient scarcely seemed to have an eye, sight has been restored. In one such case the cornea of the left eye had shrunk to an eighth of an inch in diameter and only a suggestion of the sclera was visible, while the right eye was reduced to a quarter of its normal size and showed only a hazy cornea and a blurred piece of iris with no pupil. The patient was ten years old and the condition of her right eye was congenital (present at birth); that of the left was due to an inflammation which she suffered when she was a year old. From that time, she had had no perception of light; but in fifteen minutes she became able to see the furniture of the room indistinctly and to imagine that it was swinging. In spite of this remarkable demonstration of what could be accomplished by relaxation, her parents did not bring her again.

Atrophy of the optic nerve is one of a considerable number of diseases, like detachment of the retina, irido-cyclitis and absolute glaucoma, which have been placed beyond the pale of hope by the science of ophthalmology. Yet persons with atrophy of the optic nerve sometimes have normal vision, and persons blind from this cause sometimes recover spontaneously. At the New York Eye and Ear Infirmary thirty years ago, a patient was exhibited who had all the symptoms of atrophy of the optic nerve, but who nevertheless possessed perfect sight. The case was exhibited later at the Manhattan Eye and Ear Hospital, the New York Ophthalmological Society, and the Ophthalmological Section of the New York Academy of Medicine. Later I saw several similar cases; but when a colored woman came to my Clinic a few years ago with atrophy of the optic nerve, it did not occur to me that it would be possible to help her. Not knowing what to do, I asked her to sit down while I attended to some other patients, and meanwhile my assistant, Mrs. Liesman, who tells the rest of the story in a later article, got hold of her and made her see. Later many cases were relieved. A few obtained normal vision, but most of them did not have the courage to continue the treatment long enough for this purpose.

A few weeks ago a patient came to me completely blind in both eyes from atrophy of the optic nerves. Before he left the office he had become able, by the aid of the swing, to see the light with both eyes. He went away greatly encouraged, and promised to come again as soon as he returned from a neighboring city. Later he sent me a statement, signed by an oculist and witnessed by a notary public, to the effect that he was completely and incurably blind from primary optic atrophy. I have not seen him since.

The following remarkable story of a spontaneous cure was told me recently by a patient A commercial traveler, a friend of the man who told me the story, was treated for two years in a Chicago Hospital for total blindness from atrophy of the optic nerve. Although the doctors told him that his case was quite hopeless, he refused to believe it. He talked much of a grey cloud that he had seen before his eyes at the time he became blind, and said that if he could only remember how it looked he was sure it would help him. One day he had a perfect mental picture of that grey cloud, and at once he found that he could see. He is now back in his old position, doing his usual amount of work, attending to his correspondence, and reading as well as he ever did. Doctors who have examined his eyes since say he still has atrophy of the optic nerve and ought still to be blind.

Irido-cyclitis, a combined inflammation of the iris and ciliary body, is a frequent cause of blindness. Often it results from an injury to the adjoining eye, and in that case is known as sympathetic ophthalmia. In severe cases it is believed to lead inevitably to blindness, which is, of course, thought to be incurable Yet in all cases in which blindness has resulted from this disease I have seen perception of light, and even normal vision, restored.

One day a young girl came to my Clinic with one eye as soft as mush from irido-cyclitis (the other having been removed four years before). The iris and pupil were covered by a white scar and she had no perception of light. After palming, swinging and using her imagination for about fifteen minutes, the scar cleared up sufficiently for me to see the iris and pupil indistinctly, and two visiting doctors also saw them, while the patient saw the light. Later she became able to see people on the street and to see the pavement and imagine that it was swinging. At that point she ceased coming to the Clinic.

A case of practical blindness from this cause was cured within a month by the use of the imagination. When the patient looked at the large letter at the top of the card at one foot and was told what it was, he was able to imagine that he saw it, and thus he became able to see it actually. Then he did the same thing at ten feet. Next he imagined that he saw the first letter of the second line at ten feet, and became able to recognize the second letter. The same method was used with all the other lines until he became able to imagine the first letter of the bottom line, and then go on and read the other letters.

