December 1926

Better Eyesight

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

December, 1926

Demonstrate

THAT it requires an effort or a strain to produce imperfect sight.
Look at the notch at the top of the big "C" of the Snellen test card at fifteen feet. Keep your eyes fixed on the notch. Make an effort to see it and increase that effort as much as you possibly can. Notice that it is difficult to keep your eyes and mind fixed on that one point. Notice also that it is tiresome and makes your eyes pain. If you keep it up long enough, your head begins to ache and all the nerves of your body are strained.
If you look at some of the letters on the lower lines which are much smaller than the big "C", they may appear so blurred that you are not able to distinguish them. Trying to see these small letters blurs them still more.
Now hold the test card in your hand about one foot from your eyes. The big "C" is seen plainly and without any effort. Try to see the top and the bottom of the big "C" perfectly black at the same time. Notice that the "C" becomes blurred and the strain which blurs it also gives much discomfort.
From this evidence, we can conclude that perfect sight comes easily, without any effort or strain, while, imperfect sight is always produced by a strain or an effort to see.

Astigmatism
By W. H. Bates, M.D.

MANY people who have astigmatism often talk about it in a boastful way as though it were a mark of distinction. This is not so strange, considering the fact that so many eye doctors claim that astigmatism does more harm to the eyes and nerves than any other condition. They tell their patients that in order to prevent serious eye diseases, glasses should be worn constantly. Such patients, accordingly, become much worried and are in constant fear of serious eye trouble developing, and probable blindness resulting. It is true that the glasses prescribed may give temporary relief; but no patient under my observation was ever cured or benefited very much by glasses.

Definitions

The normal eye is spherical in shape and all the meridians are of the same curvature. The curvature of the cornea is like that of a segment of a sphere; but when astigmatism is present, it is add to be lop-sided; that is, one principal meridian of the curvature is more convex than the meridian at right angles to it. With an ins-trument called the ophthalmometer, it is possible to measure all the meridians of the curvature of the cornea.
Astigmatism may be simple hypermetropic, simple myopic, compound hypermetropic, compound myopic, mixed or irregular.
In Simple Hypermetropic Astigmatism, one principal meridian of the cornea has a normal curvature, while the meridian at right angles to it is flatter than all the other meridians.
In Simple Myopic Astigmatism one principal meridian of the cornea has a normal curvature, while the meridian at right angles to it is more convex than all the other meridians.
In Compound Hypermetropic Astigmatism, the two principal meridians are flatter than the meridians of the normal eye, one being flatter than the other.
In Compound Myopic Astigmatism, the two principal meridians are more convex than a normal meridian, one being more convex than the other.
In Mixed Astigmatism, one of the principal meridians is flatter than a meridian of the normal eye, while the other principal meridian is more convex than a meridian of the normal eye.
In Irregular Astigmatism, the meridians of the curvature of the cornea are so malformed that no glasses can correct the astigmatism.

Occurrence

Astigmatism is the most common defect of the human eye. Most people with astigmatism have had it since birth. In some cases, it may increase, while in other cases it may become less or entirely disappear.
Nine-tenths of the cases of astigmatism are due to imperfect curvature of two or more meridians of the cornea. The other cases of astigmatism are due to imperfect curvature of the lens, or lens frequently to a malformation of the eyeball.

Symptoms

When a high degree of astigmatism is present, the vision is appreciably lowered. Usually when vertical lines
are regarded, they may appear more distinct than horizontal lines, or the reverse may be true. It was found that so many patients with astigmatism failed to see vertical lines as well as horizontal lines, or had trouble in seeing oblique lines, that a card, called the clock-faced card, was designed with lines at various angles. At one time it was believed that astigmatism could be diagnosed when the patient was able to see horizontal lines on this card better than the vertical lines or vice versa. Some patients with astigmatism could see distinctly the line pointing to five o'clock, while the line at right angles to it could not be seen so well. With increased experience, however, it was found that some patients with astigmatism could see horizontal and vertical lines equally well. On the other hand, patients with normal vision have complained that they did not always see vertical or horizontal lines equally well.
A man, sixty years of age, was found to have unusually good vision without any symptoms of astigmatism; but when he regarded a number of vertical, horizontal, and oblique lines, his vision immediately became very imperfect with a production of six diopters of astigmatism. When he closed his eyes and rested them, his vision soon became normal and the astigmatism disappeared.

