August 1919

Better Eyesight

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

August, 1919

How to Use the Snellen Test Card
FOR THE
Prevention and Cure of Imperfect Sight in Children

The Snellen Test Card is placed permanently upon the wall of the classroom, and every day the children silently read the smallest letters they can see from their seats with each eye separately, the other being covered with the palm of the hand in such a way as to avoid pressure on the eyeball. This takes no appreciable amount of time, and is sufficient to improve the sight of all children in one week and to cure all errors of refraction after some months, a year, or longer.
Children with markedly defective vision should be encouraged to read the card more frequently.
Records may be kept as follows:
John Smith, 10, Sept. 15,
1918.
R. V. (vision of the right eye) 20/40.
L. V. (vision of the left, eye) 20/20.
John Smith, 11, Jan. 1, 1919.
R. V. 20/30.
L. V. 20/15.
The numerator of the fraction indicates the distance of the test card from the pupil; the denominator denotes the line read, as designated by the figures printed above the middle of each line of the Snellen Test Card.
A certain amount of supervision is absolutely necessary. At least once a year some one who understands the method should visit each classroom for the purpose of answering questions, encouraging the teachers to continue the use of the method, and making a report to the proper authorities.
It is not necessary that either the inspector, the teachers, or the children, should understand anything about the physiology of the eye.

A HOUSE BUILT ON SAND

That the results of the present method of treating defects of vision are far from satisfactory is something which no one would attempt to deny. It is well known that many patients wander from one specialist to another, seeking vainly for relief, while others give up in despair and either bear their visual ills as best they may without assistance, or else resort to Christian Science, mental science, osteopathy, physical culture, or some of the other healing cults to which the incompetence of orthodox medicine has given birth. The specialists themselves, having daily to handle each other's failures, are scarcely better satisfied. Privately they criticize each other with great asperity and freedom, and publicly they indulge in much speculation as to the underlying causes of this deplorable state of affairs.

At the recent meeting of the Ophthalmological Section of the American Medical Association, Dr. E. J. Gardiner, of Chicago, in a paper on The Present Status of Refraction Work,1 finds that ignorance is responsible for the largest quota of failure to get satisfactory results from what he calls the "rich heritage" of ophthalmic science, but that a considerable percentage must be attributed to other causes. Among these causes he enumerates a too great dependence on measuring devices, the delegation of refraction work to assistants, and the tendency to eliminate cycloplegics, in deference to the prejudices of patients who have a natural objection to being incapacitated by "drops."

On the same occasion, Dr. Samuel Theobald, of Johns Hopkins University, noted a tendency to "minimize the importance of muscular anomalies" as an important cause of many failures to give relief to eye patients. Among cases that have come into his hands after glasses had been prescribed by other ophthalmologists he has often found that "though great pains had been taken to correct even minor faults of refraction, grave muscular errors had been entirely overlooked." From this fact and from the small number of latent muscular defects noted in the hospital reports which he has examined, the conclusion seems to him inevitable that such faults are in large measure ignored.

Dr. Walter Pyle, of Philadelphia, laid stress on "necessary but often neglected refinements in examination of ocular refraction." "Long practice, infinite care and attention to finer details," he said, "are imperative requisites, since a slight fault in the correction of a refractive error aggravates rather than relieves the accompanying asthenopic symptoms." This case, he says, must be exercised not only by the oculist but by the optician, and to the end that the latter may be inspired to do his part, he suggests that the oculist provide himself with the means for keeping tabs on him in the form of a mechanical lens measure, axis finder and centering machine.

Dr. Charles Emerson, of the Indiana University School of Medicine, suggested a closer co-operation between the ophthalmologist and the physician, as there were many patients who could not be helped by the ophthalmologist alone.

