

November 1922

Better Eyesight

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

November, 1922

THE VARIABLE SWING

RECENTLY I have been impressed very much by the value of the variable swing. By the variable swing is meant the ability to imagine a near object with a longer swing than one more distant. For example, a patient came to me with conical cornea, which is usually considered incurable. I placed a chair five feet away from her eyes, clearly on a line with the Snellen test card located 15 feet distant. When she looked at the Snellen test card and imagined the letters moving an inch or less she could imagine the chair that she was not looking at moving quite a distance. As is well known the shorter the swing the better the sight. Some persons with unusually good vision have a swing so short that they do not readily recognize it. This patient was able to imagine the chair moving an inch or less and the card on the wall moving a shorter distance. She became able to imagine the chair moving a quarter of an inch and the movement of the Snellen test card at 15 feet was so short that she could not notice it. In the beginning her vision with glasses was poor and without glasses was double, and even the larger letters on the Snellen test card were very much blurred. Now, when she imagined the chair moving a quarter of an inch and the Snellen test card moving so short a distance that she could not recognize it, the conical cornea disappeared from both eyes and her vision became normal. To me it was one of the most remarkable things I have seen in years. I know of no other treatment that has ever brought about so great a benefit in so bad a case. The variable swing is something that must people can learn how to practise at their first visit. Some people can do it better than others. The improvement depends directly upon their skill in practising the variable swing.

MARIAN

By W. H. Bates, M.D.

THIS case is reported because the child on account of her enthusiasm obtained normal vision in a short time—about a week.

The patient was ten years and six months old. She was wearing glasses constantly, concave 2.25 D. S. combined with convex 4.00 D. C. 90 deg, in each eye. Even with her glasses her sight was imperfect for distance. At the near point she read diamond type at six inches the closest distance from her eyes while she could only see it two inches further off, at eight inches without her glasses. This inability to read over a greater distance was a hindrance to comfortable reading and her eyes tired. She was taught to rest her eyes by closing them and covering them with the palms of her hands (palming). With her eyes closed and covered she was told to think of other things than her eyesight, to remember things that were pleasant for her to remember, and she learned to do this so well that she told me that everything was dark, perfectly black all the time. I asked her to remember a letter O of diamond type with a white center as white as snow. "Can you imagine it moving from side to side?" I asked her. She said, "Yes, as short a movement as the width of the letter." "Can you remember that moving letter all the time?" "Yes," she answered. Then I had her remember a little black period on the edge of the O and asked her to keep her attention on that period all the time. She volunteered the information that she had lost the period and could not remember the O; that when she tried to imagine a part of the O or the whole of it stationary her memory failed. She was able to demonstrate that it was impossible for her to concentrate on the little black period that she imagined on the right edge of the O during any length of time. She said it was easier for her to alternately imagine the little black period on the left side of the O than the right side of the O, and when she slid that she could imagine the O was moving, and could remember or imagine it all the time that she kept up this continuous swing, I had her read the Snellen test card as well as she could, which was about half of normal vision. At the time I was impressed with the fact that she had unusually good vision for one who had been wearing such strong glasses for myopia and astigmatism.

