February 1927

Better Eyesight

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

February, 1927

Demonstrate

DIZZINESS is caused by eyestrain. Some people when standing on the roof of a house looking down, strain their eyes and become dizzy. ssnlly the dizziness is produced unconsciously. It can be produced consciously, however, by straing or straining to see some distant or near object.

Other people, when riding in an elevator, become dizzy and stay suffer from attacks of imper-fect sight with headache, nausea, and other nervous discomforts.

An old lady, aged sixty, told me that riding in an elevator always made her dizzy, and produced headaches with pain in her eyes and head I tested her vision and found it to be normal both for distance and for reading without glasses. To obtain some facts, I rode in an elevator with her from the top to the bottom of the building and back again. I watched her eyes closely and found that she was staring at the floors which appeared to be moving opposite to the movement of the elevator.

I asked her why she stared at the floors which appeared to be moving by. She answered that she did not like to see them move, and was trying to correct the illusion by making an effort to keep them stationary. She said the harder she tried, the worse she felt. I suggested that she look at one part of the elevator and avoid looking at the floors. Her discomfort was at once relieved, and she was soon cured.

In all uses of dizziness, the strain or strain is always evident. When the stare or strain is relieved or prevented, dizziness does not occur. With advancing years attacks of dizziness and blindness occur more frequently than in younger individuals All attacks of dizziness with blindness are quite readily cured by. practicing the imagination of the swing, the memory of perfect eight, or by palming.

Squint

By W. H. Bates, M.D.

SQUINT is a condition of the eyes in which both eyes do not regard one point at the same time. It is very common, and more prevalent among chil-dren than adults. Many cases improve with advancing years, while others may become worse. Squint may occur at the same time with myopia, astigmatism, or hyperme-tropia, or with any disease of the inside of the eye.

Symptoms

In squint, one eye does not look in the same direction as the other. For eample, the left eye may look straight at the Snellen tell card with normal vision, while the right eye may turn in toward the nose, and have imperfect sight. The squint is variable in some cases. At times it may be less or disappear altogether, while at other times it say be more pronounced. In some cases of squint, the patient is conscious of the strain. When the eyes turn in, he may be conscious that his eyes are not straight. When the eyes are nearly straight, he is usually able to realize that the eyes are not so strained.

Cause

The cause of squint in all cases is due to strain. When the eyes are under one kind of strain, they may turn in, and with a different strain, they may turn out, or one eye may be higher than the other, all caused by strain. The relief or cure of one kind of strain relieves or cures all forms of strain. Squint in any form is always benefited by rest.

Rest

The best treatment for squint is mental rest. Many patients with squint suffer very much from eyestrain. By closing the eyes and resting them, or by palming for a few minutes or longer, about ten times a day, most of these cases are cured without other treatment.

Patch

In many cases, the squinting eye has imperfect sight. When the eyes are examined with the ophthalmoscope, no change can usually be discovered in the retina. Such cases have what is called "amblyopia ex anopsia." Some cases are benefited by wearing a patch over the good eye, so that the patient is compelled to we the squinting eye for vision. After several weeks or months, the vision of the squinting eye may become normal by constantly wearing a patch over the good eye. Many cases of squint are cured in this way.

Swinging

The strain, from which so many of these patients suffer, is benefited by the swing. Almost all squint cases can be taught to imagine, while the good eye is covered, that stationary objects are moving. In cases where the swing of stationary objects is not readily accomplished, any of the following methods may be effective:

1. The forefinger is held about six inches in front of the face, and a short distance to one side. By looking straight ahead and moving the head from side to side, the finger appears to move. This movement of the finger is greater than the movement of objects at the distance, but, by practice, patients become able to imagine not only the finger to be moving, but also distant objects as well.

2. The patient may stand about two feet to one side of a table on which an open book is placed. When he steps one or two paces forward, the book and the table appear to move backward. When he takes two or more steps backward, the table and the book appear to move forward

3. The patient stands in front of a window and looks ot the distant houses. By swaying his body from side to side, the window, the curtains, or the curtain cord may be imagined to be moving from side to side, in the opposite direction to the movement of his body, and the more distant objects appear to move in the same direction that he moves his head and eyes.

