June 1924

Better Eyesight

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

June, 1924

Blinking

THE normal eye when it has normal sight rests very frequently by closing the eyes for longer or shorter periods, and when practiced quickly it is called BLINKING. When the normal eye has normal sight and refrains from blinking for some seconds or part of a minute, the vision always becomes imperfect. You can demonstrate that normal vision at the near point or at the distance is impossible without frequent blinking. Most people blink so easily and for such a short period of time that things are seen continuously while the blinking is done unconsciously. In some cases one may blink five times or more in one second. The frequency of blinking depends on a number of factors.

The normal eye blinks more frequently or more continuously under adverse conditions as when the illumination is diminished, the distance is increased or the print read is too pale or otherwise imperfect. The distraction of conversation, noise, reflections of light, objects so arranged as to be difficult to see, all increase the frequency of blinking of the normal eye with normal sight. If the frequency of blinking is diminished under adverse conditions or from any cause the vision soon becomes imperfect.

The imperfect eye or the eye with imperfect sight blinks less frequently than the normal eye. Staring stops the blinking. The universal optical swing, the long or short swing when modified or stopped are always accompanied by less frequent blinking.

Blink in the early morning,
Blink when the sun sets at night;
Blink when the sun is dawning,
But be sure you do it right.

Blindness

By W. H. Bates, M.D.

A GREAT many people are blind or have vision so imperfect that they are unable to find their way about a strange place with the aid of their eyes. They are usually an object of interest to their friends and are frequently recommended to try every new form of treatment which comes out that promises any relief. They are too often disappointed.

The orthodox ophthalmologist has been guided by a certain number of rules. For example: a patient who has no perception of light is at once considered incurable, no matter what may be the condition of the eyes. The first shock that I experienced in such cases was in that of a girl who had total blindness in one eye only, the other being fairly good. She had been to many physicians, and all pronounced her incurable because she had no perception of light in the blind eye. This was a long time ago, and at that time I did not know as much as I do now and told the patient that nothing could be done to improve the blind eye. The eye itself appeared normal. There was no opacity and no organic disease which I was able to find. She told me that one doctor said she was born with something wrong with the eye center in the brain, which accounted for the blindness in the one eye. However, I treated her, planning to improve the slight, imperfect sight that she had in the good eye. Much to my surprise, the vision in the blind eye simultaneously began to get better. The first improvement the patient noticed was that she could see strong light off to the outer side of the eye, while her vision straight ahead and to her left was still dark. One of the most remarkable things about the case was the rapidity with which the blind eye obtained perception of light when the vision improved for objects and letters of the Snellen Test Card. After two weeks of daily treatment the vision of the right eye had improved to 10/200, and at the end of another week she had 20/20. From the results of treatment and other reasons I believe that this was just a case of blindness from squint without the squint, which is called in the text books amblopia ex anopsia. After doing her so much good, I expected that she would return or at least send word how she was getting along. She was not heard from again. I believe, if there had been any relapse, she might have returned. Sometimes these cases do relapse, and I learn the facts from friends of the patient.

About five years ago a patient was led into my office, blind from retinitis pigmentosa. The vision of the right eye was perception of light, while that of the left eye was 5/200. The pupils of both eyes were small, and in order to examine the interior of her eyes her pupils were dilated with a weak solution of atropine. It was followed very quickly by an attack of acute glaucoma. This subsided after about two weeks. The vision of the better eye was lowered to perception of light while that of the right eye, which had been practically blind for many years, had improved to 10/200. This was a great sur-prise because it was so unexpected. After many months of daily treatment she obtained normal vision in the right eye and almost normal vision in the left eye. She stopped treatment against my advice. The case was published in the New York Medical Journal, February 3, 1917 [link].

