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Better Eyesight

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

November, 1921

THE SENSE OF TOUCH AN AID TO VISION

Just as Montessori has found that impressions gained through the sense of touch are very useful in teaching children to read ad id write, persons with defective sight have found them useful in educating their memory and imagination.

One patient whose visual memory was very imperfect found that if she traced an imaginary black letter on the ball of her thumb with her forefinger, she could follow the imaginary lines with her mind as they were being formed and retain a picture of the letter better than when she gained the impression of it through the sense of sight.

Another patient discovered that when he lost the swing he could get it again by sliding his forefinger back and forth over the ball of his thumb. When he moved his fingers it seemed as if his whole body were moving.

Both these expedients have the advantage of being incompicuous, and can, therefore, be used anywhere.

The vision was improved in both cases.

THE FIRST VISIT

By W. H. Bates, M.D.

THE beginning of treatment, as well as later, it has been found to be a great benefit to have the patient demonstrate facts. It is better to avoid stating results expected, and instead let the patient discover the results for himself.

Best Improves the Vision.—The first fact to be demonstrated is that rest improves the vision. The patient is told to close his eyes and rest them, forget about them, let his mind drift, remember pleasant things. After half an hour, more or less, he is told to open his eyes and read the distant test card as well as he can. If he finds that his vision has improved the next question is:

"What did you do that helped your sight?"

Obvious as the answer to this question seems to those familiar with the treatment of defective vision by relaxation some patients find extraordinary difficulty in replying to it, and one has to ask them a number of leading questions to get the proper answer, "Best."

The amount of relief obtained from this procedure differs greatly in different cases. Some get none at all, and others very little. Others again may be cured at the first visit by this means alone. Why some people can close their eyes and rest them with so much benefit, while others fail, is not always evident; but one can often tell at the outset what the result will be. One case cured by this means rested comfortably for half an hour without any change whatever in his position. A case not benefitted was very restless, moved around in his chair, got up, opened his eyes every few minutes, and was decidedly uncomfortable. For him there was no rest with his eyes closed, and his vision was not improved. Lane a cure was obtained by other methods, but with much trouble.

Palming.—After having rested the eyes by closing, the patient is told to cover his eyes with the palms of his hands in such a way as to exclude all the light. Usually, not always, he is able to obtain more rest in this way than by mere closing. Those who succeed in relaxing completely see a perfect black, but this is rare, and the patient may consider himself fortunate if he is able to begin by seeing an approximate black.

Staring.—Having demonstrated that rest improves the vision the next step is to have the patient demonstrate that effort lowers it. The patient is directed to look continuously at a letter which he can see distinctly on the distant test card, and after a pair of a minute the question is asked:

"Do you see better or worse?" The answer is usually:

"I see worse, it makes my eyes pain."

He is then directed to stare at other objects instead of letters, to make an effort to see them, concentrate on them, and to note that lowering of the vision, with fatigue, discomfort, or pain, is produced. After he has demonstrated these facts he is told that persons with imperfect sight always attempt to hold their points of fixation too long, even when the lowering of vision is caused by an injury, or by a foreign body in the eye. In short, they stare, than not only spoiling their eyesight but making themselves conspicuous and uncomfortable.

"You have your choice," I tell them. "Stare and have poor sight and other troubles. Avoid the stare and have normal vision."

Occasionally a patient thinks that staring does improve his vision. In this case I tell him to keep on staring and improve it still more. It does not take long for him to convince himself that the improvement that results from staring is only temporary, and is followed by a lowering of the vision.

Patients who have lowered their vision and produced pain and discomfort by staring are glad to relieve the strain by closing the eyes or palming. After they have alternately stared and rested for a while it would be hard for any one to convince them that anything is to be gained by effort when one wants to see, and they instinctively close their eyes in such a case instead of straining them.