The fitting of glasses by opticians is usually condemned without qualification, but in the discussion which followed these papers, Dr. Dunbar Roy, of Atlanta, said that the optician, just because he does not use cycloplegics, frequently fits patients with comfortable glasses where the ophthalmologist has failed. When a patient needs glasses, said Dr. Roy, he needs them when his eyes are in their natural or normal condition and not when the muscle of accommodation is partially paralyzed. Even the heavy frames used in the adjustment of trial lenses were not forgotten in the search for possible causes of failure, Dr. Roy believing that the patient is often so annoyed by these contrivances that he does not know which is causing him the most discomfort, the frames or the glasses.

Nowhere in the whole discussion was there any suggestion that this great mass of acknowledged failure could possibly be due to any defect in fundamental principles. These are a "rich heritage," the usefulness of which is not to be questioned. If they do not produce satisfactory results, it must be due to their faulty application, and it is taken for granted that there are a select few who understand and are willing to take the trouble to use them properly.

The simple fact, however, is that the fitting of glasses can never be satisfactory. The refraction of the eye is continually changing.2 Myopia, hypermetropia and astigmatism come and go, diminish and increase, and the same adjustment of glasses cannot suit the affected eyes at all times. One may be able, in many cases, to make the patient comfortable, to improve his sight, or to relieve nervous symptoms; but there will always be a considerable number of persons who get little or no help from glasses, while practically everyone who wears them is more or less dissatisfied. The optician may succeed in making what is considered to be a satisfactory adjustment, and the most eminent ophthalmologist may fail. I personally know of one specialist, a man of international reputation, who fitted a patient sixty times with glasses without affording him the slightest relief.

And even when the glasses do what is expected of them they do very little. Considering the nature of the superstructure built on the foundation of Donders, and the excellent work being done by leading men, Dr. Gardiner thinks the present status of refraction work might be deemed eminently satisfactory if it were not for the great amount of bad and careless work being done; but I do not consider it satisfactory when all we can do for people with imperfect sight is to give them eye crutches that do not even check the progress of the trouble, when the only help we can offer to the millions of myopic and hypermetropic and astigmatic and squinting children in our schools is to put spectacles on them. If this is the best that ophthalmology can do after building for three-quarters of a century upon the foundation of Donders, is it not time that we began to examine that foundation of which Dr. Gardiner boasts that "not one stone has been removed"? Instead of seeking the cause of our failure to accomplish even the little we claim to be able to do in the ignorance and carelessness of the average practitioner, great as that ignorance and carelessness often are, in the neglect of cycloplegics and the refinements of lens adjustment; in the failure to detect latent muscular anomalies; in the absence of co-operation between specialist and general practitioner; would it not be wiser to examine the foundation of our superstructure and see whether it is of stone or of sand?

THE PREVENTION OF MYOPIA

Methods That Failed

The publication in 1867 by Professor Hermann Cohn of Breslau of a study of the eyes of ten thousand school children first called general attention to the fact that while myopia is seldom found in the pre-school age, the defect increases steadily both in percentage of cases and in degree during the educational period. Professor Cohn's investigations were repeated in all the advanced countries, and his observations, with some difference in percentages, were everywhere confirmed. The conditions were unanimously attributed to the excessive use of the eyes for near work, and as it was impossible to abandon the educational system, attempts were made to minimize the supposed evil effects of the reading, writing and other near work which it demanded. Careful and detailed rules were laid down by various authorities as to the size of type to be used in school books, the length of the lines, their distance apart, the distance at which the book should be held, the amount and arrangement of the light, the construction of the desks, the length of time the eyes might be used without a change of focus, etc. Face rests were even devised to hold the eyes at the prescribed distance from the desk and to prevent stooping, which was supposed to cause congestion of the eyeball and thus to encourage elongation. The German, with characteristic thoroughness, actually used these instruments of torture, Cohn never allowing his children to write without one, "even at the best possible desk."3

The results of these preventive measures were disappointing. Some observers reported a slight decrease in the percentage of myopia in schools in which the prescribed reforms had been made; but on the whole, as Risley has observed in his discussion of the subject in Norris and Oliver's System of Diseases of the Eye, "the injurious effects of the educational process were not noticeably arrested."

