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Better Eyesight

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

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The Memory Swing

The memory swing relieves strain and tension as do the long or the short swings which have been described at various times. It is done with the eyes closed while one imagines himself to be looking first over the right shoulder and then over the left shoulder, while the head is moved from side to side. The eyeballs may be seen through the closed eyelids to move from side to side in the same direction as the head is moved. When done properly, the memory swing is just as efficient as the swing which is practiced with the eyes open, whether it be short or long.

The memory swing can be shortened by remembering the swing of a small letter, a quarter of an inch or less, when the eyes are closed.

The memory swing has given relief in many cases of imperfect sight from myopia, astigmatism, and inflammations of the outside of the eyeball as well as inflammations of the inside of the eyeball. it is much easier than the swing practiced with the eyes open and secures a greater amount of relaxation or rest than any other swing. It may be practiced incorrectly, just as any swing may be done wrong, and then no benefit will be obtained.

Mental Activity

By W. H. Bates, M.D.

IT IS a truth that activities of the mind under favorable conditions accomplish many things. As an example, let us consider the following case. A man, aged 30, employed in a distant city as a helper in a library, was treated about 15 years ago. He called to see me at about seven o'clock in the evening and remained with me for more than two hours. The patient was born with cataracts in both eyes. He also had amblyopia from birth. Some months previous to his visit, the cataract in both eyes had been removed. The vision of the right eye was very poor and not corrected by glasses. The vision of the left eye was worse than that of the right and also was not improved by glasses.

The treatment which was prescribed was to rest both eyes by closing them. His attention was also called to a known letter of the Snellen test card, a letter which he imagined better with his eyes closed than with his eyes open. When a known letter was regarded by central fixation, the vision improved. It did not take longer than half an hour to improve the right eye in this way, at first in flashes and then more continuously later.

At first he was able to flash the letters of the Snellen test card when he had momentary glimpses of the known letter very much improved. It did not take long before, much to my surprise, he was able to read all the letters on the lowest line at 10 feet. The vision of the left eye improved much more slowly, but after continual practice the vision of this eye became normal.

The eye which obtains improved sight by the aid of the memory and imagination very soon obtains improved vision for all the letters. It was demonstrated in this case and in others that the memory and the imagination of a known letter is a cure for myopia, hypermetropia, astigmatism, cataracts, glaucoma, atrophy of the optic nerve, and other diseases of the eye.

With the aid of the retinoscope it has been demonstrated that the memory and the imagination are capable of improving the vision of these cases of refraction until the functional element is relieved. It is interesting to observe that these patients become able to see as well without glasses as they had previously seen with them.

Congenital cataract, traumatic cataract, and simple cataract have all been promptly cured with the aid of the imagination when it became as good with the eyes open as with the eyes closed. When one letter, a part of one letter, a period, a comma, or a semi-colon, is imagined as well with the eyes open as with the eyes closed, there follows almost immediately a temporary cure of imperfect sight. To understand how this can occur, one should demonstrate how imperfect sight is produced by an effort. It is a truth that the memory of imperfect sight has produced myopia, hypermetropia, and the increased tension of the eye in glaucoma. School children acquire myopia by a strain to see better. Some forms of concentration produce an inflammation of the retina similar to the imperfect sight of amblyopia ex anopsia. This must be a truth because it suggests proper treatment for amblyopia; namely, rest of the eyes.

Amblyopia is very frequently associated with imperfect sight, an imperfect field which may be irregular in its outline. For many years amblyopia has been considered by authorities to be incurable, but these cases have been studied in recent years so that now most authorities believe that amblyopia is usually curable. It is a fact that some individuals with amblyopia ex anopsia recover without treatment. It seems reasonable to believe, if a number of patients recover spontaneously, that the treatment suggested to achieve this result would be successful in obtaining a cure. Normal eyes have been observed to acquire amblyopia, which was increased by an effort or a strain to see. By the practice of relaxation methods the amblyopia is usually benefited or cured.

There are diseases of the choroid which for many years have been understood to be incurable. The fact that a strain or effort to see may produce choroiditis suggests that relaxation methods should be practiced in order to obtain a cure. Cases of this type are too often neglected because they have not been sufficiently studied. The proper kind of mental activity benefits and cures functional or organic diseases of the eye: Some patients suffering from choroiditis obtain benefit quickly, while others take a longer time.