Shifting and Swinging.—Having demonstrated that staring lowers the vision, a patient is easily able to demonstrate that if he wants to see an object distinctly he must shift constantly from one part of it to another; but often he does not easily realize the apparent motion produced by this shifting. In demonstrating the facts to a new patient I usually begin by having him wall: around the room and note that the furniture seems to be moving in the opposite direction. Then I have him take one step forward and one back and note that the furniture seems to move backward and forward. Next I have him hold his hand six inches in front of his face, and move his head far to the right and far to the left, alternately, without looking at the hand. Almost invariably he is able to note a very pronounced movement of the hand. After this I have him hold a small card in his hand and note that it appears to move with the former. Having noticed the movement of the card in his hand, it is usually easy for him to look from one side of the test card on the wall to the other, and note that it appears to move in a direction contrary to the movement of the eye. After this the shortening of the swing until he becomes able to look from one side to the other of a letter of diamond type and imagine that it is moving is a mere question of practice.

Memory and Imagination.—The use of the memory or imagination is an important part of the cure of imperfect sight, since a perfect memory or imagination means perfect relaxation; but I do not begin by explaining this to a patient. Instead I say:

"Can you remember a small letter o?"

Some patients can do this at once; others cannot. Those who can usually think that they are remembering the letter all alike and stationary. In order to demonstrate that this is impossible they are asked to imagine a black period on one side of the o, to keep the attention fixed upon it, and to imagine that it is perfectly black and stationary. Generally the patient finds that he cannot do this. The period usually moves in spite of all his effort to imagine that it is not doing so. If it does not, it becomes gray and finally disappears. Having demonstrated that you cannot remember the period continuously unless it is moving, it usually becomes possible for the patient to realize that his attention is shifting constantly from one part of the o to another, and to note an apparent movement in a direction opposite to the imagined movement of the eye.

One difficulty in getting patients to make this demonstration is that the effort of remembering an unchanging object, even for a few seconds, is so great that some people cannot or will not make it. It is easier to let the attention shift naturally.

Some patients are unable to form any kind of a mental picture, and it may require much ingenuity and long practice to enable them to do it. Some become able to form mental pictures when they are able to imagine that the things they see are moving. Others are helped in remembering a black letter by imagining that it has a very white background, whiter than the card on which they saw it.

Mental pictures are formed first with the eyes closed, then with the eyes open, and as the ability to form them with the eyes open increases the vision increases.

In every way possible the fact is impressed upon the patient that he can be cured only by rest; that he must learn to let his eyes alone; that whatever he does to improve his sight must be wrong. For home practice three general plans are recommended:

1. Practice with the Snellen test card at ten, fifteen, or twenty feet, remembering the blackness of the letters, imagining their form and their swing, and imagining the white openings and margins to be whiter than the rest of the card.

2. Reading fine print at the distance at which it is seen best, then gradually bringing it up to six inches or less and putting it off to a distance of two feet or further.

3. Seeing things moving all day long from the time the eyes are opened in the morning until they are closed at night, and going to sleep finally with the imagination of the swing.

STORIES FROM THE CLINIC

21: More Cases of Squint

By Emily C. Lierman

ONE day in the early part of September there came to our clinic a very neatly dressed woman of forty-five, with her daughter, aged eleven. One of the doctors from another section of the dispensary had told her of the wonderful cures wrought by Dr. Bates' methods, and convinced her that they would be effective in the case of her daughter, who was suffering from convergent squint of the left eye. I at once became more than usually interested in this case, not only because I did not want to disappoint the doctor who had sent it, or cause him to lose faith in our methods, but because Selma, the patient, was a dear little girl and made a strong appeal to my sympathies. I did not notice until her eyes became straight that Nature had intended her to be very pretty; but I saw her sweet smile, and her absolute faith in my ability to cure her, combined with her willingness to do as she was told, was very touching.

I tested her sight with the Snellen test card, and at ten feet she was able to read, with the right eye, only the forty line. With the left eye (the squinting one) she read only the 200 line. I showed her how to palm, and then I had a talk with the mother, who was wearing glasses, and had been wearing them, as she told me, for twenty-five years. I explained to her how hard it would be to cure her daughter if she continued to wear them.

"How can I possibly harm my little girl by wearing glasses?" she asked.

You are under a constant strain while you wear them," I answered, "and that affects your daughter's nerves."

"But I cannot sew, read, or do other things, without my glasses," she said. "so what shall I do?"