When his eye was examined with the ophthalmoscope the vitreous was so opaque that one could not distinguish the optic nerve and retina. He said that the light bothered him, and presented him from imagining any of the letters on the Snellen test card. With the retinoscope at six feet, however, he stated that the light did not bother him so much, and he was able to imagine, while it was being used, that he saw a letter on the bottom line perfectly. The refraction was then normal, and a clear red reflex (light reflected from the retina) was obtained, indicating that the vitreous was now quite clear. When he failed to imagine that he saw the letter, the reflex was much blurred, indicating cloudiness of the vitreous. These are facts. I cannot offer any explanation for them.

Of detachment of the retina Fuchs says, "It is generally possible in recent and not too excessive cases of separation of the retina to obtain an improvement of the sight by a partial attachment, and in especially favorable cases even to cause the detachment to disappear completely. Unfortunately it is only in the rarest cases that these good results are lasting. As a rule, after some time, the separation develops anew, and ultimately, in spite of all our therapeutic endeavors, becomes total .... In inveterate cases of total detachment it is better to abstain from any treatment." Compare this statement with the results obtained by central fixation, as told in the following article. In many other such cases useful vision has been obtained.

The incurability of blindness resulting from glaucoma is taken so completely for granted that Nettleship defines absolute glaucoma as "glaucoma that has gone on to permanent blindness." Yet in the December 1920 issue of Better Eyesight [link], and again in this issue, is reported a case in which light perception was restored in an eye stone blind with glaucoma after a few minutes of palming. This was witnessed by several visiting doctors. Later the patient became able to read the twenty line at ten feet with this eye. As nearly half of our blind population at the present time is believed to be over sixty years old, and a great part of the blindness of later life is attributed to glaucoma, the curability of this condition is a fact of immense importance. Statistics indicate that in this country, at the present time, external injury is the most frequent cause of loss of vision between the ages of twenty and thirty-four. I believe that a great part of this blindness could be relieved, for, as I have already stated, I have never seen an eye so badly injured that its vision could not be improved. To cite only one of many similar cases, a patient injured in an automobile accident became suddenly and completely blind, either from hemorrhage into the orbit, or from injury to the optic nerve. By palming and the use of his imagination, he at once became able to count his fingers.

Perhaps the most remarkable cures of blindness are those in which the loss of vision is supposed to be due to general disease. These have frequently been relieved, partially or completely, without relief of the disease. Thirty years ago a man stone-blind with what I diagnosed to be albuminuric retinitis was led into my Clinic at the New York Eye and Ear Infirmary. This condition is so closely associated with disease of the kidneys that its existence is considered sufficient evidence of the existence of the latter. Yet the patient regained normal vision and held it up to the time of his death without any improvement in the condition of the kidneys. On the contrary the disease of these organs became worse, and when he died a few years later the physicians who performed the autopsy wondered how he had been able to live so long. The evidence seems to me complete that the blindness was not due to the kidney trouble but to strain.

Many diseases of the eye are attributed to syphilis Yet in every case these conditions have been relieved by rest, and often the sight has become normal without any improvement in the syphilis.

In spite of the very prompt improvement which patients obtain in these cases, they often, as the cases mentioned in the foregoing pages show, fail to continue the treatment. The weight of public and professional opinion is too much for them, and they are practically compelled to take this course. Such dogmatism is both unwise and unscientific. The causes of disease are obscure and variable, and we do not know it all. It does not seem to me that a doctor is justified in telling a patient that he is incurable just because he has never seen such a case cured, or has forgotten, because it was contrary to rule, any case that he has seen. This may cause the patient to accept as inevitable a condition which might have been cured and may even prevent nature, because of the depressing effects of discouragement, from doing what the doctor has failed to do. Still less is it justifiable for the medical profession to assume, as it now seems to do, that we have learned all there is to be known about blindness Such an attitude throttles research and actually exposes to the suspicion of being a quack any man who tries to help these unfortunates.

