August 1923

Better Eyesight

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

August, 1923

The Snellen Test Card

THE Snellen Test Card is used for testing the eyesight. It is usually placed about 20 feet away from the patient. He covers each eye alternately, and reads the card as well as he can. Each line of letters is numbered with a figure which indicates the distance that it should be read with the normal eye. When the vision is recorded it is written in the form of a fraction. The numerator being the distance of the patient from the card, and the denominator denoting the line read. For example 5/20 a patient at 10 feet can only read the line marked 100 the vision is written 10/100 or 1/10. If the patient at 20 feet can read the line marked 10 the vision is recorded as 20/10 which means that the sight is double that of the average eye. Reading the Snellen Test Card daily helps the sight. Children in a public school with normal eyes under 12 years of age, who have never worn glasses were improved immediately by practicing with, the Snellen Test Card. Children with imperfect sight also improved, and with the help of someone with perfect sight in time the vision becomes normal without glasses. School children oftentimes are very much interested in their eyesight and what can be accomplished with the help of the Snellen Test Card. They have contests among themselves to see who can read the card best in a bright light, or on a rainy day when the light is dim. Many of them find out for themselves that straining, makes the sight worse, while palming and swinging improve their vision. Many of them become able to use the Snellen Test Card in such a way as to relieve or prevent nervousness and headaches. Many boards of education hesitate to be responsible for any benefit that may be derived from the Snellen cards in the schools.

Hypermetropia, in School Children
By W. H. Bates, M.D.

