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Better Eyesight

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

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METHODS THAT HAVE SUCCEEDED IN PRESBYOPIA

The cure of presbyopia, as of any other error of refraction, is rest, and many presbyopic patients are able to obtain this rest simply by closing the eyes. They are kept closed until the patient feels relieved, which may be in a few minutes, half an hour, or longer. Then some fine print is regarded for a few seconds. By alternately resting the eyes and looking at fine print many patients quickly become able to read it at eighteen inches, and by continued practice they are able to reduce the distance until it can be read at six inches in a dim light. At first the letters are seen only in flashes. Then they are seen for a longer time, until finally they are seen continuously. When this method fails, palming may be tried, combined with the use of the memory, imagination and swing. Particularly good results have been obtained from the following procedure:

Close the eyes and remember the letter "o" in diamond type, with the open space as white as starch and the outline as black as possible.

When the white center is at its maximum, imagine that the letter is moving and that all objects, no matter how large or small, are moving with it.

Open the eyes and continue to imagine the universal swing.

Alternate the imagination of the swing with the eyes open and closed.

When the imagination is just as good with the eyes open as when they are closed, the cure will be complete.

PRESBYOPIA: ITS CAUSE AND CURE

By W. H. Bates, M. D.

PRESBYOPIA is the name given to the loss of power to see the eyes at the near point, without the aid of glasses, which usually occurs after the age of forty.

The textbooks teach that this change is a normal one; but it is a noteworthy fact that many other eye troubles often date from the time of its appearance, or develop a little later. Many cases of glaucoma start about this time, and so do many cases of cataract and inflammation of the interior of the eye. Patients with presbyopia are very likely to have conjunctivitis. They are also subject to congestion and hemorrhages of the interior of the eye. One patient developed a lot of muscular trouble and a marked degree of double vision at the time he became presbyopic, and suffered three nervous breakdowns in quick succession. He was operated on for the muscular condition and took prism exercises, but obtained very little relief. In another case a patient began to suffer, at the time she became unable to read without glasses, from a contraction of the muscles of the face, congestion of the conjunctiva and continual headaches. The strain was so great that she had to keep her eyes partly closed, and glasses did nothing to relieve her discomfort. Up to the time when her presbyopia appeared she had had none of these troubles.

The accepted explanation for the loss of near vision with advancing years is that it is due to the hardening of the lens, but it is quite impossible to reconcile the facts with this theory; for not only does presbyopia occur much below the age of forty and even in childhood, but it is often delayed beyond the age of fifty, and sometimes does not occur at all. There are also cases in which near vision is restored after having been lost. We are told that presbyopia comes early in the hypermetropic (farsighted) eye, and late in the myopic (nearsighted) eye; that premature hardening of the lens and weakness of the ciliary muscle (supposed to control the accommodation) may cause it to appear in youth; and that the swelling of the lens in incipient cataract may account for the restoration of near vision after it has been lost; but there are still many cases to which these explanations cannot be made to apply.

It is true that hypermetropia does hasten and myopia prevent or postpone the advent of presbyopia, and in myopia may exist in only one eye without the patient's being aware of it, he may think that his vision is normal both for the near point and the distance. There are cases, however, in which the vision has remained absolutely normal in both eyes long after the presbyopic age, and a considerable number of these cases have been brought to my attention. One of them, a man of sixty-five, examined in a moderate light indoors, was found to have a vision of 20/10. In other words he could see twice as far at the normal eye is expected to see. He also read diamond type at less than six inches, and at other distances, to more than eighteen inches. In reply to a query as to how he came to possess visual powers so unusual at his age or, indeed, at any age, he said that when he was about forty he began to experience difficulty, at times, in reading. He consulted an optician who advised glasses. He could not believe, however, that the glasses were necessary, because at times he could read perfectly without them. The matter interested him so much that he began to observe facts, a thing that people seldom do. He noted, first, that when he tried hard to see either at the near point or at the distance, his vision invariably became worse, and the harder he tried the worse it became. Evidently something was wrong with this method of using the eyes. Then he tried looking at things without effort, without trying to see them. He also tried resting his eyes by closing them for five minutes or longer, or by looking away from the page that he wished to read, or the distant object he wished to see. These practices always improved his sight, and by keeping them up he not only regained normal vision but retained it for twenty-five years.

"Doctor," he said, in concluding his story, "when my eyes are at rest and comfortable, my vision is always good and I forget all about them. When they do not feel comfortable I never see so well, and then I always proceed to rest them until they feel all right again."