"It is a significant, though discouraging fact," he continues, "that the increase, as found by Cohn, both in the percentage and in the degree of myopia, had taken place in those schools where he had especially exerted himself to secure the introduction of hygienic forms, and the same is true of the observations of just, who had examined the eyes of twelve hundred and twenty-nine of the pupils of the two High Schools of Zittau, in both of which the hygienic conditions were all that could be desired. He found, nevertheless, that the excellent arrangements had not in any degree lessened the percentage of increase in myopia. It became necessary, therefore, to look beyond faulty hygienic environments for the cause of the pathological states represented by Myopia."4

With the passage of time further evidence to the same effect has steadily accumulated. In an investigation in London, for instance, in which the schools were carefully selected to reveal any difference that might arise from the various influences, hygienic, social and racial, to which the children were subjected, the proportion of myopia in the best lighted and ventilated school of the group was actually found to be higher than in the one where these conditions were worst.5 It has also been found that there is just as much myopia in schools where little near work is done as in those in which the demands upon the accommodative power of the eye are greatest, while in any case it is only a minority of the children in any school who become myopic, although all may be exposed to practically the same eye conditions. Dr. Adolf Steiger, in his recent book on Spherical Refraction, bears witness, after a comprehensive survey of the whole question, to the "absolutely negative results of school hygiene,"6 and Dr. Stifler-Hagenstein reports7 that in the thousands of cases that have come under his care he has observed no appreciable benefit from any method of treatment at his command.

Facts of this sort have led to a modification of the myopia theory, but have produced no change in methods of myopia prevention. An hereditary tendency toward the development of the defect is now assumed by most authorities; but although no one has ever been able to offer even a plausible explanation for its supposed injuriousness, and though its restriction has been proven over and over again to be useless, near work is still generally held to be a contributing cause and ophthalmologists still go on in the same old way, trying to limit the use of the eyes at the near-point and encourage vision at the distance. It is incomprehensible that men calling themselves scientific, and having had at least a scientific training, can be so foolish. One might excuse a layman for such irrational conduct, but how men of scientific repute who are supposed to write authoritative textbooks can go on year after year copying each other's mistakes and ignoring all facts which are in conflict with them is a thing which reasonable people can hardly be, expected to understand.

In 1912,8 and a good many times since, I published the observation that myopia is always lessened when the subject strains to see at the near point, and always produced in the normal eye when the subject strains (!) see at the distance. These observations are of the greatest practical importance, for if they are correct, they prove our present methods of preventing myopia to be a monumental blunder. Yet no one, so far as I have heard, has taken the trouble to test their accuracy. I challenged the medical profession to produce a single exception to the statements I made in the 1912 publication, and that challenge has stood for seven years, although every member of the Ophthalmological Section of the American Medical Association must have had an opportunity to see it, and anyone who knows how to use a retinoscope could have made the necessary tests in a few minutes. If any did this, they failed to publish the results of their observations, and are, therefore, responsible for the effects of their silence. If they found that I was right and neglected to say so, they are responsible for the fact that the benefits that must ultimately result from this discovery have been delayed, If they found that I was wrong, they are responsible for any harm that may have resulted from their indifference.

THE PREVENTION AND CURE OF MYOPIA AND OTHER ERRORS OF REFRACTION

A Method That Succeeded

You cannot see anything with perfect sight unless you have seen it before. When the eye looks at an unfamiliar object it always strains more or less to see that object, and an error of refraction is always produced. When children look at unfamiliar writing, or figures, on the blackboard, distant maps, diagrams, or pictures, the retinoscope always shows that they are myopic, though their vision may be under other circumstances absolutely normal. The same thing happens when adults look at unfamiliar distant objects. When the eye regards a familiar object, however, the affect is quite otherwise. Not only can it be regarded without strain, but the strain of looking later at unfamiliar objects is lessened.
This fact furnishes us with a means of overcoming the mental strain to which children are subjected by the modern educational system. It is impossible to see anything perfectly when the mind is under a strain, and if children become able to relax when looking at familiar objects, they become able, sometimes in an incredibly brief space of time, to maintain their relaxation when looking at unfamiliar objects.