HYPERMETROPIA or far-sightedness is more frequent in school children than is myopia. The statistics average in the lower grades about ten percent myopia and eighty percent or more of hypermetropia. In higher grades the percentage of myopia is increased while that of hypermetropia is decreased.
It has been generally believed for more than one hundred years that while myopia is usually acquired by school children, hypermetropia is always present at birth. Many physicians who study the eyes of school children have had more interest in hygienic methods of myopia prevention and have recommended better schools, prescribed the early use of glasses and other measures to lessen the number of children who become nearsighted after they were at school. The prevention of hypermetropia was ignored and I have never seen any article devoted to the prevention of hypermetropia in school children. In the first place it is very difficult to prove or to demonstrate the amount of hypermetropia in young children with any degree of accuracy. I spent many weary hours many years ago when I prescribed glasses, trying to measure hypermetropia with the eye under the influence of eye drops. Twenty years ago I first introduced my method for the prevention of imperfect sight in children and kept records of the vision of the children from year to year, for eight years, in one school of about two thousand pupils. In New York City I have acquired a much larger experience. The symptoms of hypermetropia were more uncomfortable and interfered much more with the mental efficiency of the children than did myopia. Most children with myopia were able to read with comfort and their imperfect sight for distance is only inconvenient at certain times, but children with hypermetropia not only have difficulty in seeing near but they also have trouble in seeing objects at a distance. Some hypermetropes have just as poor sight as children who have only myopia. Hypermetropia not only impairs the vision more than does myopia but it is associated often with a great many more uncomfortable symptoms, pain, headache, fatigue. In short, hypermetropia interferes seriously with the school work much more than does myopia. A great many children leave school because they cannot stand the discomfort of their eyes suffering from hypermetropia and those who continue their school work suffer in many ways. They are unable to read without pain and fatigue and the memory is impaired, they fall behind in their classes and their school life is a burden. Surely it is more important to study the problems of hypermetropia than those of myopia.
The condition of the eyes at birth has been a matter of discussion for many years. Some of the early statistics recorded considerable myopia, 90%, others found no myopia and the eyes were apparently normal. It is difficult to draw correct conclusions from most statistics.
For some years I made it a habit to test the eyes of new born children a half hour after birth and to examine the eyes again at regular intervals. Some children's eyes were examined every hour with the aid of the retinoscope and the eyes under the influence of eye drops. The characteristic of them was the variability in the amount of hypermetropia. At certain hours the eyes would be apparently normal, a half hour later they would be hypermetropic in one or both eyes, at a later period, mixed astigmatism in one eye, and the other eye normal or hypermetropic. At a still later period both eyes normal. A week later both eyes might be normal or both eyes might have hypermetropia in the morning and be normal in the afternoon. Usually six months or a year later the eyes became more continuously normal. At four years of age, six years of age, just before they began school, the eyes of the children were usually normal. After being in school for a year or more hypermetropia began to be manifest and increased with each succeeding year. Myopia did not appear to any great extent before the age of ten or twelve and increased while the hypermetropia appeared to diminish. I have seen some children ten years of age with normal eyes, at eleven years with hypermetropia, at twelve years of age myopia, at thirteen hypermetropia, at fourteen the eyes apparently normal. This variability of the eyes of young children is a matter that should be considered very seriously. Those children who practiced with the Snellen Test Card every day with the help of the teachers, improved. The myopia disappeared, the astigmatism disappeared, the hypermetropia disappeared and the eyes became normal. Coincident with the improvement in the sight, teachers informed me that there was a wonderful gain in the efficiency of the children. There are teachers in the city of New York still using my method for the prevention of imperfect sight in children who have obtained so much benefit from its use that they are continuing to practice it although they were ordered by the Board of Education more than ten years ago to stop using my method.
It is a great temptation to put glasses on children for the correction of hypermetropia. The glasses for the correction of hypermetropia are magnifying glasses and their effect is to enlarge the fine print of school books to such a degree as to make it much easier for the children to read. Children who are under a strain and have imperfect sight find their vision or their ability to read improved very much by glasses, much more so than the children who wear glasses for nearsightedness. There have been many plausible theories which have encouraged eye physicians to prescribe glasses for many children who do not manifest a very high degree of hypermetropia. It is possible to put glasses on children who have normal sight and by compelling them to wear the glasses continuously they develop hypermetropia and become able to see with the glasses. In fact there are very few people with normal sight but who can,[illegible] wearing glasses continuously, become able to see at the distance with glasses for the correction of hypermetropia, when they do not have it. Just as there are children who can wear nearsighted glasses and see with them although their vision may be perfectly good without the glasses.
If a child has headaches and many children do have headaches from nervousness, from stomach trouble, conditions which often disappear by simple treatment and rest, I believe it is much better to have the children rest their eyes when they are in this condition, for a few days or a week or two because many recover without the need of glasses. Very few eye specialists realize the facts, and, without even considering the possibilities that the headaches might come from something else than the eyes, have prescribed glasses whether the children needed them or not. I do not believe that any children with normal eyes, under twelve years of age, ever recover or are benefited to any great extent by their use. It seems to me very much like a crime to compel children to wear glasses when their sight for distance and for near is perfectly good without them. The oculists will tell you all about latent hypermetropia, which means in the mind of the physician, that the child is really in need of glasses although the sight is normal. They believe that the child really has hypermetropia which is concealed or corrected by a strain of a muscle inside the eyeball and that it is the strain of this muscle to correct the hypermetropia which causes the headaches, or the nervousness, or the stomach troubles or any other disease of the body generally. Some have gone to an extreme and claim that epilepsy, St. Vitus Dance, deafness, diseases of the chest, diseases of the liver and many other diseases are caused by a strain of a muscle inside of the eyeball. This theory is wrong and the published evidence is conclusive that no muscle inside the eyeball is a factor in the focussing power of the eye.
Low degrees of farsightedness are readily curable, but in a great many cases which have 4, 7, or more degrees of error, the cure is for most people, or to most eye-specialists, very incredible. One of my patients had 7 D.S. She could hardly see the large letter on the Snellen Test Card without her glasses. To read was impossible. After a few treatments her vision became normal at 20 feet, and she read diamond type perfectly at less than 10 inches. She wrote me a letter recently as follows: "My eyes are behaving wonderfully well. At one time it was impossible for me to read even with my glasses in a moving train. To-day I read three columns of the newspaper without any trouble." Her letters are very legible and written without glasses.