4. The patient stands ten feet or less from the Snellen test card and looks to the right side of the room, five feet or more from the card. When he looks to the right, the card is always to the left of where he is looking. When he looks to the left side of the room, the card is to the right of where he is looking. By alternately looking from one side of the card to the other, the patient becomes able to imagine that when he looks to the right, every-thing in the room moves to the left. When he looks to the left, everything in the room appears to move to the right. After some practice, he becomes able to imagine that the and is moving in the opposite direction to the movement of his eyes. This movement an be shortened by shortening the movement of the eyes from side to side.

5. When the patient regards the Snellen test card at fifteen feet or nearer, ad looks a few inches to the right of the big "C", the letter is always to the left of where he is looking. When he looks a few inches or further to the left of the "C", it is always to the right of where he is looking. By alternately looking from right to left of the "C", he becomes able to imagine it to be moving in the opposite direction. By shortening the distance between the points regarded, the swing is also shortened. The patient is encouraged to practice this swing with the good eye covered. When the swing is practiced correctly, there is always a benefit to the vision and squint.

Memory

Some patients are very much benefited by being en-couraged to remember the letters on the Snellen test card perfectly, i.e., to remember the black part of the letter perfectly black and the white part perfectly white. When the memory is perfect, it is possible for the imagination to be perfect. This being true, the patient becomes able, by practice, to imagine he sees each and every letter of the Snellen test card, and to imagine them to be moving. The movement of the awing can be stopped by staring at one point of a large or small letter, with the result that the vision is always lowered and the squint becomes worse. When the patient becomes able to imagine known letters perfectly, he is soon able to imagine the letters of a strange card perfectly. When the letters are imagined perfectly, they are seen perfectly. Practice with a familiar card, or with a card whose letters are remembered, is one of the best methods known for curing the imperfect sight of squint and the squint itself.

Central Fixation

Another satisfactory method is to have the patient practice central fixation, or seeing best where he is look-ing, and seeing worse where he is not looking. In pray ticing central fixation, it is necessary for the patient to shift constantly and to blink frequently. To teach a pa-tient central fixation, his attention is called to the fact that when he looks at the top of the card, he can dis-tinguish the large letters, but the letters on the bottom of the card cannot be distinguished. When he looks at the bottom of the card, he seen the small letters where he is looking, better than the large letters on the upper part of the card, where he is not looking.

Eccentric Fixation

Some patients have what is called "eccentric fixation", which is the opposite of "central fixation." Such patients see best where they are not looking. Eccentric fixation can always be demonstrated to be present when the vision is imperfect, or when the squint is manifest. To cure eccentric fixation, it is necessary to demonstrate these facts, and by practicing with the small letters, the results are usually good. The patient is told to look at the first letter on the bottom line of the Snellen test card, which may be read at ten feet or nearer, and have him note that the letters toward the right end of the line are blurred or not seen at all. By alternately shifting from the beginning of the line to the end of the line and back again, the vision is usually improved, because eccentric fixation is lessened by this practice. Sometimes, it is necessary for the instructor to stand behind the card and watch the eyes of the patient, who may look a foot or more away from the letter that he is requested to regard with the squinting eye, while the good eye is covered. He may look a foot above or a foot below, or at some point a foot or more away from the letter which he is asked to regard. The instructor is usually able to tell when the patient is not lookingat the letter desired. The instructor directs the patient to look down when he sees that the patient is looking too far up. The patient is directed to look to the right, when it is observed that he is looking too far to the left, and by watching him closely, the eccentric fixation can be corrected to such an extent that the vision becomes normal and the squint disappears.

Fixing Eye

A great deal has been said about the "fixing eye" in squint, i.e., the eye that looks straight. Sometimes the vision of the squinting eye may be very poor, and one would expect the patient to focus with the eye that has better vision. This is not always the case, because some patients with a high degree of myopia in the left eye will turn the right eye in and look straight with the left eye. These cases are very interesting, no two are exactly alike and one needs to study the individual case in order to obtain the best results.