RELIEF OF RETINAL DETACHMENT

By Clara E. Crandall

Twenty-five years ago Samuel D. was struck in the left eye by a nail thrown carelessly from a roof, and nineteen years later, while he was chopping wood, a stick flew up, hitting him in the face and injuring the same eye.

There were, apparently, no serious consequences from either of these accidents, but about a year after the second one the patient noted that his sight was getting dim. He consulted an oculist, thinking that he probably required glasses, and was told that he had iritis. He was given drops for this condition and had been using them for a month when, on May 12, 1916, while digging in the garden, he went suddenly and completely blind in his left eye. The cause proved to be a detached retina, and the oculist whom he consulted sent him to a hospital where he underwent a thorough examination. His teeth were X-rayed, and it was thought best to remove his tonsils. He was then kept for eight weeks motionless, flat upon his back.

At the end of this time it was found that the retina, as a result of the complete rest, had become partially reattached and the vision was, to some extent, improved. Hoping to improve it still further, the doctors operated upon the eye, but without success. Two weeks later a second operation was performed, after which the eye became totally blind again. The condition of the left eye was complicated by a traumatic cataract, and senile cataract now developed in the right. He was sent to another hospital in the autumn where he was again thoroughly examined, but the doctors decided that nothing more could be done for him.

And so, with one eye totally blind and cataract rapidly obscuring the sight of the other, Samuel went back to his work as a gardener, trying to resign himself to the dark future before him. From month to month he struggled on; but he found it increasingly difficult to do his work, and felt that the time would soon come when he would have to give it up. He suffered greatly from the strain of trying to see and complained of a constant yellow glare in the blind eye, together with many other painful and unpleasant symptoms which, he said, interfered with the sight of his right eye also.

From a time several years antedating his sudden attack of blindness Samuel has been in the employ of my family; after he became blind I went to Dr. Bates to have some eye troubles of my own treated, and, hearing of the many remarkable cures that were effected by his method of treatment, it occurred to me that he might be able to do something for Samuel. It seemed to Samuel a forlorn hope, but as it was the only one, he allowed me to take him last May to Dr. Bates' Clinic in the Harlem Hospital.

At this time he was still without light perception in the left eye, and with the right was unable to make out the smaller letters on the test card when it was held a foot from his face, while even the largest letters appeared gray and blurred. Dr. Bates told him that the cataracts could be cured, and encouraged him to hope for improvement in the condition of the detached retina also. He told him to leave off the dark glasses he had been wearing, to palm as often and as long as possible, to drink twelve glasses of water a day, to imagine and flash the letters on the Snellen test card, and to imagine everything, himself included, as swinging.

Samuel followed these instructions conscientiously, and in a short time the strain and other distressing symptoms from which he had previously suffered were greatly relieved. The sight of the blind eye improved gradually. At the first visit he became able to distinguish light, and later he saw the shadowy image of a moving object, at first only when held close to the left side of his head, but afterward in all parts of his field of vision. The perception of light in the blind eye has grown steadily and the vision has so improved that now, at a distance of fourteen feet, he can see a moving object against a strong light, while at the near point he even thinks that he can sometimes catch a glimpse of the large letter on the Snellen test card. With the right eye he can read the smallest letters on the test card at the near point, and they appear black and distinct. At fourteen feet he can flash them.

Among those who have benefited by Dr. Bates' remarkable discoveries, there is no one who owes more to them than Samuel D.; for now, instead of having to look forward to blindness and utter dependence on others, he has been enabled to take up his life with renewed courage and interest, confident that if he faithfully continues the treatment he will eventually obtain good vision in both eyes.

STORIES FROM THE CLINIC

No. 13: The Relief of Blindness

By Emily C. Liesman

Clinic day is always a happy day for me. It is true one sees at the hospital a great deal of suffering, sorrow and poverty; but it is a pleasure to be able to relieve some of the suffering, and sometimes things happen which are very amusing.

