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Better Eyesight

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

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See Things Moving

When the sight is perfect the subject is able to observe that all objects regarded appear to be moving. A letter seen at the near point or at the distance appears to move slightly in various directions. The pavement comes toward one in walking, and the houses appear to move in a direction opposite to one's own. In reading, the page appears to move in a direction opposite to that of the eye. If one tries to imagine things stationary, the vision is at once lowered and discomfort and pain may be produced, not only in the eyes and head, but in other parts of the body.
This movement is usually so slight that it is seldom noticed till the attention is called to it, but it may be so conspicuous as to be plainly observable even to persons with markedly imperfect sight. If such persons, for instance, hold the hand within six inches of the face and turn the head and eyes rapidly from side to side, the hand will be seen to move in a direction opposite to that of the eyes. If it does not move, it will be found that the patient is straining to see it in the eccentric field. By observing this movement it becomes possible to see or imagine a less conspicuous movement, and thus the patient may gradually become able to observe a slight movement in every object regarded. Some persons with imperfect sight have been cured simply by imagining that they always see things moving.
The world moves. Let it move. All objects move if you let them. Do not interfere with this movement, or try to stop it. This cannot be done without an effort which impairs the efficiency of the eye and mind.

The Sway
By W. H. Bates, M.D.

WHEN one imagines stationary objects to be moving in the same or opposite direction to the movement of the head or eyes when both heels are resting on the floor, it is called the sway. When both heels are lifted from the floor it is not called the sway, but the swing. The apparent movement of stationary objects may be horizontal, vertical, or at any angle. The sway is a very valuable thing to see because it promotes relaxation or rest much better than many other methods. In fact, so general is this conclusion that I always try to have every patient practice the sway immediately upon starting treatment.
The away may be practiced rapidly or slowly and with a wide or a narrow motion. When the sway is practiced, distant objects are covered more or less completely, which explains why rest is obtained. When the sway is used properly, all stationary objects regarded appear to be moving. Whether the sway is short or long, if practiced properly, the vision is usually improved after other methods have failed.
Patients suffering from insomnia are much benefitted by the sway. They soon become able to sleep at night and a maximum amount of rest is obtained. Most people with imperfect sight have a constant strain and tension of nearly all the muscles of the body. The nerves are also under a strain and their efficiency is frequently lost. By practicing the sway properly, fatigue is relieved as well as pain, dizziness, and other symptoms. The sway always brings about a relief from the effort of trying to see, straing, or concentration.
The normal eye needs relaxation or rest; it does not always have normal sight. When it is at rest it always has normal sight. Things which are done by the patient to improve the sight do not always succeed. There are many ways of improving the sight by the sway, provided it is practiced correctly. I remember a patient who came to me about ten years ago, who went to London to obtain relief from a severe and constant pain in her eyes and head. She could obtain no relief in London and was advised to come to me. When I saw her, she was in a pitiful condition from the constant pain which was often present every hour during the day and at night. Many people suffer from pain unconsciously during the night and the characteristic symptom is pain the first thing in the morning as soon as the patient becomes conscious.
This patient had eccentric fixation simultaneously practiced unconsciously most of the time when the patient was conscious. She was examined and shown that when she practiced the sway with her eyes moving in one direction and her head in the opposite direction, the result was a very bad strain which was very painful. This is another illustration of the fact that many things which can be practiced properly can also be practiced improperly. I do not know of a pain which is more severe than that which happens when the eyes are moved in one direction while the body moves in the opposite direction. This method of practicing the sway is to be condemned because of its bad results in producing pain and other symptoms. When this patient practiced the sway properly, her pain disappeared.
A physician wrote to me about his eye-year old son. The vision of the left eye was good, but the vision of the right eye was very poor because the center of sight was gone. As a result of an injury his central vision was lost and one could see that the retina was destroyed, forming a disk of about one-quarter of the size of the papilla of the optic nerve. When examined with the ophthalmoscope it was found that the center of sight had been de-stroyed over an area of one eighth of the size of the papilla of the optic nerve. The boy was treated for about six months and much to my surpise his vision improved and became normal in the injured eye by the practice of the sway, without any other treatment.
A third patient was treated for central scotoma. The vision of the left eye was normal but that of the right eye was very poor. The principal cause of her defective sight in the right eye was inflammation of the retina and choroid. She had called on many physicians and most of them told her very positively that she would become blind in the right eye and later on blind in the left eye. When she came to see me she was almost frantic with apprehension and with tears in her eyes she begged me to help her. I was having very good results with the sway and knowing very well that the sway could do her no injury I did not hesitate in having her practice it. In two weeks she was cured and had perfect sight in each eye.
About fifteen years ago an elderly woman was ushered into my office. It seems that she had traveled all over the country consulting prominent ophthalmologists, but had had no success in obtaining relief. She gave a history of constant pain, constant fatigue, inability to sleep at night, and many other symptoms which she could not describe. She told me that if she could only find out what was wrong with her, she might by some possibility obtain relief. She had so many and varied symptoms of discomfort that she could not discover the cause of her trouble. Every doctor who examined her admitted that he did not know what was wrong. Her sight for distant vision was good, and although over fifty years of age she had no pres-byopia and could read diamond type at six inches rapidly, easily, without discomfort. In fact there were times when she could read all night without fatigue, but suffered from some discomfort that she could not describe. In other words she did not know what was the matter with herself.
Blindness was expected by some doctors in the course of two or three years. Some other doctors believed that she could live for only one year without becoming totally blind. I told the lady that I did not know what was the matter with her either, but I believed that she could be cured even without any diagnosis being made, or without discovering the cause of her trouble. Then I said to the lady: "Place your finger about opposite the lower part of the chin and then move your head and eyes from side to side. When you do it properly, you can imagine the finger to be moving and there will come to you a relief from all the various troubles from which you suffer." She started to do as I suggested and by watching her very closely it was quite easy to keep her head and eyes moving as they should. This sway was a great relief to all the troubles of which the patient complained and it gave complete relief to many discomforts from which she had suffered.
A woman from Washington came for treatment of disease and blindness of the central part of the right eye. The left eye was nearly normal, with good vision. She had been told that the right eye was inflamed to such an extent that it was probable that it would require a long time, many months, before the symptoms were relieved. When she moved her head and eyes a short distance from side to side, the test card five feet away and other stationary objects appeared to move in the opposite direction. But when her right eye moved to the left while her head was moved in the opposite direction, pain and imperfect sight were produced. The sway was prac-ticed daily and in a few weeks her vision became normal in both eyes.