Imagination

There are some rare cases where the vision is perfect in each eye, and yet the patient will suffer from squint. One may have considerable difficulty in finding the method of treatment which will cure or relieve these uses. One of the best methods is to have the patient practice the imagination cure. The patient can look at a page of a book twenty feet away and not read any of the letters. If the letter "O" in the second loiner of the fourth word and on the 10th line, the vision may not be good enough for the patient to recognize the letter, but he may become able to imagine it. If he imagines that the left side is straight, it makes him uncomfortable and the left side is not imagined perfectly black. If he imagines that the left side is curved, he feels comfortable and the left side appears clearer and blacker. By imagining each of the four sides of the letter "O" perfectly, the imagination of the letter is improved, but if one or more sides are imagined imperfectly, the patient is uncomfortable and the vision or the imagination of the "O" becomes imperfect. Some patients are able to imagine perfectly and are conscious when they imagine imperfectly.

In one case, a girl eleven years of age was able to look for half a minute at diamond type which was placed ten feet away, at a distance where the patient could not distinguish the letters. She then closed her eyes, palmed, and imagined correctly each letter that her mother designated. For example, her mother picked out the capital letter "M", the first letter of the fourth word on the 10th line. While palming with her eyes closed, the patient imagined the left side straight, the right side straight, the top open and the bottom open. I asked her if it could be an "H." She answered that it could, but that she could imagine an "M" better, which was correct. Some patients are able to use their imagination correctly and imagine small letters just as well as capital letters. In order to obtain perfect results, it is necessary that the eyes be perfectly relaxed, and when the eyes are relaxed, all the nerves of the body are also relaxed. Those cases of squint which become able to do this are soon cured. Imagination of crossed images with the eyes closed is characteristic of divergent squint, i.e., squint with the eyes turned out. The patient imagines the crossed images alternately with the eyes open and with the eyes closed. When, by practice, the imagination becomes as good with the eyes open as with the eyes closed, the squint is usually corrected.

Double Vision

After the usual treatment of squint has failed, it is well to teach such cases to see double. When the right eye turns in toward the nose and the left eye is straight, the letter or other object seen by the left or normal eye, is seen straight ahead, while the image seen by the right or squinting eye, i suppressed by an effort and is not seen at all. To teach the patient to see with both eyes at the same time requires much time and patience. When double vision to obtained, the image seen by the right eye is to the right, while the image seen by the left eye is to the left. We say that the images are seen on the same side w the eye which sees them. With the eyes dosed, the patient is taught to imagine a letter, object or a light to be double, each image imagined to be on the same side is the eye with which the patient imagines he sew it. With an effort, the two images may be made to separate to any desired extent. By repeatedly imagining the double images with the eyes closed, the patient becomes able, with the eyes open, to imagine the double images to be separated a few inches or less, a foot apart or farther.

Patients because able ant only to imagine images with the eyes dosed, apparently seen on the same side as the eye which imagines them, but also—and this suggests curative treatment—to imagine crossed images, that is, the right eye image is imagined to the left, while the left eye image is imagined to the right. With one or both eyes turned in, each of the double images is imagined on the same side as the eye which imagines it. When the images are crossed, the convergent squint is over corrected and the eyes turn out.

All this can ar first be accomplished more readily with the eyes closed than with them open. When the patient controls the separation of the images with the eyes open as well as with the eyes closed, the squint is benefited.

Case Reports

I.

A boy, two years of age, had developed squint in his right eye several months before I saw him. He was just beginning to walk. At his first visit, I took hold of his hands and swung him round and round, until his feet were off the floor, and had him look up toward the ceiling. While doing this, his eyes became straight. The father and mother also took turns in swinging the child, and when he looked up into their faces, his eyes were straight. Every day, one or more members of the family would swing the boy around for at least five minutes. A year afterwards, the squint had not returned.

II.

A girl, aged fourteen, had an internal squint of the right eye. The vision of this eye was very poor, and she was unable to count fingers at one foot from that eye. The vision of the left eye was normal. She was encouraged to use her right eye by covering the left with a patch. She did not like the patch, so the lenses were re-moved from their frame, and an opaque glass was placed in the frame for the left eye. The girl was very nervous and wearing the glass gave her continual trouble. Her playmates teased her so much that she deliberately drop ped them in the snow. Her father talked to her and in-sisted that she wear the frame with the opaque glass all the time. When she realized that she must keep the good eye covered until she was cured, her vision immediately began to improve. In less than a week, she became able to read the ten line on the Snellen test card at twenty feet with each eye. She also became able to read fine print with the right eye, just as well as she could with the left. The realization that she would have to wear the glass until she was cured was an incentive for her to practice those methods which improved her sight. When she looked at the Snellen test card at one foot, and remembered that the large letter at the top was a "C", with the aid of her imagination, she became able to see the "C." When she closed her eyes and remembered a better "C", she was able, with her eyes open, to imagine it at a greater distance, three feet. In a short time, her vision improved to 20/200 by alternately remembering a better "C" with her eyes closed, and imagining it as well as she could with her eyes open in flashes. Palming was a help and improved her vision to 20/40. A few days lame, her vision had improved to 20/20 with the aid of the swing.