I discovered this fact while examining the eyes of 1,500 school children at Grand Forks, N. D., in 1913.9 In many cases children who could not read all of the letters on the Snellen test card at the first test read them at the second or third test. After a class had been examined the children who had failed would sometimes ask for a second test, and then it often happened that they would read the whole card with perfect vision. So frequent. were these occurrences that there was no escaping the conclusion that in some way the vision was improved by reading the Snellen test card. In one class I found a boy who at first appeared to be very myopic, but who, after a little encouragement, read all the letters on the test card. The teacher asked me about this boy's vision, because she had found him to be very "near-sighted." When I said that his vision was normal she was incredulous, and suggested that he might have learned the letters by heart, or been prompted by another pupil. He was unable to read the writing or figures on the blackboard, she said, or to see the maps, charts, and diagrams on the walls, and did not recognize people across the street. She asked me to test his sight again, which I did, very carefully, under her supervision, the sources of error which she had suggested being eliminated. Again the boy read all the letters on the card. Then the teacher tested his sight. She wrote some words and figures on the blackboard and asked him to read them. He did so correctly. Then she wrote additional words and figures, which he read equally well. Finally she asked him to tell the hour by the clock twenty-five feet distant, which he did correctly. It was a dramatic situation, both the teacher and the children being intensely interested. Three other cases in the class were similar, their vision, which had previously been very defective for distant objects, becoming normal in the few moments devoted to testing their eyes. It is not surprising that after such a demonstration the teacher asked to have a Snellen test card placed permanently in the room. 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 on 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.

In another class of forty children, between six and eight, thirty of the pupils gained normal vision while their eyes acre being tested. The remainder were cured later under the supervision of the teacher by exercises in distant vision with the Snellen card. This teacher had noted every year for fifteen years that at the opening of the school in the fall all the children could see the writing on the blackboard from their seats, but before school closed the, following spring all of them without exception complained that they could not see it at a distance of more than ten feet. After learning of the benefits to be derived from the daily practice of distant vision with familiar objects as the points of fixation, this teacher kept a Snellen test card continually in her classroom and directed the children to read it every day. The result was that for eight years no more of the children under her care acquired defective eyesight.

This teacher had attributed the invariable deterioration in the eyesight of her charges during the school year to the fact that her classroom was in the basement and the light poor. But teachers with well-lighted classrooms had the same experience, and after the Snellen test card was introduced into both the well-lighted and the poorly lighted rooms, and the children read it every day, the deterioration of their eyesight not only ceased, but the vision of all improved. Vision which had been below normal improved, in most cases, to normal, while children who already had normal sight, usually reckoned at 20/20, became able to read 20/15 or 20/10. And not only was myopia cured, but the vision for near objects was improved.

At the request of the superintendent of the schools of Grand Forks, Mr. J. Nelson Kelly, the system was introduced into all the schools of the city and was used continuously for eight years, during which time it reduced myopia among the children, which I found at the beginning to be about six per cent, to less than one per cent.

In 1911 and 1912 the same system was introduced into some of the schools of New York City10 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. Some of these children, as in the case of the children of Grand Forks, were cured in a few minutes. Many of the teachers were also cured, some of them very quickly. In some cases the results of the system were so astonishing as to be scarcely credible.

In a class of mental defectives, where the teacher had kept records of the eyesight of the children for several years, it had been invariably found that their vision grew steadily worse as the term advanced. As soon as the Snellen test card had been introduced, however, they began to improve. Then came a doctor from the Board of Health who tested the eyes of the children and put glasses on all of them, even those whose sight was fairly good. The use of the card was then discontinued, as the teacher did not consider it proper to interfere while the children were wearing glasses prescribed by a physician. Very soon, however, the children began to lose, break, or discard, their glasses. Some said that the spectacles gave them headaches, or that they felt better without them. In the course of a month or so most of the aids to vision which the Board of Health had supplied had disappeared. The teacher then felt herself at liberty to resume the use of the Snellen test card. Its benefits were immediate. The eyesight and the mentality of the children improved simultaneously, and soon they were all drafted into the regular classes, because it was found that they were making the same progress in their studies as the other children were.