A man, aged 25, complained of many disagreeable symptoms. With both eyes open his vision at fifteen feet was one third of the normal. He suffered very much pain. Treatment relieved this pain and made it possible for him to read at the near point. At ten feet he read the bottom line of the test card with his right eye, a vision of 10/10. With the left eye at ten feet, he read the 50 line. In a poor light, his vision for distance and for the near point was much below the normal with either eye. When he covered the closed eyelid of the right eye with the palm of his hand, he saw a field of green which continued to be evident for part of a minute. When the eyelids of the left eye were covered with the palm of his hand, he imagined the whole field to be red, changing to yellow and orange. When he produced those colors in his closed eyelids he complained of headache, dizziness, and considerable pain in both eyes.

Some months previous each eye had started to turn in at different times. A strain, strain, or effort to see better increased the squint of the left eye. When the left eye was covered, an effort to see produced a squint of the right eye, which turned in. An operation, which was a failure, was performed on the left eye by a prominent ophthalmologist. Shortly after the operation the left eye turned out almost continuously.

The patient was nervous. His mind planned very unusual things which lowered the vision of the right eye when he stood six feet from the card. When he regarded the Snellen card at six feet and a half, only half a foot further off, his vision became much worse. When he regarded a letter at seven feet that he remembered or imagined, the vision of the right eye became normal for a few minutes. When the illumination of the Snellen test card was imperfect, his vision became very poor.

At a distance of ten feet, in ordinary daylight, his vision became normal. At twelve feet the vision of the right eye was reduced to one fourth of the normal. Most of the time the vision of the left eye was imperfect at a near distance, five feet or further. He was able to read fine print at ten inches from his eyes. At twelve inches he could remember or imagine diamond type, which he read quite readily, but at the same distance, he was unable to read print which was five times as large as diamond type. Such cases are rare.

After resting his eyes by palming for long periods of time—one hour, two hours, or longer—the vision of the right eye was improved to the normal for a few hours, but the vision of the left eye was improved to 1/20 of the normal for a few minutes only. Under favourable conditions the vision of the left eye was decidedly improved. When the light was quite bright, the vision of the left eye improved, while the vision of the right eye became worse. At twelve inches or farther, he was unable to read any of the print.

It was interesting to study his mind while the left eye was reading the Snellen test card at different distances. There were times when he could straighten the left eye when the Snellen test card was placed at five feet or ten feet. This ability to straighten the left eye was very changeable. With the right eye covered, the left eye read one half of the Snellen test card at five feet. Later the large letters of the Snellen test card were distinguished at 20 feet, while strange to say, his vision at five feet or ten feet was very poor. At about the same time he could read the Snellen test card with normal vision with the left eye at twelve inches.

It was difficult to explain or to find out why it was that there were periods of time when the vision at the middle distance was poor and why the vision at 20 feet was good. Sometimes the vision at the middle distance would be almost entirely absent. It was difficult or impossible for me on many occasions to understand the idiosyncrasies of this man's vision. Another important fact was that the patient himself could improve his vision for any distance desired by some activity of his mind which was neither a strain or a relaxation. This patient, like other and similar cases, was bothered by a large blind area which interfered seriously with his sight. There were times when he was able to increase the blind area while there were other occasions when the area lessened its size.

The activity of this man's mind was very uncertain, and neither he nor his friends could prophesy what was going to happen next. He discontinued coming to me before he was entirely cured and I have not heard from him since.

Glaucoma is a very serious, treacherous disease of the eyes. The principal symptoms are hardness of the eyeball and a contracted field with imperfect sight. By prescribing rest or relaxation of the eyes all cases of acute glaucoma have been benefited.

Recently a number of patients were seen suffering from a mild form of glaucoma. Usually the field was contracted on the nasal side, but there were periods of time when the contracted field was on the temporal side. One patient could consciously manipulate the size, form, and location of the blind area of the field. A large letter which would appear about three inches in diameter, when regarded by an eye with normal sight, would seem to some cases of glaucoma to be only an inch or less in diameter. The large letter which was seen by the normal eye to be a dark shade of black would appear to some patients as brown, lavender, yellow, or fiery red when regarded at fifteen feet or farther. At twelve inches the letters of the Snellen test card might have almost any color.

