May 1930

Better Eyesight

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

May, 1930

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 the 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 with its imagination with the eyes 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 text-books 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; far 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 as 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 he gan 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 experi-ence 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 eye resists the artificial conditions imposed upon them by glasses to an astonishing degree, as 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 of age. 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 with-in 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 warned 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 an artificial light, bringing it closer and closer to the eye till 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 later years of life.

Test Card Practice

By Emily A. Bates

Editor's Note—The following is taken from Mrs. Bates' book, "Stories From The Clinic". Although the majority of our subscribers have Mrs. Bates' book, we believe that these suggestions can always be re-read with benefit.

1. Every home should have a test card.
2. It is best to place the card permanently on the wall in a good light.
3. Each member of the family or household should read the card every day.
4. It takes only a minute to test the sight with the card. If you spend five minutes in the morning practicing, it will be a great help during the day.
5. Place yourself ten feet from the card and read as far as you can without effort or strain. Over each line of letters are small figures indicating the distance at which the normal eye can read them. Over the big C at the top of the card is the figure 200. The big C, therefore, should be read by the normal eye at a distance of two hundred feet. If you can read this line at ten feet, your vision would be 10/200. The numerator of the fraction is al-ways the distance of the card from the eyes. The denominator always denotes the number of the line read. If you can only read the line marked 40 at ten feet, the vision is 10/40.
6. If you can only see the fifth line, for example, notice that the last letter on that line is an R. Now close your eyes, cover them with the palms of the hands and remem ber the R. If you will remember that the left side is straight, the right side partly curved, and the bottom open, you will get a good mental picture of the R with your eyes closed. This mental picture will help you to see the letter directly underneath the R, which is a T.
7. Shifting is good to stop the stare. If you stare at the letter T, you will notice that all the letters on that line begin to blur. It is beneficial to close your eyes quickly after you see the C open them, and shift to the first figure on that line, which is a 3. Then close your eyes and remember the 3. You will because able to read all the letters on that line by closing your eyes for each letter.
8. Keep a record of each test in order to note your progress from day to day.
9. When you become able to read the bottom line with each eye at ten feet; your vision is normal for the distance, 10/10.
10. The distance of the Snellen test card from the patient is a matter of considerable importance. However, some patients improve more rapidly when the card is placed fifteen or twenty feet away, while others fail to get any benefit with the card at this distance. In some cases the best results are obtained when the card is as close as one foot. Others with poor vision may not improve when the card is placed at ten feet or farther, or at one foot or less, but do much better when the card is placed at a middle distance, at about eight feet. Some patients may not improve their vision at all at ten feet, but at one foot. While some patients are benefited by practicing with the card daily, always at the same distance, there are others who seem to be benefited when the distance of the card from the patient is changed daily.

Better Eyesight in Schools

By a Superintendent of Public Schools

Editor's Note—The following was written by a superintendent of public schools who not only helped his own eyes, but also helped the nurses to help the children. Permission was given these nurses to attend the clinic so that they could test the vision of each child and make records accordingly. Further advice was given by Dr. and Mrs. Bates and the work was carried on so that within a year's time it was noticed by those not interested in the Bates Method that there were less eye-glasses being worn by the school children.

UNDER the direction of our school nurse, a Snellen test of the eyes of all our pupils was made. A novel health experiment was begun, a cam-paign for "Better Eyesight." A second test was made in order to verify the value and progress in this phase of health work which showed marvelous, practical, successful results. Only the skepticism of principals, teachers and pupils, and the lack of faithfulness in carrying out its conditions, prevented the wonderful results achieved from paralleling those of an Arabian Night's story.

A Snellen test card was placed permanently in the class rooms. The children were directed to read the smallest letters they could see from their seats at least once every day, with both eyes together and with each eye separately, the other being covered with the palm of the hand in such a way as to avoid pressure of the eyeball. Those whose vision was defective were encouraged to read it more frequently, and in fact needed no encouragement to do so after they found that the practice helped them to see the blackboard, and stopped the headaches, or other discomfort, previously resulting from the use of their eyes.