Why Patients Fail
By Emily A. Bates

ON PAGE 15 of my book, "Stories From The Clinic" I have suggestions which if read by patients would help them to do the right thing while taking treatment for their eyes [link]. Suggestion Number One reads as follows: "If the vision of the patient is improved under the care of the doctor, and the patient neglects to practice, when he leaves the office, what he is told to do at home, the treatment has been of no benefit whatever. The improved vision was only temporary. Faithful practice permanently improves the sight to normal." This does not mean one must work hours at a time, practicing the advice given for the im-provement of sight, but it does mean that he should devote as much time as possible to practice and not make hard work of it.

We have repeated in a great number of articles that it only takes a minute to test the sight with a test card and if the patient practices a few minutes in the morn-ing, it will help a great deal during the day. If at any time during the day, a strain is produced for some reason or another, the memory of one of the test card letters which was seen perfectly usually relieves all symptoms of strain and discomfort. Sometimes relief is only for a minute or two, but if the patient can remind himself to do this several times a day, the improved vision remains for a long time. Even with errors of refraction and organic diseases, the symptoms are lessened by the memory of a known letter or a known object seen clearly.

Most people, even those who have no trouble with their eyes, feel relieved from strain and discomfort of other parts of the body by the memory of some pleasant scenery or beautiful colors which are remembered without effort. There are certain shades of color which do produce mental strain and at the same time cause a low-ering of the vision. Green, no matter what shade of green it may be, is usually a rest and relaxation to the mind and eyes. Personally I can relax immediately if I am suffering from mental strain, which is frequently the case, by thinking of a Nile green shade or any object of that color.

Perhaps I can make myself understood better by telling about a case of hypermetropia in a woman, fifty-one years old, whose sight was poor for the near point as well as for the distance. She suffered from a great deal of pain and discomfort in her eyes at times. I tested her sight for colors, using different shades of yarn which I held exposed to her view at a point about ten feet from her eyes. She wore a light colored dress which had the combined shades of brown, tan, and yellow. She mes-tioned the different shades of yarn as I held them up for her to see and when I placed before her a shade of black yarn, she said: "Isn't it funny that I don't care for black especially."