She complained that the smaller letters looked gray. I asked her if she could imagine the large letters moving; she said, "The letters that I can see are moving about a quarter of an inch from side to side, but the letters that I do not see appear to be stationary. She also volunteered the information that when she looked at the letters that she could see her eyes were comfortable, but when she looked at the stationary letters that she could not see, she felt a strain—an effort—which made her uncomfortable. I called her attention to the fact that the small letters were just as black as the large letters and, as she was not color blind, she should see them both equally black. If she saw the small letters gray her imagination of the color was imperfect. Then I had her close her eyes and remember or imagine a small letter of diamond type perfectly. I asked her if she could do it easily and she replied, "Yes." "Now, can you remember the same letter imperfectly, all blurred, gray," I asked her. She said, "Yes, but I have to make an effort and I notice that I do not remember it all the time; it gets away from me; it is easier for me to remember it perfectly." "Well," I said, "that being true, why do you go to so much trouble; why do you make such an effort; why do you make yourself so uncomfortable; why do you make it so hard to see those smaller letters imperfectly?" "That seemed to her rather startling that she had to strain and make an effort to have imperfect sight and that when she remembered or saw the letters perfectly she did it easily, without any effort, without any strain. Her sight was very much improved by resting her eyes and by imagining the letters moving and by alternately closing her eyes and remembering the letters blacker than she saw them. It was very interesting to see how much her vision improved at the first visit. She demonstrated central fixation without much trouble. When she regarded the upper right-hand corner of the large letter on the Snellen test card she could imagine that she saw it best. If she shifted to the bottom she could see the bottom best and the top worst and could demonstrate by practising central fixation her vision was imperfect. She said it seemed to her as though the sun came out from behind a cloud and made everything clearer when she practised central fixation. I called her attention to the white center of a large letter O and had her look at it about a foot from her eyes. She said that the white center looked whiter to her than the rest of the card. Then I covered over the black part of the letter with a white card with an opening that showed the center. When the black part of the letter was covered over, the center looked, she said, the same shade of white as the margin of the card. When the whole letter was exposed the center looked much whiter than the rest of the card. I said to her, "You do not see the white center of that letter O whiter than the margin. It is an illusion that you imagine," and after a little talk she soon became convinced that it was true that she did not see the white center whiter than the margin; she only thought, imagined, it so. It was a great help to her in imagining or seeing smaller letters. As she said she could not see the white center of the letter O on the lower lines of the small letters, but she could imagine she did, and when she succeeded her vision was perfect not only for the letter regarded but she was able to distinguish other letters.

For several days she practised the methods which helped her on the first day, and her vision rapidly improved. In fact, she obtained a flash of normal sight on the second day of her treatment. Later these flashes became more frequent, more continuous, until she was able to read with normal sight more continuously. I tested her with a strange card from time to time and was pleased with the results. Her memory and imagination were very unusual. When I pointed to a small letter that she could not distinguish and asked her to imagine one side straight, she said that she could imagine it straight but she could not see it. She could also imagine it curved without being conscious of seeing the letter. Then I said to her, "Which can you do best?" Invariably if it were a round letter she would imagine the left side curved better than she could imagine it straight or open. She could imagine the top, the bottom and the right side curved and knowing what the four different sides were she became able to state what the letter was. In those cases in which all four sides are the same but the letters different, like the letter B, for example and the letter D, both the left side straight, top straight, bottom straight and the right side curved, she could imagine the letter correctly. If it were B she could imagine it better than D. If the letter were D she could imagine it better than B, or any other letter.

I recall numerous occasions when she would read a line of letters quite rapidly and miscall one or more letters of the line, and I said to her, "You miscalled two of those letters; which were they?" and she would tell me. "How do you know," I asked her. She answered, "Because I know I miscalled those letters because I did not see them as black or as clear as the letters I read correctly. The miscalled letters were not so black and furthermore they did not have a short, slow and as easy a swing as the letters that I saw correctly."

One day she came to the office and told me that she woke up in the morning with a severe cold in her nose and after she had palmed, as she usually did before she got out of bed, the cold left her, and when she got up and dressed it was all gone.

I have seen similar cases in which palming for half an hour had relieved acute cold of the eyes, nose, throat or lungs.

On another occasion she said that she was restless and could not sleep and she said to me, "I could not sleep so I thought I might as well spend the time in palming and the next thing I knew it was morning. Palming enabled me to go to sleep very quickly."

When it came to memory I asked her what was the best thing that she could remember and the most perfectly, and she said, "A white dress with polka dots," and sure enough when she looked at the Snellen test card and remembered that white dress with polka dots her vision became very much improved.

After she had been treated for three days I said to her mother, who was wearing glasses, "Are you willing to do all that you can to help the eyes of your child?" She answered, "Certainly." "Well," I said, "I am going to ask you to do something that may be very difficult for you to do." "Oh," she said, "I don't care what it is, I will do anything." She was wearing glasses at the time, one pair to see at a distance (which she wore constantly) and another pair which she used for reading. "Do you know that the strain that you are under is contagious; that when you wear glasses it requires a strain on your part to squeeze your eyes all out of shape to see with the glasses." She said she had never heard of such a thing before. "Anything you want me to do I will do it," she said. I said, "Take off your glasses and never put them on again." She did this without any argument. I said, "Now practise the same thing that your daughter is practising and you will get better. She started in right at once and I told the daughter to palm and she palmed, and when I told the daughter to imagine the swing she did the same thing. Her child improved her sight by the different methods she practised and the mother tried to keep up with the daughter. It was very interesting to watch them. The girl would say, "I saw it first," and the mother would say, "Well, next time I will see it first"

During the week they were here each one was trying to out-do the other. The mother was cured in about the same time as the daughter. Her vision without glasses became normal and she became able to read without glasses and to read with a great deal more comfort than she ever had when she wore glasses. I am quite sure that the cure of the mother's eyes was of great benefit to the sight of

her daughter.

