September 1921

Better Eyesight

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

September, 1921

HOW TO IMPROVE THE SIGHT BY MEANS OF THE IMAGINATION: No. 2

In a recent issue directions were given for improving the vision by the aid of the imagination [link]. According to this method the patient ascertains what a letter is by imagining each of the four sides to be straight, curved, or open, and noting the effect of each guess upon the imagined swing of the letter. Another method which has succeeded even better with many patients is to judge the correctness of the guess by observing its effect on the appearance of the letter:

Look at a letter which can be seen only as a gray spot, and imagine the top is straight. If the guess is right, the spot will probably become blacker; if it is wrong, the spot may become fainter or disappear. If no difference is apparent, rest the eyes by looking away, closing, or palming, and try again.

In many cases, when one side has been imagined correctly, the whole letter will come out. If it does not, proceed to imagine the other sides as directed above. If, when all four sides have been imagined correctly a letter does not come out, palm and repeat.

One can even bring out a letter that one cannot see at all in this way. Look at a line of letters which cannot be seen, and imagine the top of the first letter to be straight. If the guess is correct, the line may become apparent, and by continued practice the letter may come out clearly enough to be distinguished.

THE FRECKLE-FACED BOY
By W. H. Bates, M.D.

IN one of the public schools of New York, some years ago, was a boy about ten years old with a very unusual amount of freckles. He had one of those smiles which some care-free boys carry around with them all the time, in all places and under all conditions. His teacher was a very nervous person wearing glasses. Every time she spoke I was annoyed, not so much by what she said as by the disagreeable way in which she said it. As soon as I entered the room she began to find fault with me for introducing my method of curing and preventing imperfect sight in children into the school. Pointing sternly at the freckle-faced boy she said:

"That boy is very nearsighted. He holds his book too close to his eyes. He cannot read the writing on the blackboard. He is all the time looking at the Snellen test card instead of studying his lessons. He talks about it to the other children in the class and he encourages them to practice reading it. He tells them that he feels good when he reads it, makes his eyes feel better, and helps him to learn his lessons. He is impertinent because he persists listuerely in advising me, his teacher, to practice reading those fool letters which do not even spell a word and have no meaning whatever. I wish you would insist that he get glasses for his own eyes and make him stop taking glasses off the eyes of other children. Really, Doctor, it is too absurd for anything. That boy has actually persuaded the other children that they cure their headaches and improve their sight by reading that card. If it were not for the principal, I would have thrown it away long ago."

She said some other things, too, which were even more uncomplimentary. The children became restless. When she stopped for a breath I took the freckle-faced boy into a dark room and examined his eyes with the ophthalmoscope I found them perfect, with no trace of myopia or astigmatism. I asked him:

"How is it that the teacher says you cannot read the writing on the blackboard?"

He replied, still with his wonderful smile: "Because she is such a bum writer that nobody can read it; she acts often as if she couldn't read it herself."

"How is it," I continued, "that you hold the book so close to your face?"

He answered apologetically, "Because I get tired of the scenery."

"What do you mean by that?" I asked.

"Oh," he answered, "the teacher's face I don't like it. She is always so cross; her face gives me a pain."

Then I took him back to the classroom and sent him to his seat. I asked the teacher if she could read the bottom line on the Snellen test card. She could not do so. Then I showed her an unfamiliar test card, which she saw even worse. She explained that her glasses needed to be changed. I asked the freckle-faced boy if he could read it.

"Yes," he said, and promptly did so.

The teacher exploded. It was impossible, she said, that he should have read the letters; he must have found out in some other way what they were. She pointed to the clock,

"What time is it?" she asked.

The boy answered her correctly. Then she held up a book with very large print, which the boy also read at five feet. She was finally convinced by these and other tests that the boy's sight was better than her own. When she was through I pointed to some very small letters which nobody could see at the distance at which the boy was sitting. He smiled, and said he could not see them.

"But," I said, "you are not trying, you are making no effort to see them."

At that the teacher unexpectedly struck the top of her desk with her ruler and we all jumped, with the exception of the freckle-faced boy, who had learned how to protect himself from such influences. With a rasping voice she cried:

"Why don't you do what the doctor tells you to do?"

In a short time my nerves returned to something like the normal, and I turned to the boy and asked:

"Why don't you try?"

He replied, still smiling: "No use tryin'."