Glaucoma is a very treacherous disease. One may have an attack and recover promptly under treatment. The same patient may have a number of attacks of ten-porary blindness, but sooner or later the patient will suffer an attack of glaucoma with total blindness, from which no recovery follows spontaneously. The patient goes to some competent ophthalmologist, who at once tells him that there is no hope of anything being done. At one time I examined with a microscope six eyes which had been enucleated for the relief of great pain from absolute glaucoma. Not one of these eyes was imperfect in any way. Quite frequently I have seen cases of absolute glaucoma which came to me for treatment, and which were completely relieved by palming and obtained normal vision in a very few days or weeks, some in even a shorter time. One such case, about ten years ago, had pain so severe that he was unable to attend to his business, and had been strongly advised to have the eye removed. He came to me as his last resort. After a half hour of palming the pain disappeared, and has not returned since in all this time. I saw the patient a few days ago and he is still full of gratitude for the benefit he received.

If my method never did anything more than to relieve the tension and pain of glaucoma, I would feel that I had done something worth while. Whenever I think of those glaucoma cases I relieved, it is a very difficult matter for me to refrain from boasting. There are many eye doctors of my acquaintance who do not believe that palming does much for glaucoma, although I have gone to a great deal of trouble to advertise the fact. So strongly impressed on the minds of ophthalmologists that absolute glaucoma is incurable, that I can understand how difficult it is for men of experience to imagine that any of these cases can be benefited. Some day, soon I hope, some doctor will try the palming on a hopeless case and be gratified to find that these cases can be helped. If he has the courage to publish the facts he will find that his brother practitioners will not be as severe with him as he might expect. Some eye special-ists have privately observed my work; and, although they at the time admitted that I was right and everybody else was wrong, they hesitated to indorse any of my discoveries publicly.

Many patients have said to me: "You cured me after other doctors failed. When I went back to some of them and reported the facts, they had nothing to say. What is the matter with them?"

Recently I was asked if my methods were of any benefit to the blindness of babies who have lost their sight from an infection soon after birth. I believe that these cases can be prevented by the well-known simple treatment as most doctors agree, but after the disease has caused blindness very few or no doctors believe that much can be done to restore the sight.

Some years ago I treated a girl, aged fourteen, whose right eye was blind following a severe inflammation of her eyes soon after birth. She was unable to see moving objects with this blind eye, but had perception of light. I had her hold the Snellen Test Card in her hand, close to her face, and to move it from side to side for a half hour or longer. In the beginning she could not imagine that the card was moving, but by appealing to her common sense she admitted that she did move the card, and furthermore that although she could not see it move, she could imagine it. The next day she practiced in the same way, and told me that she could imagine some black specks on this moving card and that the card was beginning to look more or less white. In a week's time she was able, as a result of daily use of the card, to see about half the letters with the card held close to her eyes. In another week she read the whole card. Then the card was placed gradually further off, and at the end of about three months the opacity on the front part of her eye had almost entirely disappeared and her vision had im-proved to 20/20.

I wish to emphasize that many cases of so-called incurable blindness can be completely relieved. It is wrong for any doctor or group of doctors who cannot cure cataract, for example, without an operation, to insist that because they cannot cure it nobody else can.

Stories from the Clinic

52: A Blind Boy

By Emily C. Lierman

NOT long ago he came to us. Only twelve years old, but blind. His name is Lewis and he is of Jewish birth. If Lewis had been born blind he would not have had so many plans about the future, nor would he have been so sad.

During the month of March, 1923, he was operated upon for mastoiditis. Dr. Bates found warts in the ophthalmoscope that the boy had atrophy of the optic nerve of both eyes. From the history of the case he believed that the cause of the trouble was probably associated with an abscess of the brain, from the disease of the left ear.

After the operation for the relief of the brain abscess, a cerebral hernia appeared above and behind the left auditory canal. The hernia was about two inches long by one inch wide and projected outside the skull a distance of about one inch. For several months before the boy was seen by us the size of the cerebral hernia, we were told by the mother, had not changed. Before the operation or before the mastoid trouble he was a perfectly normal, healthy boy, full of life and hope. I shouldn't wonder but what he might have been planning to be a bank president or a radio expert, from the discussion we had together, after we became acquainted.