Here was a problem. For years the doctor had helped patients by the memory of black, usually remembered by the patient with his eyes closed. For some time we had made good progress in benefiting patients' eyes by having them remember colors with their eyes closed and imagining one period blacker than another and then vice versa. I had planned to treat this woman in this way, using a colon as an object. I immediately removed that thought from my mind and planned to help her in some other way. Some of our test cards have red and green lines which are sometimes a great help in improving the patient's vision for the smaller letters at a distance of ten feet or further. Testing her with these cards and improving her sight with the memory of the green col-ored line not only helped the patient's eyes, but also relieved the symptoms of pain and discomfort that she had had for some time.

At this patient's second treatment she gave me a report of the progress she had made while practicing at home. She enjoyed drawing, which I advised her to continue to do, and then for pastime while she was practicing she used different colored crayons for the drawings. She brought the drawings with her, and we thought they were beautifully done. At her second visit she wore a black gown, and all through her treatment I had to listen patiently for twenty minutes to her account of the sadness she had had through her life, of the care that some of the members of her family were to her, and of how hard it was for her to remain cheerful.

I tested her sight and found it about the same as it was before I treated her in the beginning. I made the room unusually bright by using the thermolite as well as the ceiling lights which we have in our office. I then started testing her sight for colors at fifteen feet, using the yarns again and while it took a little longer to have her mention the colors correctly, I did succeed finally in making her forget about her family troubles and wor-ries. I wanted to be sure that I was right about the change of temperament because of her black gown, so mentioned it to her and told her to remember black while painting. Instead of being quiet she talked increasantly of her pain and the operations that she had had from time to time and the only way I could quiet her was to tell her that I had several of them myself but that I did not worry about them any longer. I asked her if she had read Irvin Cobb's book on operations and told her some of the funny stories which were in his little book. She soon found out that I did not care to discuss operations.

What I want to explain at this point is that color has a great deal to do with mind strain. I believe that people are much happier now that brighter color combinations are being used in our homes.

Sometime ago I had a patient over sixty years of age who had double vision almost all the time. Large objects were seen single but small objects were always seen double. Test card reading was not easy for this patient so I had to conceal every letter on the test card with the exception of one. After he mentioned that one correctly it was covered over and another letter was exposed to view. If he looked at a card longer than a fraction of a second, without turning his head either to the right or to the left, he would always see the letter double. Shifting quickly from a letter to the blank wall on either side of our room helped him to see the letter single and not double when he looked at it again. He was told to do the long shift when he practiced with the card and to shift only an inch or two to the right or to the left whenever he was looking at anything else either up close or at the distance.

This patient did not come regularly for treatment, but he came off and on for about a year, when he was finally cured of his double vision. A variety of flowers which were growing near his home helped when he was out-doors where he practiced the sway of the body, moving from left to right and always remem|bering to blink. As he did this he saw the flowers as they were, instead of see-ing them double which had been his trouble for many years.

At the present time we have a little child taking treatment for blindness in one eye. Both eyes have cataract, but the left eye also has scar tissue in the corneas. Apparently there was not any sight in the left eye because there was no red reflex seen when the ophthalmoscope was used. Toys of different colors were placed before her and as she mentioned the names of each of the animals they were placed on the floor at a distance of five feet or farther. At this distance she sometimes made a mistake in naming the animal. The harder she tried to see the toy at the distance, the more blind she became.

I taught her the long swing, having her shorten the swing to a short sway of the body and advising her to blink as she swayed. She then became able to name the animals correctly as they were placed a few feet farther, but only when she mentioned the color of the toy first. Just by blinking as she swayed she remem-bered for part of a minute the color of the animal she was asked to mention. When she was not reminded to blink or to keep up the sway she made an error in naming the animal.

It is good to have someone in the room while such patients are under treatment, especially if they are to help the patient away from our office. They can understand very readily why some patients fail when they stay even for only a fraction of a second. It is necessary constantly to remind the patient that in order to bring about a permanent benefit, he must not fail to do as he is advised when away from the office.