Fine Print Pamphlet

THE announcement in our July issue regarding the little pamphlet of microscopic print which we were about to bring forth was certainly received enthusiastically. The requests have come in so numerously that the initial order is almost exhausted. The benefits derived from this little booklet cannot be compared to the cost, which we have fixed at twenty-five cents per copy.
Place your order now, and learn how to read the smallest printing matter in the world.

Stories from the Clinic
By Emily C. Lierman
SARAH

(Continued from July number [link])

SARAH seldom missed a clinic day and she was very faithful in her treatment at home. Within a year's time she became able to smile with her mouth almost straight. I decided to try out a few ideas of my own, and suggested to her that a mirror might be of benefit in helping her to speak and smile, with her mouth straight all the time. As Sarah did not like palming, I had difficulty in getting her to imagine things perfectly with her eyes closed. She had no mental pictures. Below I describe how she obtained them. The mirror would help her to watch her mouth while she was talking or studying her lessons. I told her to go into a room by herself and practice for at least an hour every day. She was to study her lessons and recite poetry out loud, while looking at herself in the mirror, and to see how straight she could keep her mouth during this performance. I told her to remember, while at school, how she appeared while looking in the mirror reciting her lessons. I was amazed at the result, and so were Sarah's friends, as well as herself. This is the way she obtained the imagination of mental pictures. I always asked her to repeat the alphabet very slowly each clinic day. After a while she became able to pronounce each letter of the alphabet with her mouth perfectly straight. She could never do this correctly unless she blinked her eyes for each letter. This may sound silly to the reader, but when Sarah did not blink, before repeating a letter after me, she stared, and not only did she say the letter with her mouth crooked, but her left eye would bulge almost out of its socket. After Sarah noticed this wonderful improvement, the very often had a surprise for me when she came. One day we were late for the clinic, but there was Sarah, sitting patiently with the rest, eager to tell me of some wonderful thing she was able to do. When her turn came, she whispered in my ear, "What do you think I can do now? I can wiggle my left ear." It sounded so funny that I wanted to laugh, but Sarah was so serious about it that I dared not. Strange to say, when I asked her to do it for me, before she did the swing, without first closing and opening her eyes, she was unable to move her ear. But when she started to move her head slowly from left to right and began to blink her eyes, she wiggled her left ear, which greatly amazed the hidden awaiting treatment. Two years had passed and Sarah still had hopes that we could cure her, and her mother and father were very grateful because of her improved condition.

She came one day with a try on the upper lid of the left eye. When I remarked it, she said she had been troubled with sties for many years, and at times they were very painful. I spoke to Dr. Bates about it, and he prescribed eye drops and salve, which gave her some relief, but the sties appeared again from time to time. At my suggestion, Sarah acquired the habit of closing her eyes frequently most of the time, day or night, while she was awake. She was permanently relieved. She believed, as I do, that rest and relaxation helped in getting rid of the sties altogether.

At school one day she passed one of her former teachers in the corridor. This teacher had not seen Sarah for a year or more. She stopped and asked if she were not a sister to Sarah. "Why, no," she answered, "I am Sarah." The teacher looked at her in astonishment and said, "I did not know you, dear; your smile is so different, and your left eye looks so much better." Sarah told her about Dr. Bates, and his method of curing people without glasses. This teacher had progressive myopia for many years, and suffered greatly with her eyes. What Sarah told her did not convince her at the time, that she might also be cured, but about six months later sixteen girls from her class room came to us at the clinic for eye treatment. When she saw that their glasses had been removed from their eyes, and that they had improved farther in their studies, she called to see Dr. Bates at his office. In less than a year's time she herself was able to see without glasses. Every clinic day Sarah repeated the letters of the alphabet faithfully, until she could say them with her mouth perfectly straight. Then one day she had another surprise for me. Something she had never been able to do in all her life. She learned to whistle with her mouth straight. What a wonderful stunt that was for Sarah. This she could not do unless she first practiced the swing. Rest or relaxation always relieves tension of the body as well as the eyes. I wish to emphasize the value of rest and relaxation obtained by the swing and by blinking in curing all diseases of the eye, no matter what the cause may be.