The letters might appear to be single, double, or more numerous. Every other line of letters would appear to consist of a number of letters instead of being seen properly one at a time. The mental strain to accomplish this consciously was not understood. As a matter of common sense, one would expect that if one line of letters was seen double, all the lines of letters should be seen double. Sometimes the letters of one line would be apparently one above the other. Sometimes the double images appeared to be slanting. The ways that the patient mentioned was able to have imperfect sight were very numerous. One of the peculiarities of his case was that he was able to see small letters more clearly than large letters. The different ways that he could see imperfectly with the left eye were not duplicated with the right eye.

Another patient, a girl with a very high degree of near-sightedness, had difficulty in finding a way which would produce some improvement in her sight. After spending a good many months in studying the problem ad in trying various methods, she became able, with the aid of a rectangular swing, a swing which was accomplished by moving one hand in a rectangular direction, to obtain benefit. A finger of one hand was moved in such a way that she appeared to be drawing a rectangle, three feet by one foot. The patient was very much thrilled to find that the improved vision occurred at the same time that she produced the rectangular swing.

Some patients improved their vision by practicing the vertical swing; others, by practicing the oblique or horizontal swing, obtained an improvement in the sight. The more the facts were investigated, the greater became the evidence that it is a mental strain which lowers the vision and not a local strain of the eye itself. In all cases of imperfect sight a mental strain can always be recognized. When this strain is relaxed, the vision always improves.

In the treatment of imperfect sight by eye education, the results should be obtained very promptly. One soon become able to remember many other ordinary objects besides the letters of the Snellen test card. When the memory becomes as good with the eyes open as with the eyes closed, the mental strain disappears and the vision becomes normal. This suggests that by practicing with the Snellen test card at a near point—three, five, or ten feet—the memory will become more nearly normal. Patients with high degrees of myopia have been cured very promptly, perfectly, and continuously by the memory of perfect sight.

It is very important that mental activity be understood, because imperfect sight is not possible without a mental strain. When a patient with very imperfect sight is benefited or cured by relaxation methods he is very much inclined to say that he does not see the letters one the Snellen test cards—that he just remembers or imagines them. The mind of the patient with imperfect sight will always imagine things wrong, although the patient may not be conscious of this fact. For example, he may see a large letter E at fifteen feet, and make the statement that it is not a letter E, but that it is a letter O. The patient may argue about that for some time. When he is told that it is a letter E, he says that it can't be a letter E, that it must be something else.

In short, most patients are more apt to miscall large letters than to miscall small letters. Sometimes the letter E is not imagined or seen until the letter is brought a foot or two away. Then when the letter becomes known by regarding it at the near point, it may gradually be taken farther away and still be seen as a letter E. The next day when the E is regarded, it may not be seen, although it is known to be an E. It may be necessary to place the letter E closer to the patient again before it is recognized.

I have repeatedly stated that it is usual for patients to see a known letter better with the eyes close that with the eyes open. In the treatment of such cases one should realize that the number of ingenious methods employed to make the sight worse are sometimes very remarkable. If the patient knows what is wrong with his eyes, the knowledge is a great help in obtaining a cure. Some patients have been told a number of times that when they know what is the matter with their eyes or their sight that they are more readily cured. By repetition, the vision of most people has been permanently cured.

There are many ways of securing relaxation, but the best one of all is the simplest. The perfect memory of a house or a chair is a great help, but one obtains still greater assistance by the memory of a very small part of a chair. The smaller the object, the more perfectly can it be remembered, imagined, or seen. After the patient becomes convinced that he is suffering from a mental trouble as well as an eye trouble, progress toward a complete recovery in a very short time is obtained. Patients with a high degree of myopia have been cured by the memory of one half of a large letter, but others have been cured more quickly by the memory of a smaller area. Large letters are not seen, remembered, or imagined as well as small periods.

Presbyopia

By Emily A. Bates

PRESBYOPIA in middle age or old age sight. When people who are troubled with presbyopia try to read fine print at the near point, or even try to read ordinary type at the reading distance and fail, they usually put on eyeglasses to correct their trouble. If the trouble is slight and the correct glasses are worn only when it is absolutely necessary, there is not much damage done. If the wrong eyeglasses are prescribed there is sure to be trouble ahead. When eye glasses do not fit right or the wrong glasses are worn, the patient usually suffers from headache or he tires sooner than a person with normal sight.