Another teacher reported an equally interesting experience. She had a class of children who did not fit into the other grades. Many of them were backward in their studies. Some were persistent truants. All of them had defective eyesight. A Snellen test card was hung in the classroom where all the children could see it, and the teacher carried out my instructions literally. At the end of six months all but two had been cured and these had improved very much, while the worst incorrigible and the worst truant had become good students. The incorrigible, who had previously refused to study, because, he said, it gave him a headache to look at a book, or at the blackboard, found out that the test card, in some way, did him a lot of good; and although the teacher had asked him to read it but once a day, he read it whenever he felt uncomfortable. The result was that in a few weeks his vision had become normal and his objection to study had disappeared. The truant had been in the habit of remaining away from school two or three days every week, and neither his parents nor the truant officer had been able to do anything about it. To the great surprise of his teacher he never missed a day after having begun to read the Snellen test card. When she asked for an explanation he told her that what had driven him away from school was the pain that came in his eyes whenever he tried to study, or to read the writing on the blackboard. After reading the Snellen test card, he said, his eyes and head were rested and he was able to read without any discomfort.

To remove any doubts that might arise as to the cause of the improvement noted in the eyesight of the children comparative tests were made with and without cards. In one case six pupils with defective sight were examined daily for one week without the use of the test card. No improvement took place. The card was then restored to its place and the group was instructed to read it every day. At the end of a week all had improved and five were cured. In the case of another group of defectives the results were similar. During the week that the card was not used no improvement was noted, but after a week of exercises in distant vision with the card all showed marked improvement, and at the end of a month all were cured. In order that there might be no question as to the reliability of the records of the teachers some of the principals asked the Board of Health to send an inspector to test the vision of the pupils, and whenever this was done the records were found to be correct.

One day I visited the city of Rochester, and while there I called on the Superintendent of Public Schools and told him about my method of preventing myopia. He was very much interested and invited me to introduce it in one of his schools. I did so, and at the end of three months a report was sent to me showing that the vision of all the children had improved, while quite a number of them had obtained perfect sight in both eyes.

The method has been used in a number of other cities and always with the same result. The vision of all the children improved, and many of them obtained perfect sight in the course of a few minutes, days, weeks or months.

It is difficult to prove a negative proposition, but since this system improved the vision of all the children who used it, it follows that none could have grown worse. It is therefore obvious that it must have prevented myopia. This cannot be said of any method of preventing myopia in schools which had previously been tried. All other methods are based on the idea that it is the excessive use of the eyes for near work that causes myopia, and all of them have admittedly failed.

It is also obvious that the method must have prevented other errors of refraction, a problem which previously had not even been seriously considered, because hypermetropia is supposed to be congenital, and astigmatism was until recently supposed also to be congenital in the great majority of cases. Anyone who knows how to use a retinoscope may, however, demonstrate in a few minutes that both of these conditions are acquired; for no matter how astigmatic or hypermetropic an eye may be, in vision always becomes normal when it looks at a blank surface without trying to see. It may also be demonstrated that when children are learning to read, write, draw, sew, or to do anything else that necessitates their looking at unfamiliar objects at the near-point, hypermetropia, or hypermetropic astigmatism, is always produced. The same is true of adults. These facts have not been reported before, so far as I am aware, and they strongly suggest that children need, first of all, eye-education. They must be able to look at strange letters or objects at the near-point without strain before they can make much progress in their studies, and in every case in which the method has been tried it has proven that this end is attained by daily exercise in distant vision with the Snellen test card. When their distant vision has been improved by this means children invariably become able to use their eyes without strain at the nearpoint.