The morning of his first visit to us a telephone message came. A teacher from the school for the blind wished Dr. Bates would see him. The appointment was made and inside of one hour the boy arrived with his mother. Her eyes were staring at the doctor's face as he examined Lewis' eyes, straining every nerve of her body, fearing the verdict might be, "No more hope." After the examination, Dr. Bates came to my office and told me about the case and asked: "Wouldn't you like to see him? I think you could help him to see again." Oh! wonderful faith. It is the faith Dr. Bates has: in one that keeps me going. His encouragement has helped me to benefit cases that would otherwise have seemed hopeless to me.

When I entered the room where Lewis was, I saw a very forlorn looking boy sitting all huddled up in his chair, staring out of sightless eyes. His mother tilted a blue streak to me, which was something like this:

"Oi, mine boy that he should be blind. Bless do you think he can voince more see? Vun year he vas blind, can see nottink. Before that he vas beeg and betty."

Of course the mother heart was crying out loud for help, and it was pitiable to hear her. I tried to explain that we would do everything possible for her boy, but I could not get a word in edgeways. I just closed my eyes for a few moments and prayed for help. I then spoke to Lewis as though he could see me and placed a test card in his hands, advising him to keep his eyes closed and relax in his chair as much as possible while he was doing this. I told him it was very necessary not to worry or to think of his blindness. He could think of a sunset, he said, also a white cloud in a blue sky. With just a few minutes of this treatment he opened his eyes and saw that the card was white. I had him close his eyes again very quickly and asked him to remember the whiteness of drifted snow. He said he could remember or imagine he saw the snow, but he could imagine a white cloud much whiter. I said all right, keep re-membering the white cloud, but imagine it is moving. He said he could do that easily. After a half hour or more, Lewis opened his eyes and flashed a big black spot on the top of the card. I said: "If you will move the card slightly from side to side you will become able to see what that black spot is on the top of the card." Another half hour had passed by, both of us doing our very best, when all of a sudden my patient said, "It is a letter C!"

Then the mother screamed: "Ach Gott, mine boy sees." She threw her hands in the air enumerating all the while that her poor boy could see. Then she became hysterical and disturbed all the patients in the treatment rooms. I placed my arm gently around her and led her into my office, and then we both cried. My heart was with this poor mother, but my thoughts were of the boy, too. We had left him all alone and I was worried. I told her to offer a little prayer of thanks to Him who had heard my plea. I said, "Your God is my God, too, so ask Him to help us." I left her to see what Lewis was doing and I found him faithfully palming his eyes.

Although weary and tired after I had worked with Lewis over two hours, I was repaid a thousandfold when he read every letter of the 70 line and 50 line as he moved the test card slowly from side to side, close to his eyes, blinking all the time. He was instructed to stand and swing his body from side to side to lessen the tension of his body; also to blink his eyes all the time to stop staring; then to practice with the test card, many times a day, moving it slowly from side to side as he flashed the letters of each line on the card.

On his second visit he read the smallest letters on the card, the 10 line, but to do this he had to hold the card so close that it touched his nose. On his third visit he read the bottom line, holding the card an inch or more away from his nose. The sun treatment always helps him and he is advised to stay in the sun as much as possible. The cerebral hernia which on his first visit was very much inflamed or red in appearance, had lost most of its redness, and the size of the hernia was less.

On his last visit I placed him in front of a large mirror, and he saw it plainly. He could also see me standing behind him as he looked into the mirror. The sad look in his eyes is no longer there. Lewis informed me that a friend had given him a radio set, which he enjoys when he is not practicing with the test card. His smile is wonderful to see and his mother is more than grateful because of the hope we have given her in restoring the sight of her boy.