My experience in the treatment demonstrated that many popular theories of the cause of paralysis of the motor nerves are wrong. For example, it is generally believed that when a motor nerve ceases to function properly, the recovery cannot take place until some disease or permanent organic condition is relieved. Sarah became able to close her eye quickly almost completely, after practicing the swing, which could not have occurred if the paralysis of the nerves was of a permanent nature. I am aware that cerebro-spinal meningitis is caused by a germ, which is an important factor in the destruction of the nerves which control the muscles of the eye and face. I do not think that anybody will maintain that the swing had anything to do, directly or indirectly, with the germs of the disease, or with the results of the inflammation caused by the germs. My experience with the treatment of other cases of paralysis of the muscles of the eyes, caused by infection, confirms my belief that the paralysis is not due so much to local changes in the nerves as it is to mental causes. Sarah was pronounced incurable by many prominent, capable nerve specialists. I believe that one reason why local treatment did not help her was because she had no trouble with the nerves sufficient to produce the paralysis. The only treatment which helped her was mental relaxation obtained by the swing. It was the strain of her mind which produced all the symptoms of paralysis. She had no more trouble when her mind was at rest.

What the Silver Jubilee Omitted
By Emily A. Meder

CIVIC interest was thoroughly aroused at the recent exhibition at New York's Twenty-fifth Anniversary. What old, half-forgotten memories surged through my mind as I looked once more at the obsolete horse-drawn street cars. While gazing at these, they seemed to fade away before my sight (complete relaxation, not eccentric fixation), and I recalled the trips I used to take in these cars in the past. With a stiffly starched frock, and, if I were extra stylish, a little hand kerchief tucked in at the waist, I trudged beside my Dad en route to the street car. Upon boarding this we sat peacefully for an hour and a half, before we reached our destination, the Aquarium. One hour there looking at the wonders of the sea, and another two hours to get home. Practically the whole afternoon consumed for what can now be accomplished in about two hours. No wonder we swelled with pride while looking at the evolution of the various vehicles, instruments, machinery, and public conveniences. I only had one regret. Great effort, both physical and mental, was manifested in the production of such superior tools with which the humans work, but the same detailed thought was not given to devise ways for us to obtain the utmost efficiency from the greatest tool of all—our body. I readily admit that great strides forward have been made in medicine, surgery, dentistry, and industrial appliances, but we are, in one respect, just where we started one hundred and fifty years ago. PEOPLE STILL WEAR GLASSES. The Jubilee could have produced no greater thrill for me if there had been a separate showcase with a pair of glasses carefully protected, and marked, like the dodo, EXTINCT.
There is an expression used greatly of late, which, by the way, should be discarded with glasses, and that is, "Better late than never." People who apply this maxim to their daily lives are usually "fired" from their positions or are the onlookers of life, and at the tail end at that. However, to go on, Dr. Bates' work is becoming better known than ever before, and the papers are wildly clamoring for interviews, until it seems as though the public were trying to make up for lost time. We can truthfully say that it is better to come late than not at all, but looking at this from another angle, just think of all the people who could have evaded untold misery, and even agony, if they had known of this work before.
One lady reporter had heard of Dr. Bates' cure of imperfect sight without glasses, and came for an interview about a week ago. Dr. Bates saw that she had imperfect sight, and in order to determine the trouble he applied the retinoscope, which tells at a glance the condition of the patient's eyes. The young lady was intensely interested in this instrument as Dr. Bates explained its use to her. He also told her of one of his discoveries regarding this. Telling lies is bad for the eyes. If a patient lies, the retinoscope will indicate that the shape of the eyeball has been sufficiently altered to make the focus imperfect. Defective vision is caused by strain, and so he requires an effort or strain. Practice, of course, makes perfect, but even those accomplished in the art of "fine fabricating" have to make more of an effort than they do when telling the truth. The mental effort, therefore, produces a slight strain, which is immediately discovered by the retinoscope.
This piece of news evidently interested the reporter more than the other discoveries made by Dr. Bates, as she wrote an article dealing with the retinoscope alone. Since that time reporters have been writing about this, claiming that Dr. Bates has found a better "truth detector" than scopolamin. We know this to be true, because exceptions have been found in the use of scopolamin, whereas the retinoscope reflects the natural change in the eyeball, and this is infallible.
One of the reporters from a large city paper asked innumerable questions relative to the discovery and use of the ill-exposing qualities of the retinoscope. When these were answered to his satisfaction, I asked him why he was dwelling so much on the novel and sensational properties of this instrument, rather than the prevention and cure of imperfect sight. He answered in a way that rather dampened my good opinion of the sagacity and intelligence of the average newspaper reader. "The public is always on the lookout for something novel that will insure a thrill. Something that they can take in at a glance, which doesn't need to tax their thinking capacity. The retinoscope will supply them with a topic of conversation for a time, and they can make witty quips, about installing one in the house, to find out the true relation of the family budget to the dressmaker's bills." I suppose this is true, but wouldn't the public be doubly thrilled and excited if it were to be made plain to them that glasses are wrong, that they can dispense with them, and last, but not least, can cure themselves?
I hope that we all may be able to visit the next anniversary of New York City and note some of the great improvements made in the human physique, among and foremost of these being the prevalence of perfect sight, and absence of glasses from all. This is coming gradually to be sure, but inevitably.