With this as my text I talked for a few moments, and told the class that the boy was right and that your sight is never perfect when you try to see. You only make yourself uncomfortable by the strain, and it never benefits you. I then proceeded to have the pupils demonstrate some facts I directed them to keep their attention fixed on the smallest letter they could see from their seats, to stare at it, to try to see it better, to concentrate, to partly close their eyelids—in short, to do everything they could to improve their sight. I noted that the teacher, who had previously walked to the back of the room, was listening to what I was saying. The children did as I suggested, and soon found that the effort made them very uncomfortable and lowered their vision. I now asked one pupil to tell me the smallest letter he could see. He answered:

"A letter O on the next to the bottom line."

"When you saw it did you see it easily?"

He answered: "Yes, without any trouble."

Then I said to him: "When you tried to see it, when you made trouble for your eyes by an effort, by a strain, what happened?"

He answered, "The letter disappeared and the whole card became blurred. I got a headache and I don't like it."

"Close your eyes," I said, "and rest them. Cover your eyes with the palms of your hands and shut out all the light. Now tell me who discovered America."

"Columbus," he replied, "in 1492."

"Can you spell Columbus?" I asked.

"Yes," he answered, "C-o-l-u-m-b-u-s."

All this time the teacher was standing with her eyes closed and covered with her hands.

"You spelled it correctly," I said. "How is your headache?"

"Gone," he replied, "and I feel good."

I noted that the teacher still had her eyes covered, and when the boy said his headache was relieved she nodded her head. I now directed the boy to take his hands down, open his eyes and tell me how much he could see.

"Gee" he exclaimed, "I see better. The letter O is all right, and I can see some of the letters on the bottom line."

With that he put both his hands in the pockets of his trousers, smiled at me, and turned around and grinned at the class. A little girl wearing glasses now timidly raised her hand, and when I told her to speak, said:

"Please, sir, I have an awful headache."

Her eyes looked very much strained. I told her to take off her glasses and put them on the desk, to look at the card and read what she could see. At this point, the teacher at the back of the room removed her hands from her face, took off her glasses and placed them on the desk in front of her. I asked the little girl what she could see:

"I can only see the largest letter at the top of the card."

She was told to close her eyes and cover them with the palms of her hands. The teacher did the same, and all the other children wearing glasses took them off, looked at the card, closed their eyes and covered them with the palms of their hands. Then I said to the little girl who had the awful headache.

"What is your first name?"

"Margaret," she answered.

"Can you spell it?" I asked, and she spelled it.

"What is your last name?"

She told me, and at my request she spelled it also. Then she smiled.

"How is your headache?"

"I haven't any," she answered.

"Take down your hands, open your eyes and kindly read the letters for me on the card."

She promptly read four lines of letters, and looked very happy when she did it. Meanwhile the teacher and the other pupils who had been wearing glasses had been doing the same, and when they looked at the card the second time they smiled, evidently pleased with what they saw. I was surprised to observe that even the teacher smiled and when, as I was about to leave the room, she came forward and threw her glasses into the waste-basket, I was quite shocked. Turning to me she said:

"Doctor, need I say anything?"

"You have said it all, thank you," I replied.

As I went out of the door I heard the class call out in a chorus:

"Thank you, thank you."

After this the Board of Education condemned my method as "unscientific and erroneous," and forbade the use of the Snellen test card in the schools, except for the usual purpose of testing the children's sight. Thus my pleasant visits to the classrooms came to an end. Some years later, however, I called on the teacher of the freckle-faced boy to ask about him. She met me smiling and without glasses, and I noted that the Snellen test card was still on the wall. In response to my inquiry as to why it should be there after the Board of Education had forbidden its use, she replied:

"The Board of Education has not the power to make me take that card down."

Then I asked about the freckle-faced boy.

"Graduated," she replied.

As he was below the age at which children usually graduate from the public schools, I expressed some surprise.

"Rapid advancement class," she said. "Got through my class in a hurry and took a lot of my other children with him to the rapid advancement class. Must be half through high school now. Bright boy."

I have written a book on The Cure of Imperfect Sight by Treatment Without Glasses [link] which contains several hundred pages. The freckle-faced boy told in three words substantially what is contained in that book: "No use tryin'."

OPTIMUMS AND PESSIMUMS
A Possible Explanation
By M. E. Gore, M.D.