III.

A young woman, twenty-four years of age, called to see me about her left eye which was causing her more or less pain. The left eye became very much fatigued when she tried to read. Her vision in that eye was 20/40. Her right eye had no perception of life and was turned in. A great many doctors had told the patient that the blindness was hopeless, and that nothing could be done to improve the vision of the right eye.

I had the patient practice the usual relaxation exercises, swinging, palming, etc. The vision of the left eye improved very rapidly, and, much to my surprise, the vision of the right eye also improved. After two weeks, during which the patient had received about six treatments, the vision of both eyes became normal. The right eye which had had no perception of light was sensitive now to a light reflected from the ophthalmoscope into her pupil. The pupil of the right eye always contracted when the light was turned into either eye.

The squint disappeared and she was able to see the same object, with both eyes, at the same time.

Stories from the Clinic:
Case Reports
By Emily C. Lierman

BEFORE knowing about the Bates Method, I did not think it possible that a person of seventy or more years could see without the aid of eye-glasses. After practicing the Bates Method, I discarded the glasses, which I had worn for thirteen years, and I have had good sight ever since.

Dr. Lilian Wentworth, of San Diego, Cal., who is now taking a course in the Bates Method, has brought several interesting facts to my attention. Her grandfather dis-carded glasses at the age of seventy-five, because he could not see with them. Living in the country, it was difficult for him to be fitted with suitable glasses for reading or distant vision. After being without glasses for a few weeks, he would read large print to while away the time. He had in his possession a book of poalms which was printed in rather large type, and he read this print daily to amuse himself. He then started reading the head lines of newspapers. This was very thrilling to him and the knowledge that he could do without his glasses caused him to boast to his friends about it.

Dr. Wentworth believes that we would be much happier if all of us would find something to occupy our minds. She urged her mother to take up glove mending at the age of seventy-five and her mother soon became successful with the work.

At the same time, Dr. Wentworth's mother conceived the idea of leaving off her glasses. She thought that she might become able to see and read without them just as her father had done at that age. An ocuilist had told her ten years previously, that she had incipient cataract of both eyes and that, in time, she would undoubtedly be forced to have the cataract removed by an operation. From the time she began mending gloves until she died, at the age of eighty-two, she did not use glasses again.

An operation had not been necessary because the cataract had either disappeared or become absorbed. That which interests me most in her case, is the fact that in glove mending it is necessary to use the finest silk or cotton thread obtainable. It was necessary for Mrs. Wentworth to make very fine stitches in mending the gloves or she would have failed. At all times her work was satisfactorily done and she was highly praised by those who gave her their work to do. Although she did not use glasses while working or reading, she put them on from time to time to test her ability to see with them. She complained that they did not fit her. In order to test her vision, she tried several times to find someone who could fit her with glasses, but was unsuccessful. She was always informed that there was nothing wrong with her sight.

I told Dr. Wentworth that I believed her mother had actually cured herself of cataract by doing this fine sewing. It is generally believed that fine work causes eyestrain, but it proved a benefit to her sight. Dr. Wentworth's mother enjoyed doing this work in her old age, and enjoying it, did not strain her eyes. I believe she forgot all about her eyes while using a fine needle and in making fine stitches.

Fine sewing is like fine print. If one strains to read fine print, one always fails; so it is with fine sewing. The more effort one makes while reading or sewing, without the aid of glasses or even with glasses, the more trouble one has in sewing. People with whom I have come in contact, who have had trouble with their eyes when reading, sewing or doing any kind of work with their glasses, were always better off without them, even though their vision was not good.