FROM time to time we receive letters containing various questions that are supposed to be answered in the subsequent issue of the magazine. Some of our correspondents, however, do not sign their names or addresses. We wish to say here, that while we are very glad to give personal attention to every letter, we will not do so if the letter is unsigned. We think it is only common courtesy for the writer to let us know with whom we are dealing.

A Game to Cure Stage Fright
By Florian A. Shepard

MARIAN is going to clap part of this piece for us before she plays it on the piano," I said to our friends at the June Recital. She wanted to do this because she loves to "clap" any music, and she knew she would play all the better for it.
She knew the piece perfectly, so for the sake of the audience I asked, "What time is it this pink cottons in?" A terrified look came into her eyes, and she stared blankly. At any other time she would have answered readily and delightedly. Here was the time for our "game."
"Shut your eyes, dear," I suggested. "Can you see a picture of the piano keys?" A smile spread over her face and she nodded happily. "Now, can you see a picture of the printed music? Do you see the measure full of chords—one for each beat?" She saw them, counted them, and told us what kind of notes they were; then she remembered the time-sign.
After that everything went happily and smoothly. The memory of perfect sight had helped her to forget her fear and relax while she did her part. It has helped Marian (and other pupils) many times in her lessons when she was disturbed over some mistake or supposed difficulty. If she repeatedly makes the same mistake from a wrong habit formed at home, and fails to correct it when she tries, I get her to close her eyes and see a "picture" of the right finger on the right note at the right time. When she opens her eyes, she usually plays the passage correctly. The memory of perfect sight helps her to relax mentally and physically, and so she gets a fresh start.
I have always asked "leading questions" when a child seemed rattled; but by helping him with "mental pictures," I have demonstrated that a pupil can think and act more naturally and efficiently. This game quiets him when he is excited or hurried, and teets him from strain.

Announcements

WITHIN the past few months we have received innumerable inquiries regarding the use of the burning glass. It is well known that the sun strengthens the eyes, and with the aid of the burning glass the direct rays of the sun are focused on the sclera.
Have you ever noticed that upon emerging from a dark room into a strongly lighted one, or from the dark movies into the sunlight, that you are temporarily blinded? This should not be. The normal eye accommodates to the varying conditions, and if it fails to do so the vision is defective. The burning glass accustoms the patient to the strong sunlight, and strengthens the eye.
We have on sale a burning glass which is a magnifying glass of the desired strength, bound with a german-silver rim, especially constructed for this particular purpose.
Price $5.00

Important

The attention of our readers is called to the forthcoming September issue of Hearst's International Magazine, which contains an article by W. H. Bates, M.D., entitled, THROW AWAY YOUR GLASSES [link].

August Meeting

The next meeting of the Better Eyesight League will be held as usual on the second Tuesday of the month, August 14th, and we hope all our members who can conveniently do so will attend with their friends. Our new quarters are so pleasant and cool that we know the evening will be an enjoyable one in many ways.