The method succeeded best when the teacher did not wear glasses. In fact, the effect upon the children of a teacher who wears glasses is so detrimental that no such person should be allowed to be a teacher, and since errors of refraction are curable, such a ruling would work no hardship on anyone. Not only do children imitate the visual habits of a teacher who wears glasses, but the nervous strain of which the defective sight is an expression produces in them a similar condition. In classes of the same grade, with the same lighting, the sight of children whose teachers did not wear glasses has always been found to be better than the sight of children whose teachers did wear them. In one case I tested the sight of children whose teacher wore glasses and found it very imperfect. The teacher went out of the room on an errand, and after she had gone I tested them again. The results were very much better. When the teacher returned she asked about the sight of a particular boy, a very nervous child, and as I was proceeding to test him she stood behind him and said, "Now, when the doctor tells you to read the card, do it." The boy couldn't see anything. Then she went behind him, and the effect was the same as if she had left the room. The boy read the whole card.

Still better results would be obtained if we could reorganize the educational system on a rational basis. Then we might expect a general return of that primitive acuity of vision which we marvel at so greatly when we read about it in the memoirs of travellers. But even under existing conditions it has been proven beyond the shadow of a doubt that errors of refraction are no necessary part of the price we must pay for education.

There are at least ten million children in the schools of the United States who have defective sight. This condition prevents them from taking full advantage of the educational opportunities which the State provides. It undermines their health and wastes the taxpayers' money. If allowed to continue, it will be an expense and a handicap to them throughout their lives. In many cases it will be a source of continual misery and suffering. And yet practically all of these cases could be cured and the development of new ones prevented by the daily reading of the Snellen test card.

Why should our children be compelled to suffer and wear glasses for want of this simple measure of relief ? It costs practically nothing. In fact, it would not be necessary, in some cases, as in the schools of New York City, even to purchase the Snellen test cards, as they are already being used to test the eyes of the children. Not only does it place practically no additional burden upon the teachers, but, by improving the eyesight, health, disposition and mentality of their pupils, it greatly lightens their labors. No one would venture to suggest, further, that it could possibly do any harm. Why, then, should there be any delay about introducing it into the schools? If there is still thought to be need for further investigation and discussion, we can investigate and discuss just as well after the children get the cards as before, and by adopting that course we will not run the risk of needlessly condemning another generation to that curse which heretofore has always dogged the footsteps of civilization, namely, defective eyesight. I appeal to all who read these lines to use whatever influence they possess toward the attainment of this end.

