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Better Eyesight

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

June, 1920

SUN-GAZING

Light is necessary to the health of the eye, and darkness is injurious to it. Eye shades, dark glasses, darkened rooms, weaken the sight and sooner or later produce inflammation. Persons with normal sight can look directly at the sun, or at the strongest artificial light, without injury or discomfort; and persons with imperfect sight are never permanently injured by such lights, though temporary ill effects, lasting from a few minutes to a few hours, days, weeks, months, or longer, may be produced. In all abnormal conditions of the eye, light is beneficial. It is rarely sufficient to cure, but is a great help in gaining relaxation by other methods.

The quickest way to get results from the curative power of sunlight is to focus the rays with a burning glass on the white part of the eye when the patient looks far downward, moving the light from side to side to avoid heat. This may be done for part of a minute at frequent intervals.

Looking at the sun, while slower in its results, has often been sufficient to effect permanent cures, sometimes in a very short time. There is a right way and a wrong way to do this. Persons with imperfect sight should never look directly at the sun at first, because, while no permanent harm can come from it, great temporary inconvenience may result. Such persons should begin by looking to one side of the sun, and after becoming accustomed to the strong light, should look a little nearer to its source, and so-on until they become able to look directly at the sun without discomfort.

A LESSON FROM THE GREEKS

By W. H. Bates, M.D.

The failure of the muscles of the eyes to function normally under the conditions of civilization is not an isolated phenomenon. As Diana Watts, in her remarkable book, The Renaissance of the Greek Ideal (Frederick A. Stokes Company, New York), points out, the entire muscular system of modern civilized peoples works under such a condition of jar and strain that all muscular labor is accomplished with a maximum of effort. So far, indeed, have we drifted from our normal physical possibilities that the positions of the ancient statues seem impossible to us, and we have been forced to attribute many descriptions of the feats of heroes in the Iliad and Odyssey to poetic license. Mrs. Watts, by reproducing the positions of these statues, and doing other things that are beyond the power of even the strongest gymnasts and dancers trained under present methods, has fairly established her claim to have discovered the secret of Greek physical supremacy.

Greek athletics, according to Mrs. Watts, was very far from being a matter of mere muscle development. Its aim was to produce a condition in which all the muscles worked harmoniously together and responded instantly to the mind's desire, thus securing a maximum of activity with a minimum expenditure of energy.

The secret she found to be very simple. It consists in such a perfect balancing of the body that whether it is at rest or in motion its center of gravity is always kept exactly over its base. This perfect equilibrium involves in turn a condition of the muscles in which they are transformed from a dead weight to a living force. In this condition there is said to be a complete connection of all the muscles with the center of gravity; independent motions and independent reactions are eliminated, and a combined force is instantly brought to bear upon whatever work is required. The spine is perfectly straight, the waist muscles firm, and the weight, in the standing posture, *is* supported upon the balls of the feet. Extraordinary precision and beauty of movement results, and all sense of fatigue is said to be abolished.

To attain this equilibrium in its perfection requires much. study and practice, but it can be approximated simply by keeping the spine straight and the weight over the balls of the feet, or upon the thighs, if seated. By this means a large degree of relaxation is often obtained, and the effect upon the eyesight has, in several cases, been most marked.

A patient suffering from retinitis pigmentosa found that when he straightened his spine, in walking or sitting, his field at once became normal, remaining so as long as the erect position was maintained. His field had already improved considerably by other methods, but was still very far from normal. In the evening the position had the further effect of relieving his night blindness.

Another patient who had been under treatment for some time for a high degree of myopia without having become able to read the bottom line of the test card, read it for the first time when her body was in the position described. She was able, moreover, to maintain the position for a considerable length of time, whereas ordinarily she was extremely restless, and could not remain still for more than a moment. A third patient, who could not rest her eyes by closing them or by palming, was relieved at once by this means, as was shown, not only by her own feelings, but by the expression of her face.