Minutes of the Better Eyesight League June Meeting

NOTWITHSTANDING the fact that the New York City Silver Jubilee was at its height only one block away, and that the evening was one more conducive to a nice cool "bun" or boat ride, the meeting-room of the Central Fixation Publishing Company was filled to capacity long before the meeting was called to order.
Miss Hurty, in her very capable and business-like manner, presided, and after discussing some "old business" which has been a source of confusion to a few of the members, introduced Dr. Cornelia Brown, of East Orange, who was scheduled to be the principal speaker of the evening.
Dr. Brown is certainly a strong enthusiast for Dr. Bates' method of curing imperfect sight by treatment without glasses, and she knows whereof she speaks, for not only has she cured her own eyes, after wearing glasses for twenty years, but she has had great success in treating her patients. A year ago she started a Better Eyesight League in East Orange, and it is growing not only in size, but in popularity, ever since. She told of many experiences, and the results have been such that no one hearing her would have the slightest misgiving about their own particular case, be it ever so serious. Dr. Brown emphasized the fact that what impressed her most was the naturalness, the simplicity of this treatment. When one has imperfect sight, one has to go to a great deal of trouble to keep it imperfect. One strains, and stares continually, which is not the normal thing to do. The normal eye is forever moving, and constantly sees things move, not by making an effort, but by doing the most natural thing in the world—relaxing.
Miss Belcher brought a man who is totally blind, having atrophy of the optic nerve. He is undertaking the treatment, and we will tell of his results in a later issue.
Dr. Bates then spoke of the benefits of the sun. He mentioned the case of a young lady who went to an eye-hospital for treatment, where she was kept in a dark room for two years. At the end of that time her condition was decidedly worse and in due time she came to him. Dr. Bates cured her by the sun treatment. He quickly trained her eyes to become accustomed to the sunlight until she could look at the sun, swinging it from side to side without discomfort. She finally obtained normal vision in both eyes.
In a New York paper, under to-day's date, there is an article which brings home stronger than ever the fact that the eyes need the sunlight. It seems that a little child of about three years, born with a twisted leg, and considered somewhat of an "ugly duckling" to her inhuman parents, was isolated in a dark hole in the cellar of their home. By accident, a plumber, who was called to make some repairs, unknown to the parents, discovered the unfortunate child, and immediately reported the state of affairs to the local police. The child was taken to the hospital, and all efforts to cure her are of no avail. She was totally blind, due to lack of sunlight, and incurably insane.
Another instance cited by Dr. Brown, which substantiates Dr. Bates' statement regarding the benefits of strong light, was her experience with the ultra violet ray. Dr. Brown uses this in her laboratory for various treatments, and she said upon purchasing this, she received explicit directions not to look into the light without a shade of some sort. One morning, however, in her haste, she accidentally glared into the light, and temporary blindness resulted. Knowing that the sun will cause the same discomfort if one is unaccustomed to it, she decided that if Dr. Bates' method was right, this strong light would help rather than harm the eyes. She therefore made a practice of looking into the glare at regular intervals, prolonging the period a few moments each time. She is now able to look squarely into this without the least discomfort, and she says that she knows her eyes have been strengthened as a result.

The Question Mark

Dayton, Ohio.
Question—Which is more beneficial, the short or the long swing? L. P.
Answer—The short swing, if you can maintain it.
Boulder, Col.
Question—I find that when I imagine a period, and try to hold it, it causes discomfort. Why is this? A. S.
Answer—You are straining. Never try to hold anything. Imagine the period moving from left to right. This overcomes strain.
New York City.
Question—I have great difficulty in seeing things move. W. M. M.
Answer—This is the cause of your defective vision. The normal eye sees things moving continually. Read the chapter on imagination.
Brooklyn, N. Y.
Question—Are the movies harmful? T. E. B.
Answer—No. Quite the contrary. Send for the magazine on this subject.
East Orange, N. J.
Question—Can the layman use the burning glass. J. S. P.
Answer—Yes. A great many of our readers use this with remarkable success. Directions are mailed with each glass.

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