Some years ago the same system was introduced into some of the schools of New York City with an attendance of about ten thousand children. Many of the teachers neglected to use the cards, being unable to believe that such a simple method and one so entirely at variance with previous teaching on the subject, could accomplish the desired results. Others kept the cards in a closet except when they were needed for the daily eye drill, lest the children should memorize them. Thus they not only put an unnecessary burden upon themselves, but did what they could to defeat the purpose of the system, which is to give the children daily exercise in distant vision with a familiar object as the point of fixation. A considerable number, however, used the system intelligently and persistently, and in less than a year were able to present reports showing that of three thousand children with imperfect sight over one thousand had obtained normal vision by its means.

Not only does this work place no additional burden upon the teachers, but, by improving the eyesight, health, disposition and mentality of their pupils, it greatly lightens their labors.

Questions and Answers

Question.—It is difficult for me to find time enough to gain perfect relaxation. What would you suggest?

Answer.—You have just as much time to relax as you have to strain. Practice relaxation all day long. Whenever you move your head or eyes, notice that stationary objects move in the direction opposite to the movement of your head or eyes. When walking about the room or on the street, the floor or pavement appears to come toward you, while objects on either side of you move in the direction opposite to the movement of your body. Remember to blink frequently just as the normal eye does. Constantly shift your eyes from one point to another seeing the point regarded more clearly than all other parts. When talking with anyone, do not stare. Look first at one eye and then the other, remembering to blink. Shift from the eyes to the nose, to one cheek and then to the other, then to the mouth, the chin, and back to the forehead.

Question.—Why is it that I have perfect vision only in flashes? Can these flashes become permanent?

Answer.—You have not yet lost your unconscious habit of straining. When relaxation methods are practiced faithfully at all times, the flashes of improved vision become more frequent and last longer until the vision becomes continuously good.

Question.—What causes twitching eyelids?

Answer.—Strain causes twitching eyelids and this is relieved by rest and relaxation. Palming, sun treatment, swinging, blinking are very beneficial.

Question.—Can you explain why I see yellow and blue spots after looking at the sun?

Answer.—You are straining. Do not look directly at the sun until your eyes are more accustomed to it. Practice the sun treatment—sit in the sun with the eyes closed. Allow the sun to shine directly upon your closed eyelids, as you slowly move your head a short distance from side to side. Do this for half an hour or longer as often as possible whenever the sun is shining.

Question.—Is working or reading under electric light harmful? Should a shade be worn?

Answer.—It is not harmful to read by electric light if the eyes are used properly. Do not wear a shade or any other protection for the eyes. Practice sun treatment.

Question.—When remembering a black period, I see a bright disk with a small black center. Is this seeing a period?

Answer.—No. you are straining. The period that you imagine is very imperfect, because to remember the period and at the same time a very bright disk, is an unconscious strain. You cannot strain and remember the bright disk, and simultaneously relax and remember a black period. When your bright disk is prominent, everything else is remembered under a strain. You cannot strain and relax at the same time.

Announcements

We take pleasure in announcing that the following have recently completed courses of instruction at Dr. Bates' office and are qualified to practice the Bates Method:

Dr. Paul J. Dodge,
911 New Industrial Trust Building, Providence, R. I.

Dr. med. E. Schlüter (prominent eye specialist),
Hamburg, Mundsburgerdamm 11, Germany

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

After June, it will be necessary to raise the price of bound volumes of "Better Eyesight." They are now listing at $3.00 per volume and begin with the year 1923. They contain much valuable information and we would suggest that subscribers secure any volume or volumes which they may desire before the price is raised.

We desire to inform our subscribers that the "Better Eyesight" magazine will be discontinued after the June, 1930, issue. This will enable Dr. Bates and Mrs. Bates to devote more time to the writing of new books on treatment alone for which there has been a very great demand during the past year. We request that all those who desire to be notified upon the publication of new books kindly send on their names and addresses, which will be kept on file.

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