Cause

The cause of astigmatism is always associated with an effort or a strain. In all cases the state can be demonstrated. An imperfect memory requires an effort or a strain and always produces astigmatism. An imperfect imagination also requires an effort or strain and always produces astigmatism. A mental strain of any kind always causes astigmatism. In the normal eye, astigmatism can be produced with a very slight amount of strain or effort to see. In those cases, however, where a great effort is made for a length of time, the astigmatism becomes very much increased, and may be more or less permanent. Irregular astigmatism is caused by the contraction of scar tissue, either from ulcerations of the cornea or from an incised wound.

Treatment

Some years ago, I published an article in the Archives of Ophthalmology with the title, "A New Operation for the Cure of Astigmatism—A Preliminary Report." [link] In this article, I described an operation in which the more convex meridian of the cornea was incised at right angles to its curvature, but not penetrating into the anterior chamber. The scar produced by the cut of the knife usually healed very promptly, and the traction of the scar tissue flattened the curvature of this principal meridian. A number of cases were reported with good results. It was not very long, however, before I had some unsuccessful experiences in which, for some reason or other, the operation failed. The theory was so good that I expected the facts to verify it. I became disappointed with my operation and did not investigate the facts any further after the first six months. A year or two later, my operation was performed by some one in England, and a report of some interesting cases that were apparently cured was published in an English Medical journal. Other articles were published in medical journals, confirming my earlier claims and giving me due credit.

I no longer believe that an operation of any kind should be performed, because all forms of astigmatism can be demonstrated to be always temporary. Astigmatism is not organic; it is always functional, even when scar tissue is associated with it.

Scar Tissue

It is very interesting to observe cases of astigmatism in which scar tissue of the cornea is a complication. Scu tissue, as is well known, is composed largely of new connective tissue. With the aid of the memory and the imagination, this connective tissue sometimes disappears in a very short time. When the memory is perfect for some letter, color, or object, the scar tissue disappears. When the imagination is perfect for a letter or other object, the scar tissue disappears. Imagination or memory of perfect sight is a cure for astigmatism.

Conical Cornea

The most serious effect of astigmatism is to produce conical corneas. In this disease, the front part of the eyeball becomes more conical in shape, and after some years the apex of the cone becomes ulcerated. This ulcer becomes steadily worse with an increase of the astigmatism. Not only is the vision progressively lowered, but the patient may also suffer from severe pain. There is no operation which has been generally accepted which is satisfactory in correcting conical cornea, nor has any treatment heretofore practiced been curative or even beneficial.

The treatment in my experience which has yielded the best results is the practice of the variable swing. The patient holds the forefinger of one hand about six inches in front and to one side of the eyes. When he moves his head a short distance from side to side, the finger ap-pears to move in the direction opposite to the movement of the head and eyes.

While practicing the variable swing, the patient is directed to regard one known letter of the Snellen test card at ten or fifteen feet, and imagine it as well as he can with his eyes open for a few seconds. The eyes are quickly closed while the patient remembers the same letter more perfectly than it was seen. He then opens his eyes and imagines the known letter on the card, as well as he can for a few seconds. The patient alternately remembers the known letter perfectly with the eyes closed and imagines it with the eyes open for a few seconds, until he becomes able to imagine he sees the known letter nearly as well with his eyes open as he can

remember it with his eyes closed. By this method, the patient can improve his vision for each known or unknown letter of the Snellen test card. It is remarkable how promptly the conical corneas subsides when the variable swing is practiced in this way. Some patients have obtained normal vision in a much shorter time than one would expect.

Case Reports

Recently a man, aged sixty years, was treated by me for the relief of eye troubles, caused by one-quarter of a diopter of astigmatism. He suffered intensely fiyen strong light and complained of floating specks. He was not able to read fine print with or without glasses for any length of time without pain and fatigue. It seemed very strange that he should suffer so much from so low a degree of astigmatism. His distant vision was almost normal, while his ability to read was only slightly impaired by the pain. When his astigmatism was corrected by treatment, his vision, with each eye, for distance im-proved until it became normal, and the floating specks disappeared. After practicing the swing and improving his vision for the Snellen test card, the fatigue which he had felt when working and reading was also lessened. He no longer suffered from discomfort in the strong light of the sun, after he had received the sun treatment with the sun-glass.

Hypermetropic Astigmatism

About a month ago, a fourteen year old girl came to me for treatment. She had about three diopters of hypermetropic astigmatism in each eye. The vision of each eye was one-half of the normal. After practicing rest and the short away of her body for an hour or longer, her vision became almost normal without glasses.