The interesting feature of the treatment of this young girl was that her progress was continuous and she had no relapse. It was remarkable that she obtained normal sight and was able to maintain it after so short a treatment as one week. It was still more interesting to find the mother cured in as short time as was the daughter. They had to leave town and were quite willing to practice with the Snellen test card as long as I said it was necessary. I heard from them occasionally and then they stopped writing. One day, about a year later, I was pleased to have a visit from the mother who stopped in my office to tell me that both she and her daughter had continued to have normal sight without glasses and that they had done nothing whatever the last six months to improve their sight by way of practising. The Snellen test card was lost and they had not taken the trouble to find it. Both of them did not know that they had eyes. Both of them read many hours a day; both of them read by artificial light; both of them used their eyes for reading while riding on railroad trains and as far as they could tell and their friends could judge, both of them had eyes as good as any one could wish. I believe the good results obtained were entirely due to the enthusiasm of them both. I wish all my patients could be cured as quickly.

STORIES FROM THE CLINIC

THREE CASES

By Emily C. Lierman

IMPERFECT sight is contagious. Perfect sight is also contagious. When I am treating a patient who is suffering from eye strain I must swing or palm occasionally just the same as the patient does, otherwise I begin to strain unconsciously, which makes it difficult for me to benefit the patient. Not always does the patient affect me in this way because all patients are not alike. When patients are agreeable and do what I tell them to do I can improve their sight much quicker. This thrills the patient as well as it does me. The patient becomes more and more relaxed and so do I. In the clinic where so many poor souls come for relief, not knowing what can be done for them, we find many trying cases very hard to handle. Not long ago a friend asked me what I meant by imperfect sight being contagious. I invited her to the clinic to observe the cases as they were being treated. Among other patients was an old-fashioned woman about 60 years of age who had progressive myopia. She was so near-sighted that even with her glasses on she bumped into everything in the room as she walked. Her vision with glasses on was 5/200. With them off she could not see me or the test card at 5 feet, I removed her glasses and she complained of being dizzy so I taught her how to palm. I asked her to remember her name while she had her eyes covered and she said she couldn't. I asked her if she could remember her hat or her dress and she said, "Yes, but only for a second." After that she said there were colored lights and objects which appeared to be floating spots before her eyes. I told her to remove her hands from her eyes and to look at the large letter on the top of the test card which I held six inches from her eyes. She saw it but it was blurred. I told her to open and close her eyes alternately and look at the large letter again. This time she saw the letter clearly. Then I pointed to the 100 line letter below and she could not see anything. Instead of looking directly where I was pointing she looked to one side, about eight inches or so. The poor thing was willing enough to do as she was told but she had been doing the wrong thing for so long that it was hard for me to make her do the right thing. My friend who was sitting quite near whispered in my ear, "Now, I know what you mean by imperfect sight being contagious; I feel nervous and strained watching this case. How do you stand it, anyway?" My friend has perfect sight but just to prove that I was right I looked at her with the retinoscope and found that she was near-sighted. I proved this to her by testing her sight with the test card. This frightened her but after she had palmed her eyes for a few minutes she was relieved of her eye strain and her vision became normal. She proved this herself by reading 15/10 with the test card. The near-sighted woman has been to see us regularly and on her sixth visit to the clinic she reads the test card 15/200 with each eye and she can also read some words of very fine print (diamond type), six inches from her eyes by moving the card slowly from side to side and alternately closing and opening her eyes.

A young German woman came to me not long ago, eager to ask questions. She was imported from Germany only one year ago so her English was anything but perfect. She has had tear duct trouble for some time and she wanted very much to know if Dr. Bates could cure her without an operation. Now this was the conversation between us:

"Mrs. Lierman: What you call dat enyhow? My eyes is running all der time. Der vorter runs on der face instead of inside. Pebles always say to me, 'What you cry for all der time?' Maybe sometime ven I cry I wouldn't haf no vorter left. Tree times in Germany I wus by der doctor and he say uperation. I say no. Vat you call dat enyway? I go by anoder doctor and he did vun operation vot is no good. He hurt me someding awful but der vorter is running yet."