Failure to remember a color with the eyes closed lowers the vision and causes the sight to become imperfect. Failure to take time enough to practice or to read the chart every day is a mistake and causes failure. Daily practice counts, no matter how little time one has. After all, the Bates Method is eye education. To miss one day in the cure of the eyes when they need attention for the improvement of sight is much like failure to study a certain lesson each day in school, or to attend to any work which requires daily study or practice. In most cases when improvement is made in the sight by a teacher of eye education it is only a temporary one, but it is enough to encourage the patient to keep on with the practice until the sight becomes normal. Patients who are cured in one visit are those who can retain the relaxation and rest which is the foundation of the method.

Eye diseases such as atrophy of the optic nerve, iritis, glaucoma, and cataract, are always benefited when the patient does not neglect to practice every day. The sight of patients who suffer from organic diseases is usually very poor. All organic diseases become less when the sight improves by relaxation and rest.

Case Report

(Editor's Note—We believe that the following letter will prove of interest to our readers. Dr. Rath, of 115 Francis St., Jackson, Mich., has recently completed a course of instruction and, as the following report of a case indicates, he is already doing splendid work.)

Dear Dr. and Mrs. Bates:
It just occurred to me that you might be interested to know how I am coming on with the little boy that had so many doctors. We call him "the little boy of the forty doctors." His name is Stanley and when Stanley's father first came to me he had just about given up hope. He remarked that Stanley lived in a world all his own. He did not play much with other boys because he could not see. Stanley spent most of his time with his mother when not in school.
The school physician placed Stanley in the "Eye Saving School." They use great large letters in all their books.
Stanley's father was not satisfied with his last doctor and really did not know what to do. He talked to the superintendent at the factory where he works about it, and he sent him to us for advice. Having just returned from No. 18 E. 48th Street, full of inspiration, I told him to bring the boy down and let me look at him. He has now been to see me just ten times. He is now reading the bottom line on the C chart, the white card with black letters, 10/10 vision, and the bottom line on the little hand chart. He does not do this very rapidly, but he is doing it.
I wish you could see him do the "long swing." He does this with a grace that is charming.
The last time they came, his mother told me that Stanley's complexion had actually changed since he began the "Bates System." The neighbors are noticing the great change in the lad, and the mother and father want to send him to the regular school. I don't know how we will come out in this respect as they likely will not believe he can see well enough. I had him bring with him a book that they see in the regular school, and he reads it without the least difficulty. He plays with the other boys, and he tells me, in playing ball, he not only sees it, but he can hit it too.
Every time Stanley comes to see me he is just a little better. When I first saw him he was downcast; now he is happy and buoyant.
I am doing wonderfully well with the "Bates System" and if it were not for making a tedious and long letter I would write you more.
With best wishes,
Sincerely,
(Signed) John A. Rath.
P.S.—I neglected to state that when Stanley was first brought to me he was seeing all colors of the rainbow, especially green. This has all ceased.

Notice

Dr. Bates, as well as the Central Fixation Publishing Company, has been receiving a number of letters recently from people who have been unsuccessfully treated by practitioners who have not taken Dr. Bates' course of instruction and do not understand the Bates Method thoroughly.
Dr. Bates gives a course of instruction to doctors, teachers, nurses, and others who wish to practice his method professionally. At the end of the course the student receives a certificate authorizing him to help others by the Bates Method. Those wishing further particulars may obtain them by writing direct to Dr. Bates at 18 East 48th Street, New York City.

We wish to inform our subscribers that the Better Eyesight Magazine will be discontinued after the June, 1930, issue. This will enable Dr. Bates and Mrs. Bates to devote more time to the writing of new books on treatment alone for which there has been a very great demand during the past year. Subscriptions for the remaining months, however, are being received. We request that all those who desire to be notified upon the publication of new books kindly send us their names and addresses, which will be kept on file.

Announcement

Dr. Bates takes pleasure in announcing that the following have recently completed courses of instruction under him and he highly recommends them to anyone desiring their services:
Miss Clara M. Bowman,
Studio 6, Aquila Court,
Omaha, Nebraska.
Mr. Fred Baechtold,
633 Hudson Ave.,
West New York, New Jersey.
Mr. Baechtold will be pleased to visit those patients who desire to receive treatment at home. Appointments can be arranged by telephoning him at Palisade 7735.

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