A LADY that I was treating could not see the letter R on the test card, the last letter of the fifty line. It seemed strange that she was able to see the other letters on the same line, but not the R. It occurred to me that perhaps the patient unconsciously saw this letter when she first looked at it, but on account of some unpleasant association which it produced in her mind, she made an effort to forget it, thus causing a lowering of vision. I determined to employ an association test to find out if possible what had caused her mental distress on looking at the letter. I asked her to think of the letter R and tell me the first thought that came into her mind. She answered:

"Red."

Now associated with red was her mother, as red had been her favorite color. Her mother had recently died, and thinking of her caused grief I told the patient that I believed this was the cause of her lowered vision for that particular letter. To our astonishment she has since been able to see this letter without difficulty.

Another case which clearly illustrated the optimums and pessimums was a patient who was unable to see the figure 2 in a line of figures the same size and distance. On questioning her I found this number made her think of her two children which she had lost. On the other hand, she could see the letter F and Y wherever they occurred. She said F made her think of her father whom she dearly loved, and Y was the initial letter of his middle name.

These cases and several others of like nature have led me to the conclusion that the association of pleasant or unpleasant ideas with any of the letters is the cause of optimums and pessimums.

In most cases, by employing the association test and showing the patient the connection between the letter and the unpleasant thought, they have become able to see letters which had been pessimums.No. 51 Main Street, Orange, N. J.

STORIES FROM THE CLINIC
19: A Trio of Difficult Cases
By Emily C. Lierman

MYOPIC and farsighted patients are numerous, and I always feel confident that I can in no time improve their sight; but I suffered a case of cold feet when Dr. Bates placed in my care a young woman of twenty-seven, who came to our Clinic some time ago with a scar on her right eye almost in the center of sight. All the doctor said to me was, "Help this patient, please," and it was my first experience with a case of that kind. I asked the girl how long the scar had been there and also what caused it. Being a southerner dotsy, she spoke with a southern accent, and this is the way she answered me:

"When ah was twelve years old, mar grannu was settin' ba de fireplace a-smokin' a pet pipe, an' as ah was removin' a boilin' kettle ob water ole Granny upsets de pipe ob hot ashes an done burned mah eye. Lordy, ma'am! Ah thought mah eye was burned from de socket. De doctor says ah would neber see again out oh dat eye."

I tested her sight, and with her left eye she read 14/40 while with her right eye she could barely see my fingers one foot away. I had not the slightest idea that I could improve the right eye at all. However, I told her to stand in a comfortable position and palm for a little while. In about ten minutes or so I told her to remove her hands, and I was pleased to see that her left eye had improved to 14/15, and that with her right eye she was able to distinguish the 200-line letter at fourteen feet. Dr. Bates was dumb struck with amazement. He said that, although he had seen opacities of the cornea resulting from constitutional disease clear up, he had never before, in his thirty-six years of experience, seen any improvement in an opacity resulting from an injury, even after years of treatment. That encouraged me so much that I told the patient to palm again, and before she left the clinic that day her right eye had improved to 14/50. She became hysterical when she found that she could see objects again with this eye. For a while she came quite regularly to the clinic and at her last visit her right eye improved to 20/50, while with the left she became able to read 20/10. Dr. Bates said it was a miracle. After that I never saw her again. I was sorry that she stayed away, because I was proud of what I had accomplished and wished to cure her completely.

A case of squint, which I think will interest our readers, was first seen on August 4, 1921. The patient had been wearing glasses for twelve years to correct the trouble, but without benefit. The first year her mother, who came with her, tried to console her by saying that perhaps in another year or so the squint would be cured; but instead it only got worse. Her playmates made unkind remarks about it, and when she found her sight was getting worse for reading she became utterly discouraged.

I tested her sight, and she read 12/40 with her left or better eye. When I asked her to read the card with her squinting eye she turned her head half way round to the left in trying to see. I at once showed her how to palm, and her mother and I were quite astonished when in a few minutes she opened her eyes and, with her head perfectly straight, read 12/40 with her right eye without a mistake. On August 6, two days later, she read 12/15 with each eye separately, with her right eye perfectly straight. She had followed my instructions to palm at least six times a day for as long a period as was comfortable for her. On August 9th she came to the Clinic smiling and expressed her gratitude for what had been done for her.