I told her that she had trouble with her tear duct and that Dr. Bates could easily cure her by palming and swinging. When the strain was relieved the tear duct trouble would cease. She was told to call for other treatment if the palming and swinging did not help her. Evidently palming and swinging has helped her for we have not seen her since.

A few days ago a big negro, six feet tall, came into the room very quietly and sat in a corner with his head down. One could see that he was trying to hide the right side of his face. When I came close to him I found that he had a very good reason for doing so. There was a big cut over the eyebrow which had been stitched up by one of the house surgeons the night before. Perhaps some of our readers do not like to have me write about these things but we do have to meet all kinds of people and all kinds of cases and we must not be afraid. I knew that this huge bulk of dark humanity had been in a fight, so I was very cautious as I approached him. There was a great deal of kindness shining out of his good eye as he looked at me. I said, "Poor fellow, how did this happen, anyway?" In a kindly but very unsteady voice he answered, "Well, mam, Ah was in a fight. You see Ah had too much hooch." He really did not need to tell me he had been drinking; I could smell it. So could everybody else in the room. I would never have had the nerve to approach him anywhere else but the clinic, for he would have scared me most to death if I chanced to meet him in the street. Dr. Bates looked at his bad eye, or I should say where the eye ought to be, and after the man had palmed his eyes for a little while the eyelid opened. He was a very happy individual when he learned that his sight was not destroyed. As the man left the room I tried to say something encouraging to him and his answer was this: "Now, mam, done you worry 'bout me; you oughter see de other feller; he's in de hospital; yes, mam."

THE BETTER EYESIGHT LEAGUE

THE Better Eyesight League was organized for the purpose of benefitting the vision of its members. Each one was supposed to practise improving their vision every day without glasses. After their vision became normal it was expected of them that they would help one or more persons every day.

It is a well-known fact to educators that the teacher usually learns more than the pupil. The members of the Better Eyesight League are expected to do all they can for the prevention of imperfect sight.

A large field is the schools. Imperfect sight in school children is very great. The number is not becoming less, rather it is growing. The only thing that organized medicine can recommend is glasses and glasses for school children are very objectionable, just as they are objectionable to older people.

Every teacher who has practised our method for the prevention of imperfect sight in school children has evidence that the method always improves the sight of school children, but more than that, it improves their mental efficiency. Children should practise my method for the benefit of their eyesight. Not only do they see better, but their memory, their imagination, their judgment are improved.

It has benefitted many children who were in the habit of staying out of school. It has done much for children who were mischievous or hard to control. Many stories can be told of how individuals have been relieved of headaches and pain and dislike for school by practising with the Snellen test card or by following out the directions given in the August number of each year of Better Eyesight. Every family with children, every family without children, should have a Snellen test card and practise reading it for the benefit and cure of imperfect sight. All persons over 40 years of age have trouble with their eyes and usually require glasses for reading. The use of the Snellen test card is a cure for adults as well as children. Of course the more chronic cases and the older the patient, other things being equal, the more time is required; but I have never seen a case yet but that the use of the Snellen test card has been of benefit. One should expect to practise reading the Snellen test card for weeks, months and years, whether sight is good or bad. If the sight is good the use of the Snellen test card would improve it even more and benefit the general nervous system to a very large extent, and it acts as a preventative of imperfect sight in middle life or older. It does not take much time and the benefits that are obtained from it are so great that I cannot urge too strongly all persons in all walks of life, young and old, to read the Snellen test card once a day.

I sincerely hope that the members of the League will keep this in mind and be guided accordingly.

The November meeting of the Better Eyesight League will be held at 300 Madison Avenue, New York City, corner 41st Street, at 8 p. m., November 14th. 1922.

QUESTIONS AND ANSWERS

If I improve the vision of the poor eye will there not be a confusion of images?

Ans. Not necessarily.

Is it possible to cure a three year old child of squint without an operation?

Ans. Yes. I have had many such cases that were cured by my method of treatment.

Previous Issue

TTMTMTMTM"æPxt Issue

TTMTMTMTM•W To Contents Page