

August 1926

Better Eyesight

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

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Demonstrate

That vision is always imagination, either perfect or imperfect. What we see is only what we think or imagine we see. The white center of the letter "O", when seen perfectly, appears to be whiter than it really is, or whiter than the rest of the card. That part of the center of the "O" which is in contact with the black appears to be the whitest part of the white center. By covering the black part of the "O" with a screen, which has an opening in the center, the white-ness of the center of the "O" appears to be the same shade of white as the rest of the card. Now, remove the screen, and at the first glance, the center of the "O" appears for a short time to be much whiter than it really is. In other words, one sees something which is not really seen, but only imagined. When some people enter a room which is totally dark, they often imagine that they see a white ghost. They don't really see it; they only imagine it, but their imagination may be so vivid that no amount of argument will convince them that they did not see the ghost.

When one looks at the tipper right hand corner of a large letter of the Snellen test card, it is possible to see that point best, and all the rest of the letter not so black. The part seen best appears blacker than it really is. The part seen worse appears less black than it really is. Things seen more perfectly than they really are, are not seen, but imagined. Things seen less perfectly than they really are, are not seen imperfectly, but are imagined imperfectly.

School Children

By W. H. Bates, M.D.

MOST children have normal eyes when they enter school. In a few years, their sight may become imperfect. Acute cases are usually benefited or cured by prompt treatment without glasses.

CAUSES

I have frequently called attention to the fact that in all cases of imperfect sight, STARING is present, and can usually be demonstrated. It is the cause of imperfect sight. When treatment corrects the habit of staring or trying to see with an effort, the vision becomes normal.

The surroundings have an important effect upon the vision. It is possible to lower the vision of any child by an unexpected noise or by punishment, either physical or mental. The vision is usually affected by the temperament of the people with whom the child comes in contact. When a child is comfortable, the sight is good. When a child is nervous, the vision is lowered.

The following case illustrates these facts. One-half hour after birth, a child was observed to squeeze its eyelids, wrinkle up its forehead and, in fact contract the muscles of its whole body. The child's eyes were examined with the retinoscope, and when it was straining so terribly, it had a high degree of near-sightedness. A drop of strong atropine solution was put into both eyes. Atropine is supposed to lessen the eyestrain which causes myopia. This child, however, was not benefited in the slightest,—the pupil dilated, but the near-sightedness continued. The remarkable fact was repeatedly observed that in spite of the atropine, the child produced at about fifteen minute intervals, or more often, all the errors of refraction known, for which glasses are prescribed. Sometimes it was far-sight in both eyes; sometimes far-sight in one eye and near-sight in the other. Astigmatism would come and go, and the degree, as well as the axis, was variable within short periods of time. Sometimes the retinoscope demonstrated that the eye had mixed astigmatism, that is, it was flatter than normal in one meridian, while the one at right angles to it was more convex than in the normal eye.

The nurse, who was not a graduate of any hospital, took the child in her arms, and began to rock it from side to side. Watching the child's face, one could see the muscles begin to relax, the wrinkles become less, the contraction of the muscles of the arms, limbs, and of the whole body, become relaxed. The little one opened its eyes and smiled; at this moment both eyes were normal. Then it turned its face to the nurse's breast and promptly went to sleep.

The child was examined daily for about a week, then less frequently, about twice a week for several months, and then only occasionally. When she was four years of age, her eyes were normal. She was sent to kindergarten, and after being there for about a month, the retinoscope showed that she had myopia in both eyes, which strong atropine drops did not correct. I asked the teacher to encourage this child to dance and run as much as possible while at school. After two weeks, the child was examined again with the retinoscope and the eyes were found to be normal, with no myopia nor astigmatism whatever. At this time, the eyes were straight. A month later, the child was again examined. The right eye was normal, but the left eye was very far-sighted and turned in toward the nose. With the right eye open, the child could distinguish her parents, relatives, and some of her playmates across the street, at a distance of more than fifty feet. With the right eye covered and looking with the left eye, she could not recognize her acquaintances further off than fifteen feet. It was very evident that the sight of the left eye was imperfect.

Not long afterwards, I visited the kindergarten and was much shocked to find that the child was wearing glasses for the correction of the squint. It annoyed me so much that I at once called on the parents, and had a heart to heart talk with them. The father was a friend of mine and teased me a little for taking the matter so seriously. The mother remembered how much time I had spent on the child previously, and was willing to have me treat the child. The child's glasses were removed permanently and she practiced shifting, swinging, and palming. Reading a Snellen test card (the card with "Es" pointing in different directions) for about five minutes each day, was a benefit. In a short time, the eyes became straight and the vision of both eyes became normal at the same time.

Later, the child had a relapse which was evidently caused by being annoyed by a girl who had joined the kindergarten class during the previous month. It so happened that the child who annoyed the patient went away for a visit, and while she was gone, the patient's eyes became straight and remained straight. When the irritating girl returned to the school, the patient again had a relapse. I recommended that the patient be taken out of the kindergarten and kept in agreeable surroundings with children and others who did not make her nervous. The child outgrew this nervousness and ten years later there had been no return of the squint.