Without any treatment, she read the fine print imperfectly at twelve inches. She was directed to close her eyes and to imagine the spaces between the lines to be as white as snow, white starch, whitewash or a white handkerchief. With her eyes open and moving her head a short distance from side to side, she became able to imagine the white spaces between the lines to be more perfectly white. By alternating, her imagination of the white spaces increased, until she became able to read diamond type at six inches or less, without any fatigue or discomfort. Her ability to read had been improved by her imagination. When her symptoms were relieved by this treatment, it was found with the aid of the retinoscope that the astigmatism had disappeared.

Compound Myopic Astigmatism

Another patient was a girl, aged fifteen. The vision of the right eye was one-third of the normal, while that of the left eye was one-fifth of the normal. She was wearing glasses for the correction of compound myopic astigmatism, in which the astigmatism in each eye was less than one diopter. With the aid of painting, swinging, and the use of her imagination, her vision became normal in each eye and the astigmatism disappeared.

This patient had but one treatment and obtained a quick cure, which is very unusual.

Simple Hypermetropic Astigmatism

On June 1, 1924, a man, thirty years old, became a patient. The vision of his right eye was 10/70, while that of the left eye was 3/200. For the correction of astigmatism, he was wearing a convex 5.00 D.C. in the right eye and convex 5.50 D.C. in the left eye. His glasses were not satisfactory, and he suffered from double vision. He could not remember mental pictures or read fine print.

After painting, swaying, flashing and blinking, his vision was temporarily improved and the double vision disappeared. He obtained a considerable amount of rest from the drifting swing. The universal swing was also a great benefit. His ability to read was improved by having him imagine the white spaces between the lines of black letters to be whiter than they really were. It helped when he imagined that he was painting the white spaces with white paint, alternately with his eyes closed and with his eyes open. His vision was very much improved by the imagination of the white centers of most letters to be whiter than they really are.

His visits were irregular. Nevertheless, on October 22nd, the, vision of the right eye had improved to the normal, while the vision of the left eye had improved to 15/70. With the aid of the retinoscope, it was demonstrated that the astigmatism of the right eye had entirely disappeared, while that of the left eye was very much reduced.

The histories of these cases indicate the possibilities of relieving all degrees of astigmatism without the use of glasses.

Emily C. Lierman and W. H. Bates, M.D., take this opportunity of wishing you a Merry Christmas and a Happy New Year.

They desire to thank you for your interest and hope that the Better Eyesight Magazine will be improved upon in the New Year.