Some time ago a blind man was led into the Clinic by a friend. This was a case which really ought to have been very sad, but it turned out, instead, to be very amusing. In spite of his affliction the patient seemed to be in a happy mood and very well-pleased with himself. He was neatly dressed and his shoes, though worn, were carefully shined, while over them he wore spats. His tie was a very bright red, and his hat was a light shade of tan. A cane, which his blindness compelled him to carry, completed a costume which I am sure he considered to be that of a real swell gentleman. When I approached him he said in a very gracious manner:

"Glad to see you, ma'am! Glad to see you, ma'am!"

And yet he could not see me, as I soon found out. I held my fingers before his eyes and asked him if he could see them. He answered that he could not. Further tests showed that he had no light perception whatever, and Dr. Bates said that his condition was due to atrophy of the optic nerve I showed him how to palm, and after five minutes he pointed to an electric light in the ceiling and said:

"It looks light there."

I told him at once to palm again, and when he opened his eyes he saw the shadow of my fingers moving from side to side before his face. In a few moments, however, the blindness returned. Again I told him to palm, and while he was doing so I asked him if he could remember something black, or something else that he had seen before he became blind, such as a beautiful sunset, or white clouds. He thought a while, and then remembered that in the days when he had been a house-painter he had used black paint. I told him to remember the black paint while he was palming, and then I left him to attend to other patients. When I came back to him I held two of my fingers close to his face, and asked him if he could see them.

"Ma'am " he said, "I'm not at all sure, but I think I see two fingers."

I think the man must have been quite popular with the ladies, for he now restarted that one of his lady friends would be pleased if he could see her. He came quite regularly for a time, and each time I noted improvement in his vision. Sometimes this was not very marked, and then I knew that he had not been palming very much at home. He was greatly helped by the focusing of the sun's rays upon the white of his eyes with a sun glass. This had a very soothing effect. He was soon able to dispense with his guide and, when leaving the Clinic, used to use his cane to obviate collisions with the benches, nurses and patients. One day as he was leaving the room Dr. Bates called my attention to him, and I noted that instead of tapping with his cane upon the floor he was carrying it on his arm. With head erect, he walked down the long corridor, opened the door and left the hospital, with apparently no more difficulty than a person with perfect sight. A little later he came with the cane. He became able at last to read the fifty line at five feet with both eyes, and then he stopped coming. Probably he thought he would be able to continue the treatment by himself.

In the October (1920) number of Better Eyesight [link] I wrote about another case of blindness from atrophy of the optic nerve, the patient having no light perception. Unlike the preceding patient she was very much depressed by her condition, and begged me piteously to give her back the light of day. She had heard of our Clinic through some of the patients, and had confidence that Dr. Bates or myself would give her some relief. But I was very far from feeling this confidence. Sometimes I am a doubting Thomas. I always try, however, not to reveal this fact to the patients, but simply go ahead and do the best I can. After this woman had palmed for ten minutes or longer, all the time remembering black stove polish, she became able to see the 200 letter a foot in front of her eyes. Since my previous article was written she has become able to read the ten line at this distance. She is able to go out to work during the day, and to work for herself at night, and she says she sleeps better.

In the December (1920) number [link] I told the story of a woman who had absolute glaucoma of the right eye. This meant that she was stone blind. She was also suffering terrible pain in this eye. I had to do a great deal of coaxing to get her to palm, but I was willing to give her more time than I do to most of the patients, because her age was seventy-nine. With the exception of one or two relapses she got on nicely, and the last time I saw her she had half-normal vision for distance in the once blind eye and normal vision in the other. She had learned how to keep her eyes at rest by palming and using her imagination for flowers and other objects, and this relieved the strain which had been the cause of all the trouble.

We have had many cases of total blindness at the Clinic, most of them due to glaucoma and atrophy of the optic nerve, a few to detachment of the retina and irido-cyclitis, and all have gained at least perception of light, while many have been more materially benefited. But most of them did not come more than a few times. It is unfortunate that the blind, as a rule, consider their condition so hopeless that it is difficult to convince them that any treatment is worthwhile, even after they have received some benefit from it.

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