I told her to watch very closely while I was treating Selma and do just exactly what she did. She took off her glasses at once, and did not seem to doubt that she would be cured. For this I was very grateful, as mothers are not always willing to take off their glasses at their first visit, thinking, I suppose, that although I may be able to cure children, I cannot cure adults. I placed the mother where she could watch her daughter's eyes during the treatment and, as she saw them after five or ten minutes become temporarily straight, she expressed her gratitude in no uncertain terms. On leaving she invited me to her home, and every time she came after that the invitation was repeated. She bought a test card, too, for home practice, and Selma was very faithful about using it.

From that time up to the present writing mother and daughter have come regularly three days a week. Selma now reads the twenty line with her left eye at twelve feet, and with her right eye, at the same distance, she can read the ten line. Except when she becomes excited or over-anxious, her left eye is straight most of the time. The improvement in the mother's sight seems almost equally remarkable. She reads and sews without her glasses, the lines in her face caused by strain have disappeared, and she looks so much younger that she might easily be taken for her daughter's sister. We have all become fast friends and, although I shall be glad when Selma is completely cured, I will be sorry not to see her smiling face any more at the clinic.

At the beginning of the treatment Selma's mother could not be encouraged to discuss other treatment she had had, but when, one day recently, she child read the whole of the test card with both eyes straight, she began to talk.

"You don't know how grateful I am to you," she said. "It is not so long ago that I was told at another eye clinic that Selma would have to be operated on for squint. They told me that it would get worse if they didn't operate. I told them to give me time to think it over. I was a whole year thinking it over; but I could not make up my mind to the operation, as I had doubts about its curing her."

Doris, aged four, has convergent squint of the right eye, and came to us also during September. It was noticed when she was two years old that the right eye was turning in and, although glasses were immediately secured for her, they did no good. When I first saw her the vision of the squinting eye was only one-quarter normal (10/40), while that of the other eye was one-half normal (10/20). Now the sight of both eyes is slightly above normal (12/10).

Doris does not know the alphabet; so in treating her I have to use a card covered with letter L's arranged in different ways, and she tells me which way they are facing, left, right, up or down. I found it rather hard at first to get her to palm for any length of time; but one day the mother told me of a dear baby brother at home, and I told Doris to think of her brother when she closed and covered her eyes. This worked like a charm. When she thinks it time to open her eyes, usually about a minute, she calls out, "Open them!" If I answer, "No," she keeps them closed until I say, "Ready." During the first few treatments the right eye would not keep straight for more than half a minute, but now it stays straight all the time she is reading the chart, down to the ten line. After the treatment it turns in again, but not so badly as before, and if she is reminded to make it look straight she can do so very readily.

The child's mother has been a great help in the treatment, both at home and at the clinic, and I think she has got a great deal of good out of it for herself. She is a most unselfish parent, absolutely devoted to her children; but this devotion causes her to get excited and nervous, so that when she arrives at the clinic her eyes are staring almost out of her head. In a few moments she becomes relaxed, and her eyes begin to look natural.

Doris got on so nicely that her cousin Arthur, who also has a convergent squint, came for treatment. When I tested his sight I found that the vision of the squinting eye, the left one, was only 10/50, while that of the right eye was 10/20. He was a very bright boy, very obedient and lovable, and when he looked at the chart it was sad to see the left eye turn in until it was almost hidden. He made rapid progress, however, and his mother, who always comes with him, is very happy over the good results obtained in little over a month. At his first visit he was told, after reading a line of letters on the chart, to remember the last letter while he closed and covered his eyes. When he looked at the card again he was able to read another line. His vision now is almost normal, 12/15, and when he is reading the card his eyes are almost straight. His mother tells me that he gets on much better at school than he used to. He is eager to get well, and is very happy when clinic day comes so that he may have another treatment.

I am wondering which of the trio will be cured first, and when they are I will give most of the credit to the mothers, for it is their help and the treatment given at home that has counted most.

QUESTION 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 "tail. Kindly enclose a stamped, addressed envelope.