THE STORY OF EMILY

The efficacy of the method of treating imperfect sight without glasses has been demonstrated in thousands of cases. not only in my own practice but in that of many persons of whom I may not even have hard; for almost all patients when they are cured proceed to cure others. At a social gathering one evening a lady told me that she had met a number of my patients; but when she mentioned their names, I found that I did not remember any of them, and said so.
"That is because you cured them by proxy," she said. "You didn't directly cure Mrs. Jones or Mrs. Brown, but you cured Mrs. Smith and Mrs. Smith cured the other ladies. You didn't treat Mr. and Mrs. Simpkins, or Mr. Simpkins' mother and brother, but you may remember that you cured Mr. Simpkins' boy of a squint, and he cured the rest of the family."
In schools where the Snellen test card was used to prevent and cure imperfect sight, the children, after they were cured themselves, often took to the practice of ophthalmology with the greatest enthusiasm and success, curing their fellow students, their parents and their friends. They made a kind of game of the treatment, and the progress of each school case was watched with the most intense interest by all the children. On a bright day, when the patients saw well, there was great rejoicing, and on a dark day there was corresponding depression. One girl cured twenty-six children in six months; another cured twelve in three months; a third developed quite a varied ophthalmological practice and did things of which older and more experienced practitioners might well have been proud. Going to the school which she attended one day, I asked this girl about her sight, which had been very imperfect. She replied that it was now very good, and that her headaches were quite gone. I tested her sight and found it normal. Then another child whose sight had also been very poor spoke up.
"I can see all right too," she said. "Emily"—indicating girl No. 1—"cured me."
"Indeed!" I replied. "How did she do that?"
The second girl explained that Emily had had her read the card, which she could not see at all from the back of the room, at a distance of a few feet. The next day she had moved it a little farther way, and so on, until the patient was able to read it from th back of the room, just as the other children did. Emily now told her to cover the right eye and read the card with her left, and both girls were considerably upset to find that the uncovered eye was apparently blind. The school doctor was consulted and said that nothing could be done. The eye had been blind from birth and no treatment would do any good.
Nothing daunted, however, Emily undertook the treatment. She told the patient to cover her good eye and go up close to the card, and at a distance of a foot or less it was found that she could read even the small letters. The little practitioner then proceeded confidently as with the other eye, and after many months of practice the patient became the happy possessor of normal vision in both eyes. The case had, in fact, been simply one of high myopia, and the school doctor, not being a specialist, had not detected the difference between this condition and blindness.
In the same classroom, there had been a little girl with congenital cataract, but on the occasion of my visit the defect had disappeared. This, too, it appeared, was Emily's doing. The school doctor had said that there was no help for this eye except through operation, and as the sight of the other eye was pretty good, he fortunately did not think it necessary to urge such a course. Emily accordingly took the matter in hand. She had the patient stand close to the card, and at that distance it was found that she could not see even the big C. Emily now held the card between the patient and the light and moved it back and forth. At a distance of three or four feet this movement could be observed indistinctly by the patient. The card was then moved farther away, until the patient became able to see it move at ten feet and to see some of the larger letters indistinctly at a less distance. Finally, after six months, she became able to read the card with the bad eye as well as with the good one. After testing her sight and finding it normal in both eyes, I said to Emily
"You are a splendid doctor. You beat them all. Have you done anything else?"
The child blushed, and turning to another of her classmates, said:
"Mamie, come here."
Mamie stepped forward and I looked at her eyes. There appeared to be nothing wrong with them.
"I cured her," said Emily. "What of?" I inquired. "Cross eyes," replied Emily. "How,"I asked, with growing astonishment.
Emily described a procedure very similar to that adopted in the other cases. Finding that the sight of the crossed eye was very poor, so much so, indeed, that poor Mamie could see practically nothing with it, the obvious course of action seemed to her to be the restoration of its sight; and, never having read any medical literature she did not know that this was impossible. So she went to it. She had Mamie cover her good eye and practice the bad one at home and at school, until at last the sight became normal and the eye straight. The school doctor had wanted to have the eye operated upon, I was told, but fortunately Mamie was "scared" and would not consent. And here she was with two perfectly good, straight eyes.
"Anything else?" I inquired, when Mamie's case had been disposed of. Emily blushed again, and said: "Here's Rose. Her eyes used to hurt her all the time, and she couldn't see anything on the blackboard. Her headaches used to be so bad that she had to stay away from school every once in a while. The doctor gave her glasses; but they didn't help her, and she wouldn't wear them. When you told us the card would help our eyes I got busy with her. I had her read the card close up, and then I moved it farther away, and now she can see all right, and her head doesn't ache any more. She comes to school every day, and we all thank you very much."
This was a case of compound hypermetropic astigmatism. Such stories might be multiplied indefinitely. Emily's astonishing record cannot, it is true, be duplicated, but lesser cures by cured patients have been very numerous and serve to show that the benefits of the method of preventing and curing defects of vision in the schools which is presented in this number of Better Eyesight would be far-reaching. Not only errors of refraction would be cured, but many more serious defects; and not only the children would be helped, but their families and friends also.

1. For reports of all the papers quoted, see Jour. Am. Med. Assn, June 21, 1919.
2. Bates: The Imperfect Sight of the Normal Eye, N. Y. Med. Jour., Sept. 8, 1917 [link].
3. The Hygiene of the Eye in Schools, English translation, edited by Turnbull, p. 127.
4. System of Diseases of the Eye, 1897. Vol. II, p. 361.
5. Brit. Med. Jour., June 18, 1898.
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Previous Issue
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