One of my patients, a woman, aged sixty-five, had myopia and cataract. Her vision was 6/50 in both eyes, in other words, she read the letters on the fifty-foot line of a test card, at six feet. Palming seemed more difficult for her to do. Closing her eyes to rest them helped temporarily, but when asked to read the same line of letters that she had just read, after having her eyes dosed for a few minutes, she was unable to see the letters clearly enough to read them. I then realized that I must use an-other method, so I tried shifting. I had her stand with her feet about a foot apart and swing her body to the left, as she looked out of the window off in the distance, then back to the test card, looking only at one letter that I was pointing to and then swinging her body, as she looked out of the window again. Her vision in both eyes improved to the forty line. Shifting quickly from the test card, thus avoiding the stare, helped her to see all the letters clearly on that line. As she was a nervous person, I did not have her keep up this exercise very long. I decided to teach her to swing back and forth, first placing the right foot forward, and swinging her body toward the test card; then after a few moments* of this, she was told to reverse the movement and put the left foot forward. In this way, while seeing things move in the opposite di-rection, she read the thirty line letters, but she did not see them continuously.

She complained of being tired, so I placed her in a chair and gave her a foot stool to rest her feet, as I wanted to be sure that she was comfortable. Then I taught her the thumb movement exercise, i.e., making a small round circle with the thumb on the tip of the fore-finger of her right hand. After she had practiced the thumb movement for a few minutes, I gave her some white thread and a needle with a large eye and asked her to thread it. I told her to imagine one of the letters of the test card perfectly black, as she held the needle and thread in place. She failed to accomplish what I asked her to do. I found I could do nothing more for her at that time, so I instructed her to keep up the thumb movement whenever the read her test card or practiced any other part of the method.

At her next lesson, her vision was 10/30 with both eyes and she saw all the letters clearly. Shifting and swinging helped. She read some of the letters of the twenty line as she looked from the test card to a design on the floor, which she had previously remembered and described to me when her eyes were closed.

She was told to resume the thumb movement exercise and blink as she looked at the twenty line letters. By looking down in her lap at her black dress, then glancing at the tst card while blinking, she read the whole of the twenty line letters, one letter after another without stopping.

At her third lesson, she became able in a few minutes time to thread a needle without any trouble. I placed her in the sun and had her move her head from side to side, allowing the warm sun to shine on her closed eyelids. In less than an hour's time, her vision had improved to 10/10 in flashes.

Questions and Answers

All readers of this magazine are incited 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 mail. Kindly enclose a stamped, addressed envelope.

Question—In practicing the universal swing, beginning with the finger, then the hand, the chair, and so on until one gets to the sky, ought one to hold continuously in mind each object added together with the sky, or just the sky moving with the finger?

Answer—Imagine only one thing at a time moving with your finger.

Question—In Mrs. Lierman's book, "Stories from the Clinic," page 16, suggestion 11, she says: "It is very important that you learn how to imagine stationary objects to be moving without moving your head or body." Is this to be accomplished by a slight conscious movement of the eyes or is it entirely mental?

Answer—This is not accomplished by a conscious movement of the eyes. It is imaginary and mental.

Question—Will relaxation methods alone remove a blood clot from the vitreous humor?

Answer—Yes, provided the patient practices my methods correctly and faithfully.

Question—How is it possible to get sun treatment when there has been no sun for days?

Answer—I should advise you to purchase a 250 or 500 watt electric light and sit in front of it with your eyes closed. It would be well to use the sun swing at this time which is moving the head a short distance from side to side. See the Ques. and Ans. column in October No. Of B. E.

Question—When you suggest new methods do you mean to discontinue with the old?

Answer—Not necessarily, all the methods I recommend have relaxation for their object. It is for the patient to determine which treatment is most beneficial and to continue its practice faithfully. Some patients tire easily when one thing is done continuously. For this reason several are suggested in order to very the practice.

Question—I have been able to improve my vision in one eye but not in the other. Can you give me a reason for this?

Answer—This is caused by imperfect imagination. If you will practice my methods of memory, imagination, blinking and shifting, your other eye will also improve. I suggest that when both eyes together are improved to normal, you wear a patch over the good eye as often as possible and practice until your other eye is also improved to normal.

Question—I am told that I am losing my "central vision." Is it possible to regain what I have already lost or to forestall the loss of the remainder?

Answer—Yes, it is possible by faithful practice of my methods.

Question—What causes my eyes to flash violet sparks and splashes?

Answer—This is caused by a mental strain. Learn to relax and improve your memory and imagination. Palming should help you a great deal.

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