The fact is that presbyopia is due to a strain. It is a strain similar to the one that produces hypermetropia, but differs from it in the fact that it affects chiefly vision at the near point. This can be demonstrated with the retinoscope. When a person with presbyopia tries to read, the retinoscope will show that he has hypermetropia, but when he looks at a distant object the retinoscope will show either that his eyes are normal, or that the hypermetropia is less. Simultaneous retinoscopy is difficult in the case of a reading patient, for not only is the pupil small, but in order to find the shadow it is necessary for the patient to look in one general direction all the time, and this is not easy. It is also difficult to hold a glass at one side of the eye for the measurement of the refraction in such a way that the observer can look through it while the patient does not. With a sufficient zeal for the truth, however, these difficulties can be overcome.

The strain which produces presbyopia is accompanied by a strain, more or less pronounced, of all the other nerves of the body. Hence, the many distressing symptoms from which presbyopic patients suffer. Glasses, by neutralizing the effect of the imperfect action of the muscles, may enable the patient to read, but they cannot relieve any of these strains. On the contrary, they usually make them worse, and it is a matter of common experience that the vision declines rapidly after the patient begins to wear them. When people put on glasses because they cannot read fine print, they often find that in a couple of weeks they cannot, without them, read the coarse print that was perfectly plain to them before. Occasionally; the eyes resist the artificial conditions imposed upon them by glasses to an astonishing degree,at in the case of a woman of seventy who had worn glasses for twenty years, in spite of the fact that they tired her eyes and blurred her vision, but was still able to read diamond type without them. This however is very unusual. As a rule, the eyes go from bad to worse, and, if the patient lives long enough, he is almost certain to develop some serious disease which ends so frequently in blindness that nearly half of our blind population at the present time is believed to be over sixty years old. Persons with presbyopia who are satisfied with the relief given to them by glasses should bear this fact in mind.

Presbyopia is cured just as any other error of refraction is cured, by rest. But there is a great difference in the way patients respond to this treatment. Some are cured very quickly, even in as short a time as fifteen minutes; others are very slow; but as a rule relief is obtained within a reasonable time.

One of my earliest cures of presbyopia was accomplished in less than fifteen minutes by the aid of the imagination. The patient had worn glasses for reading for ten years. When I showed him a specimen of diamond type and asked him to read it without glasses he said he knew the letters were black but they looked grey.

"If you know they are black and yet see them grey," I said, "you must imagine that they are grey. Suppose you imagine that they are black. Can you do that?"

"Yes," he said, "I can imagine that they are black," and immediately he proceeded to read them.

In another case a patient was cured simply by closing his eyes for half an hour. His wife was cured in the same way, and when I saw the couple six months later they had had no relapse. Both had worn reading glasses for more than five years.

While it is sometimes very difficult to cure presbyopia it is, fortunately, very easy to prevent it. Oliver Wendell Holmes told us how to do it in The Autocrat of the Breakfast Table, and it is astonishing, not only that no attention whatever should have been paid to his advice, but that we should have been worried against the very course which was found so beneficial in the case he records.

"There is now living in New York State," he says, "an old gentleman who, perceiving his sight to fail, immediately took to exercising it on the finest print, and in this way fairly bullied Nature out of her foolish habit of taking liberties at the age of forty-five or thereabouts. And now this old gentleman performs the most extraordinary feats with his pen, showing that his eyes must be a pair of microscopes. I should be afraid to say how much he writes in the compass of a half-dime, whether the Psalms or the Gospels, or the Psalms and the Gospels, I won't be positive."

Persons whose sight is beginning to fail at the near point, or who are approaching the presbyopic age, should imitate the example of this remarkable old gentleman. Get a specimen of diamond type and read it every day in artificial light, bringing it closer and closer to the eye until it can be read at six inches or less. Or get a specimen of type reduced by photography until it is much smaller than diamond type, and do the same. You will thus escape, not only the necessity of wearing glasses for reading and near work, but all of those eye troubles which now so often darken the latter years of life.

HOW I WAS CURED OF PRESBYOPIA

By Francis E. McSweeny

This patient was first seen on March 11, 1919. His right vision was 20/50 and his left vision 20/70 and, although he was fifty-one years old, he read diamond type at eight inches. He had not worn glasses for some months, and with the help of a cured patient had been able to improve his sight considerably. His last prescription for reading glasses was: right eye, convex 3.00 D. S.; left eye, convex 3.75 D. S. with convex 0.50 D. C. 180 degrees.