People who have myopia or near-sight sometimes obtain normal vision just by removing their glasses and not wearing them again. Reports of such cases come to us from time to time. Those who have acquired presbyopia, however, and have worn glasses for a considerable length of time do not find it so easy do without glasses, either for reading or doing fine work at close range. Such cases need supervision in order to bring back their sight to normal.

I had a patient over 60 years of age who wore glasses for 25 years for the correction of presbyopia. She was told by an eye specialist who fitted her with glasses that in time she might be able to do without her glasses and if she lived long enough she would have what is called "second sight." Instead of this happening, her vision gradually became worse and her bi-focals had to be changed three time during the 25 years. She gradually became deaf in her left ear and could only hear a loud noise like an automobile horn or a whistle if the sound was near. There was a swelling below her lower lids and her forehead was wrinkled much like that of an older person. When she did not have her glasses on, the wrinkles became more numerous as she tried to see at the near point.

Her vision when first tested was 15/20 with each eye. Resting her eyes by keeping them closed for over a half an hour improved her vision to 15/10. The long swing, counting up to 100 as she swayed from side to side, caused the wrinkles of her forehead to disappear temporarily and her eyes looked more natural than they did when she first came to me. I placed her before a long mirror and asked her to sway backwards and forward with me, as she put her right foot out about a foot farther than the left. I told her as she swayed before the long mirror to look down to the tip of her shoe, and as she swayed backward to look in the mirror at the top of her head. She said that she could feel the strain leaning her, so she kept that up for a considerable length of time, alternately placing the left foot out farther than the right and vice versa.

Occasionally she would make a mistake and not look at the tip of her shoe as she swayed forward and when she swayed backward, she seemed to forget to look at the top of her head. I had to watch her almost constantly to keep her swaying properly so that she would keep up the relaxation that caused her discomfort to become less. She came to me daily for a week and at the end of that time, she noticed that the baggy condition under the lower lids was considerably reduced. She had spent three hours each week at the masseur and had received all sorts of facial massage and treatment to help her get rid of her wrinkles and the baggy condition of her eyelids. Now, in one week's time with daily treatment, spending a little over an hour each day with me, she found that the Bates method was doing something that she had not expected.

When I tested her vision for fine print, she held the little Fundamental card with graduated type at arm's length. She could see the Figure 1 for Sentence No. 1 and the Figure 2 for Sentence No. 2. She could see that there was black print on the rest of the card, but she could not make out words or sentences. Neither could she imagine that the sentences were divided by white spaces. I made her comfortable in an arm chair and told her to keep her eyes closed—palming if she cared to—but at no time was she to open her eyes until I told her to.

The memory and the imagination always help the sight when things are remembered or imagined perfectly. I explained to her that in order to imagine something it would have to be seen first. To imagine something which is explained to her, but which has not been seen, would cause her to have an imperfect imagination.

This patient traveled a great deal but when she was at home, she attended to a beautiful garden of flowers, which beautified a section of her home overlooking a lovely spot on the Pacific coast. She mentioned an orchid in the bud and how beautiful it seemed to her when it was in full bloom. She mentioned the different flowers which needed her daily attention to help them grow from the seed to the flower in full bloom. In this way, she remembered the seed as she planted it, then the little green speck as it appeared above the dark soil, then later with the warmth of the sunshine and fresh water that she gave the little flower each day, she saw the little plant grow into a living thing lovely to look at. She had a perfect imagination and memory for plants and flowers and as she explained these things to me, her mind became relaxed and when she opened her eyes to read the Fundamental card, which I had placed twelve inches from her eyes instead of arm's length, she read all of Number 8 of the Fundamental card.

She made only one mistake when she first began to read Sentence Number 8 and saw the word "variable" as "vegetable". She knew immediately that she had seen the word wrong, that it must be something in connection with the swing, and that it could not be a "vegetable." I told her to place her finger directly below Sentence Number 8 and told her to shift slowly from the white spaces above sentence Number 8 to the sentence below, directing her all the time to blink as she shifted this short distance. She did this faithfully as I directed her to do and then she read sentence after sentence to Sentence No. 15, which she read without any trouble. She became hysterical as she finished reading this little card and her gratitude was most profound.