"I can now read a book for hours at a time," she said, "without headaches or discomfort. Just yesterday I visited another clinic where I had received treatment and asked the doctor who had treated me to let me show him what I could do. I showed him how I could palm, and then I read the test card for him with each eye separately. The doctor was thrilled, and said it seemed like a miracle, because he had told me that I could never again get along without glasses and to be sure and have them changed every year or so."

That day my patient read 12/10, both eyes, and I am sure that I can cure her if she will continue to come.

Another case of squint, a little colored boy five years old, the most unruly youngster who ever came for treatment, was cured in less than six months. When he tried to look straight ahead his right eye turned in so far that one could hardly see the cornea. His grandmother who came with him expressed very little hope, and assured me that I would have a hard time trying to manage him or to help him. I asked him his name several times before he answered:

"I ain't got no name."

Later he said it was Francisco. I could see that he was straining and that he was extremely nervous. So I decided to be very patient with him, but for some time the only answers I could get from him were:

"I don't wanna" and "I won't."

All sorts of apologies came from his grandmother, but I assured her that I was not discouraged with him. I made up my mind to help the little chap and in some way relieve him of that awful tension and nervous strain. I said to him:

"If I had a bad eye and a good eye, I would not make my good eye do all the work. I would make the bad eye work hard so that I could see better."

This interested the child for some reason, and he asked:

"Have I got a bad eye?"

"Yes," I said, "and the reason it is bad is because it is lazy and you won't let it be good. All you can say when I try to tell you how to make it behave is, 'I don't wanna.' Nice boys with good eyes don't say that." Whereupon he shouted in a loud voice which startled the rest of the patients:

"Make my bad eye do some work; I want good eyes like you have."

I immediately showed him a test card with pothooks (E's) pointing in different directions. I covered his left eye with the palm of my hand, and asked him to show me how the E's were pointing as I held the card two feet away. At that distance he was able to see the 100-line letters. He could see straight ahead with the right eye only just long enough to see those letters; then his eye turned in again. At first I could not induce him to palm, so I told him to close his eyes as though he were sleeping. He was very obedient about doing this, and his grandmother stood by in astonishment while his eyes were closed. I praised him for closing them and resting them for me, and I said if he would do this him and lots of times every day his right eye would become straight like the left and would not be bad any more. I then told him to cover his left eye with his hand and look at the card which I had fastened on the wall five feet away. This amused him very much and he acted as though he were in for a good time. I told him to look at the 200-line letter and then quickly close his eyes; then to look at the 100-line letters and close his eyes quickly again. He was able to see these letters as well at five feet as he did at two, and this encouraged me. When he opened his eyes a third time he showed me with his hand how the next line of letter E's pointed.

He came regularly for a few months, and was always very obedient. Each time he came he was able to keep his eye straight, not only while practicing with the card, but also while talking to me. His grandmother bought a Snellen test card, and assisted with the treatment very faithfully at home. Now, just six months since he first came, he is able to see the 10-line of letters at ten feet away with each eye, 10/10, and has learned the alphabet by heart. Dr. Bates became very much interested in the rapid progress of the case and congratulated me frequently on the good results I had obtained. He said it was very unusual for the blindness of squint to be cured in such a short time, and that most authorities would have said it was impossible.

QUESTIONS 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 mail. Kindly enclose a stamped, addressed envelope.

Q.—(1) After closing my eyes tight and then opening them, I can read Better Eyesight at a distance of about two feet. The type stands out very black and clear. After about two or three minutes my old myopia comes back. What I want to know is whether this practice is good for the eyes and whether it will help me to see at a distance. (2) Can you tell me what is a good thing to do to see people across the street clearly or in a meeting room at fairly close range? It is awkward not to be able to recognize people until one is close upon them.—A. H. C.

A.—(1) Yes, but I would expect you to get better results if you closed your eyes easily and naturally, instead of closing them tight. (2) The only way to overcome this difficulty completely is to get cured, but the practice you have described sometimes helps to bring out distant objects temporarily. Straining to see at the nearpoint may also improve your distant vision temporarily. One myopic patient, when she wished to recognize people across the street, used to strain to see her finger held close before her eyes and then look at the person she wished to see.

Previous Issue
THUMBNAILS of Past Issue
THUMBNAILS: To Contents Page