I am a church organist, choir director and music teacher. Those familiar with the duties of my profession will understand what an important part good vision plays in its successful practice. I realized this and from the first, consulted the best oculists periodically in order to preserve and protect my eyesight. I was told upon reaching the "deadline" of forty-five that I had presbyopia and would henceforth be obliged to wear at least two pair of glasses, one for near and one for distant vision. I rebelled at this, but submitted for some years to the annoyance with as good grace as possible.

I knew that braces and crutches never cured weak limbs, but that exercise and use of the weak muscles, when the patient had the necessary perseverence, had often made them strong and vigorous. I began to think that glasses were like the braces and crutches, and I expected some day a method of treatment would be found that would strengthen and build up the eyes instead of weakening them.

I was in this mood when Dr. Bates' treatment of imperfect sight without glasses was brought to my attention. My father and sister had received benefit from the treatment, and I believed that I could be benefited too.

When I first took off my glasses I could see nothing on the front page of the newspaper but the larger headlines. I could read down to the 30 line of the Snellen test card at 5 feet. My sister showed me how to "shift" from the top to the bottom of the letters on Dr. Bates' professional card. I read a column of the Saturday Evening Post that day by this method.

At first I tried to wear my glasses for close work, but after a few months I felt that this was retarding my cure and I left them off altogether. That was in January 1919. With the exception of a few Sundays at the beginning, I have done all my work without putting on my glasses even once.

It would be well for anyone who would follow my example to understand, however, that this result was not accomplished without many mistakes. I often misunderstood and lost valuable time doing things wrong. There were many discouragement, too. So many to tell me how foolish I was to try to do the impossible. I had the consolation, on the other hand, of knowing that my vision was improving all the time.

The exercises which I found most helpful were: 1. Palming—I think that nothing so relieves strain as this exercise does. 2. Flashing—This exercise helps particularly when one has been straining or using the eyes wrongly. 3. Memory practice—This has been my best exercise. One remembers a letter, picture, or other familiar object, at first with the eyes closed, then with the eyes open. If he can retain the memory of the object while looking in the direction of the test card, he will be able to read the letter easily. 4. Imagination—Imagining that the white part of a certain letter is whiter than the margin of the card. This has helped me greatly.

My present vision is: Distance (both eyes): 10/10, 15/15, same of 15/10, 20/20 and 30/30. Fine print (both eyes): best at 12 inches, some at 20 inches, can see a period at 20 inches

I should advise anyone who contemplates taking up this treatment to first see Dr. Bates personally for diagnosis and to get right ideas in the beginning. By doing this, one would save much time and many mistetps.

To those who cannot do this I should say that the first thing to do is to discard glasses altogether. Relax the mind and eye by palming. Learn to know how the eyes feel when relaxed and when doing your accustomed tasks try to keep this feeling of relaxation (lack of effort) present at all times Do not allow the eyes to become strained. Let objects that you wish to see come to you, do not try to go to them You will fail sometimes. If you persist, however, your failures will be less and less frequent and, as your vision improves, which it surely will, you will gain confidence. The exercises which I refer to are described in Dr. Bates' book, which contains many valuable suggestions, besides interesting matter bearing on his experiements and achievements.

STORIES FROM THE CLINIC

14: Three Cases of Presbyopia

By Emily C. Lierman

As a rule, more children than adults come to the Clinic. They are sent to us by the schools, usually because they cannot see the blackboard. But during the war it was astonishing how many women came to us. Many of them were employed in factories where American flags were manufactured and could not see to do the work properly, although their sight at the distance seemed to be satisfactory. Some had trouble in threading their needles. Others complained that they saw double. One told me that she sometimes stitched her fingers to the blue field of the flag along with the stars. They all asked for glasses, of course, but were very glad to learn that they could be cured so that they could see without them.

Among these very interesting patients was a woman of about fifty who had great trouble in threading her needle, and who begged me to help her because she had her living to earn. Her distant vision was quickly improved by palming and flashing the letters on the Snellen test card. Then I suggested that she practice with fine print six inches from her eyes. Even though she did not see the letters, I told her it would help her to alternately rest her eyes by closing for a few minutes and then look at the small letters for a couple of seconds. She got immediate results from this, and was enthusiastic in her expressions of appreciation.