Sinbad the Sailor

By George Guild

WHY Sinbad? Of what benefit to the readers of this magazine or to people who desire a cure of of imperfect sight without glasses can a reference to Sinbad be? In Arabian Nights tales he occupies a prominent place. In his many voyages he described many queer things which happened and which were very wonderful, although not always probable or true. Being a sailor, he used his eyes principally for distant vision. He had good eyesight, but after one of his numerous voyages he returned to his home in Bagdad and complained to his friends that his sight for distance had become poor, so poor that he was unable to recognize people ten feet away. An Egyptian astrologer sold him a pair of glasses for a price which made a big hole in his savings. For a time he was happy because his vision was decidedly improved by the glasses, but it was not long before his imperfect sight required stronger glasses, and the strength of his glasses Was frequently increased. In a shipwreck he had difficulty in reaching the shore because the water clouded his glasses so that they became useless. Whenever it rained the glasses became too clouded to help him to see. In many emergencies, when he most needed his glasses, they failed him. When swimming he could not see any better than without his glasses. It embarrassed him very much when trying to reach land, because he was unable to locate it. Other sailors would throw water in his face, fog his glasses, and tease the blind man without risk to themselves. With his glasses he suffered great pain and fatigue.

While visiting a city in a foreign land and walking the streets without seeing much, a stranger handed him a parchment on which was written:

"Go where all things are moving.
Watch and think the livelong day;
The truth it always proving
Your sight will return, I say."

The words gave him some hope and he believed that in one of his voyages he would find some land or country where all things would be moving and nothing immovable or stationary. In a voyage to India he felt that in this country he would find a land where all things were moving. After a long day of traveling he entered a temple where many worshippers on their knees were alternately raising their arms and faces on high and then bowing to the ground, saying:

"Allah is Allah,
God is Allah."

To avoid attracting attention he imitated the others while remembering that the paper of instructions told him to watch and think. He noted that when he raised his head up that things in front of him and to one side seemed to move down or in the opposite direction, and that when he bowed his head down to the ground, things appeared to move up. At last he believed that he had found a place where all things were moving. By going through the motions without the prayer he found that it worked just the same. After he left the temple he was able to notice that when he walked straight ahead things to each side of him, the ground in front of him, appeared to move in the opposite direction. He was able to demonstrate then, without any effort, that the place where all things are moving was wherever he happened to be, and since he was always moving his eyes during the day it was possible for him to see things moving opposite all day long.

Watch and think was ever in his mind. He became able to demonstrate that when he imagined the movement easily that all pain, discomfort or fatigue in his eyes and in other parts of his body were prevented or relieved. It was not long before he found that the light became brighter; and, with this increased illumination, his vision improved.

When the swing was practiced with an effort, very little or no benefit followed. He discovered that the swing was a great help to his vision when practiced at night, and brought him more comfort than the same time devoted to sleep. All this time he believed that he had discovered a truth; that the cause of his imperfect sight was a strain or an effort to see, and that he was cured by rest and not by effort.

He returned to Bagdad overflowing with the wonderful news. He called on the Egyptian astrologer who had sold him his glasses, and with a happy smile on his face reported the facts.

The astrologer was furious and screamed in a loud voice:

"Out upon you, you lying knave. I believed your story of the mammoth bird, the roc, your experiences with mermaids and many others of your queer tales, but this is too much. To be cured of poor sight by rest is too absurd. You must be crazy." Then he drove Sin-bad from his house, announced to the mob of people outside to shun him for a liar, a cheat, and a fool.

For many years later Sinbad held his peace, but did not neglect to help the blind until their number became sufficiently great to overwhelm the ignorant astrologer and others like him.

The Black Fairies

By Margaret Edwards—Aged 8

Miss Margaret Edwards is a young subscriber of London, England. She was very much impressed by Dr. Bates' story, "The Black Fairy." Her story will suggest to mothers and teachers an interesting and successful way of improving the memory, physical and mental efficiency of children.