Stories from the Clinic
The Christmas Party
By Emily C. Lierman

THE same Christmas spirit prevailed at our clinic last year as it had in other years. This time our tree was more beautiful than ever. Dr. Bates helped in selecting it, and it was so large and beautiful, that everybody at the party marvelled at its splendor. Generous contributions from our friends made it possible to purchase appropriate gifts for our clinic family. Those who have had clinical experience will agree that the poor are not always willing to accept charity. They are more willing to give, and sometimes sacrifice a great deal. Even before many of these patients are cured of their own imperfect sight, much of their time is spent in helping others. They obtain test cards and other material and give them to those who need help for their eyes, but who cannot attend our clinic, because it is held during their working hours. Considering this attitude, it is necessary to use tact in extending our Christmas cheer.
Last Christmas, little Margaret Mary, who was under treatment for squint, held the interest of every child and mother present. Even the private patients forget their eye troubles to watch this happy little girl. The dolls were placed on a table near the tree with its many colored lights. Each little girl was asked to choose her doll, as they were all different. There was one doll in the group that was not so pretty as the others, and I feared very much that she would not find a mother. I had a mental picture of her being left behind while some other doll or toy was chosen. It was Margaret Mary's turn to choose, and she held her breath as she stood before the dolls. She looked at each one in turn, and then back to the plain little doll. For a few minutes she stood still. Suddenly her arms went out to the plain doll and oh held it tightly to her. I shall always remember her ex-pression as she chose it. It was one of mother love an I am sure everyone recognized it as I did.
Among the children was a boy, aged ten, whose father was a foreigner and could not speak very good English. This little chap had been coming to the clinic for some time before Christmas and was being treated for hyn-erical blindness. A note from his teacher explained why she had sent him to me. The school nurse said that he was mentally deficient He knew the alphabet and could read numbers, but could not spell a word. The nurse and teacher were under the impression that glasses might help the condition of his mind, as well as his sight His name was difficult for me to remember, so I called him Bobby. Bobby always kept his head lowered and his eyes almost closed while I talked to him. Until his third visit, his answers to my questions were uninteffigible. His father was always ready to reply to the questions I asked Bobby, but I could not understand him either.
After many failures in trying to interest Bobby in the test cards with various letters and numbers, I turned to a large geographical globe in my room and began to turn it, at first slowly, and then more quickly. He watched me, raised his head and opened his eyes wide. I observed him closely as his staring eyes, scarcely blinking, followed the turning of this strange thing that fascinated him. His facial expression changed and I knew that he was interested. Slowly he came toward the globe and gave it a turn or two himself. I was hoping he would do that, but his father apparently did not want him to touch it. He rose quickly from his chair and in a rough voice, ordered Bobby to be seated. Bobby's eyes again lowered and his head dropped. I had discovered one cause of Bobby's trouble. His father's harsh manner rocked upon the child's eyes. During my many years of clinical work, I have seen other fathers like him and, I am sorry to say, some mothers, too. Poor Bobby! I could not say much, but I would like to have requested the father to wait outside during the treatment, but he would not have understood.
Later Bobby made progress with the use of the Pot Hooks Card, which had the letter E of different sizes, pointing in various directions. After the third visit, Bobby's sight continued to improve and he learned to pronounce words and read them correctly.
At the Christmas party, Bobby's keen interest in the large Christmas tree and its many lights was a joy to see. There were games and toys for the boys, according to their ages, and silver stick pins and cuff buttons for the young men. Bobby was standing near the toys and games, and was asked to choose his gift. He disappointed us all by choosing a pair of cuff buttons. He smiled with gratitude and we knew that he was pleased.
Bobby did not retard for any more treatment, but his mind had improved with the improvement of his eyesight, and he no longer lowered his head and eyes when spoken to. I felt that something real had been accomplished.
Among others at our Christmas party, was a man who had been a brakeman on a train for some years. When his vision became so poor that glasses no longer helped him, and the loss of his eyesight, endangered the lives of others, he was discharged by the company for which he worked. His family of five were in want and he could not find steady work.
He had come for his first treatment, two months before Christmas. He had progressive myopia, and even with glasses he could not see clearly beyond six feet. His vision was 10/100 with each eye. Toward the end of March, less than six months later, he was again working on the freight trains without glasses, and with almost normal vision. On his last visit, his sight had improved to 10/10 and his nervous condition was benefited at the same time.
At the Christmas party, he received a little gift for each member of his family and enough oranges and candy for all. As he left, he had tears of joy in his eyes.