"Sure, ma'am, may the good angels bless you for that!" she exclaimed. "I think this very minute I would be threadin' a needle if I had one. Me old man and the young ones at home will think it fine to have meself threadin' a needle."

It seemed that members of her family had been called upon to thread her needles, and had found the task somewhat irksome.

The next Clinic day she came again and, although it was afternoon, greeted me vociferously with the Irish salutation:

"Top o' the mornin' to you!"

"Top o' the morning to yourself!" said I, and then suggested that she should not speak so loud, as I was afraid she would disturb the other patients.

I am not sure that she did any harm, however. The patients all smiled at her remark. It does me good to see these poor unfortunates smile a little, and I think it must do them good also.

She soon became able to thread her needle without any trouble, and she wanted everyone in the room to know it. The last time I saw her she said:

"Sure, ma'am, me eyes are very sharp now, for the minute I set eyes on me man when he comes home at night, I can tell by the twinkle in his eye whether he has had anything stronger than water or tea."

Another woman, forty-eight years old, told me that the first time she came to the Clinic she thought she had got into the wrong place. Half a dozen people had their eyes covered with the palms of their hands to rest them, and she thought it was a prayer meeting. It was she who sewed her fingers to the flag along with the stars.

"What I need is glasses," she said, "and that's what I am here for"; but I soon convinced her that the glasses were unnecessary.

By having her alternately close and open her eyes I improved her sight for the Snellen test card from 15/40 to 15/20. Then I gave her some fine print to read, but it was only a blur to her. I now told her to palm, and imagine that she was sewing stars to the flag. When she opened her eyes her sight was worse. The very thought of those stars increased her strain and made her vision worse. This convinced her that her trouble was due to strain, and that all she needed was to get rid of the strain. I now asked her to imagine more agreeable objects at the near point. She at once became able to read the fine print, and her sight for the distance also improved. After four visits to the Clinic her vision both for the distance and the near point had become almost normal. It was quite easy for her to thread a needle and to do her work without glasses.

A woman of seventy-four, who has been coming to the Clinic for some time, works every day in an orphanage where she mends the children's clothes and does other sewing. She complained that her glasses did not fit her and she could no longer see to sew with them. I gave her a small card with some fine print on the back.

"Do you mean to tell me," she asked, "that I will ever read that?"

"It is possible," I said.

Her smiling face was good to see as she tried to do as I instructed her. The print was larger on one side of the card than on the other, and I asked her to read the same printed in the larger letters. She could not do so at first, I told her to close her eyes, count ten, then open them and look at the card while she counted twice; then repeat, in a few minutes she saw the name on the card and also the phone number, I then had her do the same thing with the diamond type on the reverse side, and after a while she became able to see some of the letters. At later visits she obtained further improvement, and after some months she had no difficulty in sewing the buttons on the children's clothes without her glasses, although as she said, there were a lot of them and they kept her busy. Once during the treatment I asked her to remember the daisy in the green field as she saw it in the the country last summer.the daisy in the green field as she saw it in the the country last summer.the daisy in the green field as she saw it in the the country last summer. "There weren't any daisies but me while I was there," she answered. "I was the only daisy."

"There weren't any daisies but me while I was there," she answered. "I was the only daisy."

QUESTIONS AND ANSWERS

All readers of this magazine are invited to send questions to the editor regarding any difficulties they may experience in using the various methods of treatment which it recommends. These will be answered as promptly as possible, in the magazine, if space permits, otherwise by mail. Kindly enclose a stamped, addressed envelope.

Q. While I can see the letters on the Snellen test card distinctly with both eyes down to the 50-line, the right eye sees double below that point What is the reason? J. C. H.

A. While you see the letters down to the 50-line singly and well enough to recognize them, you do not see them perfectly. Otherwise you would see them perfectly below that point. The double vision of the right eye below that point is not due to its error of refraction, but to imagination. With both eyes closed, imagine the letters single. Then look at the test card for a moment. Repeat until the letters can be regarded continuously without doubling. Practice gets with both eyes together, then with the right eye separately

Q. I have conical corneas. Can it be cured or relieved without glasses or operation? A. R.

A. Yes One such case secured normal vision in six weeks by the aid of the methods presented in this magazine. Another case was cured in two weeks. Corneal cornea is simply an anterior staphyloma, or bulging of the front of the eyeball similar to the posterior staphyloma which so often occurs in myopia. Both are curable by the same methods.

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