ON the top of a grassy hill the fairies live. All kinds of fairies—flower fairies, butterfly fairies, yellow fairies, green fairies, blue fairies, red fairies, orange fairies and black fairies.

Black fairies, you will say at once? Yes, black fairies; and the black fairies are very small, but very useful.

Perhaps you would like me to tell you what their work is.

Well, early in the morning they creep to the village, and hide in the bushes, waiting for the school boys to come.

Sometimes they see things that make the tears come into their eyes—they see little boys who wear spectacles knocked about by the bigger boys. Then the black fairies come back at night, when the small boys have gone to bed. They creep in at the window, and whisper to the boys in their dreams. The black fairies ask them what they want best, and they say, "To have perfect eyesight." So the black fairies say, "Always remember us, and see as before you in everything."

Then the black fairies disappear, and you can imagine the boys' delight when they wake up in the morning and remember the black fairies, and find they can see perfectly well without their spectacles.

Help Others

By Emily A. Meder

WHEN we help others we help ourselves. A teacher of arithmetic learns more than any of the class. This principle so well known is valuable for persons with imperfect sight.

Some eye patients have told me that they did not obtain any permanent benefit until after they tried to improve the sight of others.

In each issue of this magazine there is a report of the meetings held every month by the Better Eyesight League. These reports are merely a boiled down synopsis of the most important topics discussed. It is impossible to tell in detail the pleasure that is derived from this hour's talk, the intense interest displayed, and the many valuable suggestions made.

The League is now two years old and is a "grandmother." There is a League in East Orange, one on its way in the Middle West and in England. We hope to have Leagues in all the large cities before long.

The League was started by a group of Dr. Bates' patients who were cured or benefited and by some interested book readers. The object was to help prevent imperfect sight in school children and others and to meet each month to discuss these cases. Dr. Bates consented to the plan and offered to attend every meeting in order to help the members with puzzling cases.

The membership has steadily grown, and the idea spread, with the results stated above. The original ten or twelve members have increased until there is sometimes "standing room only" in the Central Fiuation Publishing office, where the League meets.

A member is one who is desirous of helping others cure their eyes and will give as much help to their friends and acquaintances as they can. It is not essential to attend the meetings. If you know the fundamental principles and can demonstrate them to your own satisfaction and benefit, you are equipped to help your friends discard their glasses.

People are willing to learn, but they are held fast by the old superstition that weak eyes need glasses. They understand that glasses do not cure, but they are afraid of going blind if they do not wear them. These people need help. Tell them the truth about their eyes.

Note that summer is on the way and the sun is becoming stronger every day, people who have been benefited by wearing glasses. This is very fortunate because it allowed to focus on the eyes. Advise against sun glasses and explain that it is helpful if the toys shine on the closed lids. This will do away with the temporary discomfort and will accustom the eyes to the bright clear light.

One prevalent cause of defective vision is staring. This is usually unconscious, but none the less dangerous. We call your attention to this fact because it is the first thing to correct when helping your friends.

Kindergarten Children Benefited

By Emily C. Lierman

A KINDERGARTEN teacher who attended one of our recent lectures requested me to help one of her little charges who is afflicted with squint. She informed me that the little one is very poor, so I advised her to bring her to my clinic.

To become more acquainted with me, and the way the cases are managed there, this teacher, at my cordial invitation, visited the clinic.

I would like to tell more about the teacher and what she has accomplished with her slight knowledge of our method.

She has a sunny disposition, and I can well imagine a good mental picture of the children as they greet her every day in the classroom. She loves her little pupils, and is also a great lover of nature. It is her happiness to bring the two together in her work.

She explains to her class, in her lovable, sweet way, just how the flowers grow, and makes them understand what happens before the first dozen peep their noses above the ground.