To be sure that she would practice properly while she was away from me, I told her to hold the Fundamental card again at arm's length and to look at the sentences without blinking or shifting. Immediately the whole card became blurred and she could not read at all. She asked me not to have her do that again because it gave her pain and discomfort in her eyes. It was necessary for me to have her do this again, however, because she would have done this same thing without knowing it. Again I had her close her eyes, using her memory and imagination and before she opened her eyes again, I held the Fundamental card six inches from her eyes instead of twelve inches as we did before. Holding the card in my own hand she did not realize how close it was to her closed eyes. When she opened her eyes and read all the sentences of the Fundamental card, she did not realize that I was holding the card so close to her eyes. We measured the distance to be accurate about it and when she found out how much she had improved, she was quite sure that she understood the method enough to go on by herself.

I saw her recently for the first time in about two years and her ability to read at the near point has not changed during that time. I asked her if she had stopped practicing after she found that her vision had become normal again and her answer was "No, indeed, I have been very careful to give my eyes enough time for practice every day since I came to you for treatment." This is another proof that if patients carry on the work by them selves after they no longer receive personal attention, that the vision does not go back to where it was before the Bates method was first practiced.

Another patient, aged 58, first put on glasses at the age of 30 for the relief of headaches. At her first visit she had with her the four pairs of glasses which she had worn from the time she had first started to wear glasses. She gave me her history, explaining that she looked a figure all day long, being a bookkeeper and accountant for a large corporation. She said that the first glasses she wore gave her instant relief from pain until one day about a year later she received a shock which caused her great sorrow. She had lost a member of her family whom she loved dearly and this caused a great deal of depression. Feeling that her glasses needed to be changed, she called on her oculist who gave her another pain. She did not wear them constantly because they did not give her much relief or help in her work. Again she had them changed with better results this time and she got along very nicely with these glasses until shortly before she came to me to be relieved of eye glasses altogether.

When Dr. Bates examined the first pair of glasses she had worn, he said that they were plain window glass. I explained to my patient that apparently the mental effect which the glasses gave her when she put them on was what helped her, and not the glasses them selves. When she received the nervous shock which caused depression and sadness in her life, she undoubtedly strained her eyes, which caused imperfect sight.

The second pair of glasses, not suiting her properly, probably made the condition of her eyes worse. At any rate, when Dr. Bates examined her eyes, he said that she had mixed astigmatism with presbyopia. I am sorry that there are not more eye specialists who find it a mistake to exchange eye glasses for stronger ones for those who came to them for relief of their eye trouble. In this particular case eye glasses did not help and the patient was grateful to her friends who recommended Dr. Bates and his treatment for the relief of eye strain.

With the right eye her test was 15/40, but none of the letters were clear or distinct. Her left eye had normal vision, 15/15, and she saw all the letters clearly. Palming, and mental pictures also helped this patient and she found the long swing most helpful in obtaining relaxation of the mind and body before starting out to her work each day. She appreciated the fact when it was demonstrated to her that when she looked directly at print without shifting an eighth of an inch or less away from the point where she was reading, the strain became worse and the pain and discomfort she had from the strain and strain was increased. I improved her right eye to 15/15 in less than an hour's time, which, of course was only a temporary improvement. I did not have much trouble in teaching her to read fine print and to see figures by shifting and noticing the white spaces between lines of type and figures.

She needed only one treatment with instruction for home practice to restore her sight to normal. She corresponded with me regularly several times a month, just sending reports of the progress she made or the difficulty she had in practicing certain things before she started out to business in the morning and before retiring at night. She was told to return for another treatment if she found it necessary, but apparently she did not need it because I did not see her again.

The most important thing for people who have presbyopia or astigmatism or any other trouble which causes imperfect sight is to avoid looking at reading type or at anything, in fact, without shifting or blinking, which is something the normal eye does frequently all day long.

ANNOUNCEMENT

Dr. Bates takes pleasure in announcing that Dr. John A. Rath of 111 North Weer Ave., Jackson, Mich., has recently completed a course of instruction under him and is fully qualified to practice the Bates Method.

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