TREATMENT

AGE—One of the first questions that people ask is "How old should a child be before it can be treated?" The answer is that the younger the child, the more successful is the treatment.

FREQUENCY—Another question frequently asked is "How long does the child have to be treated before good results are obtained?" My habit is to ask the parents to wait and see the results of the first treatment. I am then usually able to tell them that the child has a tem-porary cure and does not necessarily need to come to see me again. If the child is only partially cured, however, it may be advisable to have him come for a few days, a week or longer, until he becomes able to improve his sight without my supervision. Then he may continue to practice at home until cured. If the cure is delayed, it may be necessary to take more treatments under my personal supervision.

PALMING—When palming, the patient closes the eyes and covers them with the palm of one or both hands, in such a way as to avoid pressure on the eyelids. Babies, three years old or younger, have been taught to palm. When they find that the discomfort in their eyes or head is relieved by the mother covering their closed eyelids with the palms of her hands, the children may acquire the habit of doing it themselves. I have had cases of whooping cough, in which children three years old have stopped the cough by palming, after they had obtained benefit from palming done for them by an older person.

While nursing her baby, whose sight was imperfect and eyes inflamed, one mother was observed to cover its eyes with her hand. She said that the palming relieved the pain in the eyes, improved the sight, quieted the child, and promoted sleep.

SWINGING—One of the best methods for preventing staring is to practice the swing. We often see babies laugh or scream with delight when someone swings them sideways or up and down. They open their eyes wider, breathe more deeply, and the muscles of their arms, limbs, and whole bodies relax with pleasure and happiness. It is not conceivable that a baby so happy could have pain, poor sight, or be cross-eyed. Children and babies are forced to wear large tortoise-shell rimmed glasses, which invariably kills the joy in their hearts. They seldom smile, the eyelids contract, wrinkles appear on their faces, and the world becomes a place in which to be sad. Let us bring back the rocking chair, the swing, the cradle, and encourage mothers to swing their babies in their arms as they love and pet them.

REST—Children of all ages are benefited by resting their eyes and minds for a few minutes, several times a day. Teachers realise the benefit of rest in the school-room, and books are laid aside, windows opened, and a few exercises with deep breathing, are practiced. I am not aware that the school authorities have ever been criticized for devoting this daily amount of time to rest.

A more effective method for obtaining relaxation of the mind is as follows: A Snellen test card is permanently placed on the wall in front of the children, where it can be read by all of them from their seats. Twice each day or more often, the children read the card with each eye separately as well as they can. When practiced properly, reading the Snellen test card with both eyes open, or alternately with each eye, the other being covered, has improved the vision in all cases. In some cases, the vision became normal in two weeks or less, while other required a longer time to obtain this result. Practically all of the children were temporarily cured in three months.

It rests the eyes to read the Snellen test card with good vision. To fail to read it perfectly, requires a strain or an effort. When these facts are demonstrated and the child realises the cause of its imperfect sight, much good may follow. When children do not know the cause, they have more trouble in obtaining relief.

Stories from the Clinic

No. 78. SCHOOL CHILDREN

By Emily C. Liernan

DURING the last year, I have had more squint cases under treatment than any previous year. My records show that all of these cases also had imperfect sight. All, with the exception of two little boys who were in the second and third grade, were too young to attend school. At the close of the Clinic in June, it was not necessary to send them to kindergarten, as every one of them was ready for the first grade.

I am very sure that parents who have children with squint or cross-eyes went to know what to do to correct the trouble.

Many of them, who visited us, were unwilling to have their girls or boys operated upon for the cure of squint. If the patients are faithful in the daily practice, we can assure them of a cure. In some cases where the sight of one eye is imperfect, while that of the other eye is normal, we advise a black patch to be worn over the good eye, especially during practice. This is done only when the eye with imperfect sight turns in or out.

It is always encouraging to the patient if he can see the eyes improve, or become straight, while under treat-ment. If I notice a decided improvement while treating such a case, I place my patient before a large mirror, and direct him to closely follow my instructions. I then quickly draw his attention to his eyes, and before he has a chance to strain, he notices the improvement. This usually encourages them to continue their practice until they have a permanent cure. Other patients who are not troubled with squint but have imperfect sight, are treated in a different way.

When children are too young to read the alphabet or figures, we use a test card with the letter "E" pointing in various directions. This card is placed at five or ten feet from the patient, and he is requested to tell in which way the letters are pointing. When the letters become smaller, they begin to look blurred. Then it is best to advise palming for five minutes or even less. When the patient again reads the test card, the vision is usually improved for one or more lines of letters. The child is then shown how to sway by standing and gently moving the whole body with the head from side to side. Most patients must be reminded to blink, so the child is frequently encouraged to blink, while sway-ing, just flashing the card and seeing one letter at a time. When children understand the great benefit derived from the sway of the body, there is no difficulty in curing their imperfect sight or squint. Most of the patients have some kind of music at home, and children as well as adults, enjoy keeping time with it, as they practice the sway which helps the patient to relax. Relaxation being the only way to improve the sight, the patient is thus benefited by the sway.