This teacher's name is Cecilia B. Eschbach and the kindergarten is connected with the Brooklyn Orphan Asylum. A short time ago I received the following letter from her which I thought would interest our readers.

"Dear Mrs. Lierman:

"In spite of North Wind's biting breath, the little children of the kindergarten know Spring is here. Their gardens give evidence of it, for the crocuses are up, the daffodils have twelve fat buds; the hyacinths and tulips, too, have grown to quite a size. To create a situation for conversation about awakening Spring I placed eight empty flower pots in a paper bag. The one who opened the bag was called the gardener. He chose eight children, and gave them each the name of a flower, to go with the pots.

"Every child was familiar with the following flowers and could name and identify the real ones: crocus, tulip, dandelion, daffodil, hyacinth, Easter lily, pink sweet peas, rose. The little gardener decided to give away his flowers, but could not remember the name of the eighth one. I said, 'Palm your eyes, William.' He did so, and in a moment said, 'Pink sweet peas.'

"The children have learned to palm their eyes with good results. Two who have a cast in their eyes play the swinging game and keep looking at the ceiling.

"Sometimes we sing it, or sway to the rhythm of the piano. They are improving.

"Hoping this report will be of interest to you and thanking you for your kindness, I am

"Very truly yours,

"Cecilia B. Eschbach."

An Instructive Reprint

An article by C. S.Price, M.B.E., F.R.G.S., recently appeared in "The Herald of the Star," an English Magazine, dealing with Dr. Bates' method. The writer, a layman, handled the subject in a clear, intelligent way, easily grasped by the reader. The fundamental principles of the method are explained, together with a review of the following:

PalmingMemoryPresbyopia
SwingingMotelDistain
BlinkingMyopiaSun Gazing

We recommend this for its ability to treat the entire method in a concise, helpful way.

Reprints of this article for sale.

Price 30c.

At the Movies

By Mrs. A. L. Reed

Mrs. Reed is studying this method, and is practicing at the East Orange clinic. The following report will be helpful to those who experience discomfort at the movies.

Glasses and strain at the movies produced imperfect sight and headache; the removal of the glasses and using the eyes without strain relieved the headache and improved the vision more than with the glasses.

MY patient had not been to the clinic in several weeks and when she entered with a twinkle in her eye I knew something was coming. After a few minutes' work she explained, "I've got to admit you are right. The last time I came you told me something that made me think you were wrong. You said the movies were good for the eyes if we looked at them right. Last week I went to the movies and in a short time I had a headache. Then I thought of what you had told me and decided to try it. First I took my glasses off and tried to relax all over, then I stopped trying to hold the pictures still, and just let them go. I looked at one thing at a time and didn't worry about the rest. After a few minutes I realized that my headache was gone, and my next surprise was when it dawned on me that I was seeing the picture clearer than I had ever seen it with my glasses on. I didn't miss much of the show either after I stopped trying to see it all at once, and straining after every little detail.

When I came out of the theatre I said to my husband, "I guess I was wrong instead of Mrs. Reed and I'll go back to the clinic and get some more help."

I told her that she certainly had profited by the show, thanks to Dr. Bates' method.

Questions and Answers

Question—Should a person who has discomfort in the sunlight, persist in going without a hat?
Answer—Yes.
Question—What do you suggest for an eight months old cross eyed baby?
Answer—Swinging with the help of the cradle and the loving arms of its mother.
Question—If closing and resting the eyes is beneficial why wasn't sleep cure defective vision.
Answer—Sleep is hard on the eyes because most people strain their eyes more when they are asleep than when they are awake.
Question—My eyes grow so tired when I read; that I usually fall asleep over my paper. Can this be helped?
Answer—Sleepiness is caused by strain. Strain is caused by imperfect sight. When you read with per-fect sight you will not become sleepy.
Question—What is the best exercise for school children with myopia?
Answer—Reading the Snellen Test Card and palming.