The Cross-Eyed Fairy
By George M. Guild

FAIRIES are magnetic, attractive and pretty. They are usually free from care and trouble, and spend most of their time in dancing, singing and playing with nice little boys and sweet lovable girls. Their eyes are usually bright, sparkling, loving and kind. It is very unusual for a fairy to have any eye trouble. One warm summer night while I was asleep, some one whispered in my ear: "Have you seen the cross-eyed fairy?" Of all the fairies I had seen and I had seen many thousands, not one could I remember who was cross-eyed.
The whisper was so faint that it did not wake me, but it was sufficient to startle me and make me very restless. I imagined that I saw a fairy with cross-eyes and not only was one eye crooked, but her nose was also turned out of line. I tried many times, but it was not possible for me to get hold of the nose in order to twist it back to where it belonged. The fairy ran away, dodging behind bushes, trees, and flowers, just like a will-o-the-wisp. I searched everywhere in my dreams for the little sprite, but in vain.
When I woke up, I decided to visit the fairies and, if possible, have a talk with the cross-eyed fairy that evening. There was a full moon so bright that I knew that the dell where the fairies assembled would be almost as bright as though it were daylight. Soon after I arrived where the fairies were gathered, I sought the queen and found her. When she saw me, she asked me if I had seen the cross-eyed fairy. I told her that nothing could interest me more than to meet her. "Would it make you love the little fairy less," she asked, "if you saw her with cross-eyes?"
I answered, "No, please let me see her."
"Perhaps you would try to cure her by an operation?"
"Oh, no," I replied, "I would never do that!"
"Do you think glasses would help her? she asked.
The thought of a pretty fairy wearing large heavy glasses was repugnant to me. I told the queen that I had never known of anybody with cross-eyes who was cured by wearing glasses. I had seen many cured, but they had all recovered without the use of glasses and needed no operation.
The queen then led me to a part of the forest where the cross-eyed fairy had sought refuge from the pitying eyes of her friends. I had noticed that most cross-eyed people were extremely unhappy, and I had always tried to cure them and make them happy. The queen of the fairies remembered that I had always done something to relieve fairies who were unhappy. I had found that fairies suffered just as much as anybody else, and needed some help as well as mortals. The queen then took me to the cross-eyed fairy who lay on a soft bed of moss with her head and face turned away from the fairies who were curious. When I arrived, she was crying and sobbing continuously, suffering as only a sensitive fairy can suffer. Many of the other fairies tried in vain to comfort her. We were all overwhelmed with a great pity, but it was difficult to know what to do.
"How did she become cross-eyed?" I asked.
One fairy answered that she caught it from Mary, a four year old child who had visited her. I asked where Mary lived and went to see her. I found her living in a cottage on the shore of a lake. Her father and mother and brothers and sisters were all very nervous, so I persuaded them all to dance and play. Mary enjoyed being thrown around in a circle fast and then faster, until her feet could not touch the floor. One of the older boys held her hands in his, while he played this new game, of swinging her feet clear of the floor. When she practiced this swing, it made her laugh. She enjoyed it so much that she begged everybody to swing her.
While swinging I told her to look upwards and her eyes became perfectly straight, temporarily. By practicing the swing more continuously her eyes remained straight for a longer time. She said that her eyes were not tired any more and she felt rested. I swung with her for hours, and then her father, mother and others relieved me and swung her feet from the floor, until late in the afternoon.
Before the moonlight appeared, I took Mary to visit the cross-eyed fairy. There she was, still lying on her face, and crying bitterly. Mary told her how she had been cured by the swing. The cross-eyed fairy stopped crying and listened attentively. All the other fairies listened, too, and then began to swing her until her feet were flying around without touching the ground. They all enjoyed this new game and were very gay. The fairy with the cross-eyes enjoyed it most of all and kept begging for more. She said that her eyes became straighter and straighter until they were almost cured. She said that it made her eyes feel better and she felt relaxed all over.
All the fairies became so happy over this, that they led me to a nearby hamlet where dozens of boys and girls had cross-eyes. At once the queen caught hold of a cross-eyed boy and swung him in a circle until Me eyes became straight. I did the same to others,, until all were temporarily cured. Then a wonderful thing happened. The cross-eyed fairy swung another child, the last one of all, until the eyes became straight, and then they were all completely cured, including the cross-eyed fairy. I visited them the next and many days later and found all of them completely and permanently cured.
Years later I returned to the little hamlet and found no more children with cross-eyes and everybody there was very happy.

ANNOUNCEMENT

Miss Katherine Hayes, of the Central Fixation Publishing Company, will be pleased to improve cases of imperfect sight by treatment without glasses at 303 West 122nd Street, New York City, Telephone—Cathedral 3450.

Questions and Answers

Question—What causes my vision to become blurred upon sudden confusion or when I have a number of activities coming at once?
Answer—The fact that your vision becomes blurred at such times is proof of your eccentric Ecation. Do not try to see or do several things at once. Practice central fixation, seeing the part regarded best and other parts not so clearly, all day long.
Question—If bad eyesight is caused by some physical ailment, will your methods help?
Answer—Yes, relaxation is always a benefit, not only to the eyes, but to all the nerves of the body.
Question—My daughter, aged ten, is practicing your method for the cure of cross-eyes. Would it help to cover her good eye with a shield, which is easy for her and keeps the left eye straight for a certain period of time, besides making it work? It helped her so much when she wore glasses, that I thought it might help her without them in the same way.
Answer—It is first necessary to improve to normal the vision of both eyes, when used together. Then cover the good eye and practice improving the vision of the poor eye.
Question—I am sixty-five years old and, in addition to bifocals, I am wearing strong prism glasses for read-ing. These tire me and strain my eyes. Am I too old to be helped by your methods, and would the adjustment of my eyesight increase the dizzy attacks which I have had and which I dread most of all?
Answer—Age is not a factor in the cure of imperfect sight by my methods. Patients, eighty years and older, have become able to read fine print at six inches and have obtained normal sight for distance. Relaxation prevents dizziness and is beneficial to the entire system. (See December, 1925, number of "Better Eyesight" on Dizziness.)

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