Q. (1) How long should one palm at a time, and how far should one be from the test card? (2) I do not understand shifting and swinging well enough to practice this method. Will you please explain it to me just as you would to a new patient? (3) I am not getting the results you say one should from the treatment. For instance, I tried palming last evening, and at the beginning I could see clearly only the first three lines on the test card. After two hours work I could see and read clearly all but the last line of letters at the bottom, but when I looked at the card this morning it was just the same as when I started palming. Now, how can I get the vision to stay? Must one continue to palm every day, and if so will the improvement in time become permanent? R. H.

A. (1) The length of time you should palm depends entirely upon the results you obtain from the practice. Some patients can palm for hours with benefit; others cannot keep it up for more than a few minutes. Your distance from the test card depends somewhat on the state of your vision and somewhat on your own convenience. At whatever distance you may be—7, 10, 15, or 20 feet—practice with a line of letters which you cannot see distinctly. (2) See The First Visit, this issue. (3) We think you are doing wonderfully well and congratulate you. If you continue the palming, the improvement will in time become permanent. If you will practice shifting and swinging when not practicing with the card it will help you (See The Swinging Cure, Better Eyesight, October, 1919 [link]).

Q. (1) I have discarded my glasses for street use, and am slowly getting used to seeing without them. However, when I go to the theatre or a movie I cannot discern the faces, expression, etc., of the actors without the aid of my glasses. When I look without them the whole proceeding is like one hazy mass before my eyes. What can I do about this? (2) Kindly explain your terms "cupping and palming." Subscriber.

A. (1) All you can do is to go on improving your sight. (2) By cupping is meant cupping the hand over the eye in such a way so as to exclude the light while avoiding pressure on the eyeball. Palming cannot be explained briefly. See Better Eyesight, January, 1920 [link].

Q. (1) What is the best method to use when the patient has a dilated pupil? (2) What special refractive condition causes white letters and dots to appear over the test card along with blurring of the letters and also without it? (3) Is the temporary use of the reading glass or lorgnette as detrimental to the eyes as regular glasses? C. C. J.

A. (1) Any method that produces relaxation will help. Palming is particularly effective. (2) They may occur with any error of refraction. (3) Yes.

Q. (1) In swinging the period should one follow it in its travel from side to side, seeing it clearly all the time. (2) Better Eyesight advises sleeping on the back. Will you kindly give me explicit directions as to how to do this. T. J. O. J.

A. (1) Whether you see a period all the time you are swinging it depends upon the length of the swing. If the

swing is very short, a mere pulsation, you will; if it is long, or too rapid, it will be blurred or lost altogether at times. (2) In lying on your back the arms should be parallel with the body and the lower limbs completely extended. The height of the pillow is immaterial. The head may or may not be turned to one side. It is a good thing to go to sleep swinging or palming.

Q. (1) When I palm does it affect my eyes if I do mental work. I could palm more if it didn't matter what you were thinking about, because I could do part of my studying that way. In short, does mental work necessarily mean mental strain? (2) Isn't there any way to cure my eyes that doesn't take so much time as palming? M. W.

A. (1) Mental work does not necessarily mean mental strain. If you can see black with your eyes closed and covered while thinking of your lessons, you are perfectly safe in doing so. (2) The best thing for a busy person is to form a habit of constant shifting and to imagine that everything seen is moving. It is the habit of staring that spoils your sight. If you can correct this by constant shifting and the realization of the movement produced by the shift, you can get well without so much palming and you will also be able to do your school work better.

Q. I cannot yet read or write easily without my glasses. Can I harm my eyes by trying to do so? P. A. C.

A. You cannot harm your eyes by reading and writing without glasses if you stop often to rest them by closing or palming. Even if the use of the eyes without glasses produces pain and fatigue the injury is less than from the wearing of the glasses.

Q. How can I relieve fatigue and nervousness while listening to the sermon in church?

A. Try swinging your thumbs over or round each other, or back and forth, and then reversing. One patient gets relief from swinging her big toe inside her shoe.

Q. Can a tendency to sties be relieved by relaxation? A. Yes.

Q. Is it injurious to expose a baby's eyes to the strong sunlight while sleeping? F. E.

A. The strong sunlight is very beneficiary to the eyes of babies, asleep or awake. It is injurious to shade their eyes from the sun.

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