I am always able to teach my tiny tots their letters and figures by playing a game with each one. If he has squint, I place the card close to the eyes and point to the largest letter, and ask what it is. He may say, "I don't know," and then I mention whatever the letter is. After this, he is directed to play peek-a-boo, which means to look quickly, repeat the letter after me, and then close the eyes. This is exactly the same method used for adults, only it is not a game of peek-a-boo. When a child is instructed in this way, the second treatment becomes more interesting, and each time he is taught a few more letters.

I never forget to praise my little patients after each treatment, as it makes them more anxious to help me when treating them. The little fundamental cards play an important part in the treatment and cure. They help grown-ups, as well as children.

Mothers may at first find it a task to devote the necessary time and care to their children with imperfect sight, but the result is worth the effort. Children can practice the sway at home for five minutes before they go to school. When they read letters or words written on the blackboard, their vision always improves, providing they do not stare at the letters. Blinking frequently, while looking slightly below the line of letters they are reading, relieves all tension and strain. When no effort is made, children can read from their books, feeling relaxed and rested, both in mind and body. Boys and girls from the high schools, who have been treated and cured, appreciate this fact. Many school children whose defective vision has been cured, have interested their teachers in the matter. As a result, they came to Dr. Bates for treatment and were also cured. Dr. Bates and I realise the strain under which teachers of the Public Schools work. Many of them do not know how to relax, and their anxiety to instill knowledge in the minds of the children, keeps them constantly tense.

A young man who was just about to enter Columbia College, recently told me that every morning for one whole year after he was cured, he never missed an hour's practice with his eyes. He said it helped him to keep relaxed during school hours, and that he noticed that his mind was benefited. He could think easier and his memory, which was very poor while he was wearing eyeglasses, was so much improved that he found no difficulty in studying his mathematics and history. More boys than girls seem anxious to cure their imperfect sight. I believe this is because boys and young men are interested in more strenuous sports. Eyeglasses are useless to the oarsmen, football and baseball players and, for the sake of these sports, they are willing to practice faithfully to bring about a cure.

What the Bates Method Did for One School Boy

By May Secor

Special Teacher of Speech Improvement, New York City public Schools and Pupil of Dr. Bates

JOHN was cross-eyed; the taunts of his schoolmates kept him well aware of this. When he looked at an object directly in front of him, the pupil of his "lazy eye" was only partly visible; with this eye he could see the large "C" of the Snellen chart, only when he was within sixteen inches of the chart. John was nearly seven years old; he was retarded at school, having been obliged to repeat Grade 1A. He was a neurotic child,—extremely erratic in his behavior at school and at home.

During the letter part of his second term in 1A we began to instruct him in Dr. Bates' method of Eye Education. We aimed to keep John relaxed and happy; to present each exercise as a game; to suggest each game in such a way that he would be anxious "to try it"; to foresee an outburst of passion when it was brewing, and ward it off; in general, we aimed to instruct John in methods of relaxation, keeping him busy with happy, healthful thoughts and activities, thus avoiding correction and possible outbursts of passion. We admit that the case was difficult, and required much time and study.

We used the following methods:

1. INSTRUCTION TO PARENTS AND TEACHERS: Teach the child's parents and teachers the principles underlying the Bates Method, and gain their sympathy and co-operation.
2. REST PERIODS: Enjoy two rest periods each day—after lunch and after school or work. Go to your bedroom, open the window, remove your shoes and other tight clothing, and lie down and sleep.
3. BLINKING: Notice how gently and often a tiny baby blinks. Close your eyes and remember a baby blinking, and gently blink as a baby does. Blink as you read an eye chart or a book, play cards and other games, watch automobiles pass, or enjoy physical exercises.
4. SWAYING: Watch the pendulum of a large clock. Close your eyes and remember the pendulum moving. Gently sway as the pendulum does, and see things moving in the opposite direction, at you blink. Vary your position. Stand with your feet slightly apart as you sway your body. Sit in a com-fortable chair and sway. Sit in a comfortable chair and gently sway the head from side to side.
5. SWINGING: Enjoy the long swing, the memory swing, and the variable swing fully described on the fundamental cards. As you shift, see letters and objects swing.
6. PALMING: Lie down or sit in a comfortable chair, and rest your feet and legs on a stool, which is as high as the seat of your chair, and tuck a pillow under each elbow. Gently close your eyes; cup your hands, and place them gently over your eyes, and enjoy the following: See something which is very black (a black cat, a black overcoat, or black velvet). Practice the memory swing as you make believe that you are swaying, reading the chart, looking at a certain picture, watching automobiles pass or playing a game.
7. READING TEST CARDS: Stand and sway, or sit in a comfortable chair, and rest your legs and feet on a stool which is as high as the seat of your chair. Read the Snellen card lazily, comfortably, and gently blink as you read. Read the test card with your better eye and then palm. Read the test