Sleeping with a straight spine has also been found to be a very effective method of improving the vision and relieving fatigue. The patient with retinitis pigmentosa whose case has just been referred to, suffered continual relapses in the morning. No matter how well he saw in the afternoon, or in the evening, he would wake up unable to distinguish the big C and with his memory so impaired that it would take him the whole morning to get it back. After sleeping on his back, with his lower limbs completely extended and his arms lying straight by his sides, he was able to see the fifty line at ten feet when he woke and his memory was much better than usual at that time. Further improvement resulted from further sleeping in this posture. The patient with myopia had been in the habit of waking up tired after ten or twelve hours' sleep. One night she shared her bed with a guest, and in order not to disturb the latter she tried to keep her body straight. Although she had staid up until a very late hour talking, she awoke feeling perfectly refreshed. Another myopic patient who had been at a standstill for six months, gained two lines after sleeping on his back for one night.

SAVED FROM BLINDNESS

By Patricia Palmer

It is very hard for an active young girl to suddenly learn that in a short time she may lose her eyesight. I had always felt a great deal of pity for blind people, but I never stopped realize how many beautiful things they missed until I knew that I was going blind myself. I only wore glasses for three years, but in that short time I developed a very bad case of progressive myopia. In the summer of 1918 my sight became so poor that I had to stop reading altogether and even a moderately bright day hurt my eyes so much that I kept them bandaged a great part of the time. Finally I had to put on a dark Knox lens, and the goggle-like glasses that I wore shut out all light. In the fall I started school, but as I could not see to read I was working under great difficulties. Then, through an article published some months before in the Scientific American, we learned of Dr. Bates's work and it seemed the last possible hope. I declared that there was no use in taking the trip to New York, because I knew he could to nothing for me, but in the end I went.

The first time I looked at the test card I could not see the big "C" until I stood within four feet of it, but in two hours I was able to flash all the letters of the third line and part of the fourth at ten feet. In four weeks I had 10/10 vision and my beating, which had been bad, was normal.

Some weeks after I mentioned home a friend, who was calling, complained of a bad headache. I persuaded him to take off his glasses and showed him how to palm and swing the letters on the chart. A short time later he discovered, to his surprise, that his headache was entirely gone.

This incident made me realize that if I showed others what Dr. Bates had shown me I could relieve, if not cure, their troubles. The next person that I worked with was a little girl with progressive myopia which had not become very serious. She worked very conscientiously, and about a month after we started, when she visited Dr. Bates, her sight was nearly perfect.

I have helped a number of people, some successfully, others not so successfully. One of my most interesting cases was a chauffeur who thought that he was unusually farsighted, but who could not see to read the paper. When I tested his eyes I found that he had only 10/20 vision. In a short time, however, he attained normal sight by palming and swinging the letters. I then told him to close , his eyes and count ten, then open them for a fraction of a second. I held a book in front of him and in a short time, by closing his eyes and then glancing at it, he read parts of it. He practices on signboards, automobile licenses, or anything that he sees, and now he reads the entire paper every evening. He has noticed, too, that he is not blinded by bright lights at night as he used to be.

As to the value of swinging the little black period I am very decided. I find it my best friend, especially in a test. One time in a French examination, in the excitement of the moment, I could not think of a certain word which I knew well enough and which was very important to me. I closed my eyes and palmed for a second and remembered the period. In a flash my self-control returned to me and with it the word. I have tried this several times since, usually with success.

I often wonder new how I could possibly have managed without my eyes, even with glasses. It is such a joy to be able to read from morning to night if I want to. Reading music is supposed to be a terrible thing for the eyes, but I do an endless amount of it and never know the difference. I find, too, that since my eyes have been well I memorize remarkably quickly, and that when I study I can grasp the contents of the text more easily than before. In the old days of glasses I had to read my history assignment two or three times before I knew what it was about, while now once is quite enough.

My greatest regret is that so few people know how to prevent eye troubles, or how to care for them after they develop. Perhaps, however, if the movement to establish Snellen test cards in the schools grows, thousands of children may be saved the agony which I and many others suffered with headaches as well as being freed from the inconvenience of glasses.

STORIES FROM THE CLINIC

4. Three of a Kind.

By Emily C. Lierman.

George, Gladys and Charlie are three children who came to the eye clinic of the Harlem Hospital at about the same time. They were all of the same age, nine years; they were all suffering from about the same degree of defective sight; they all had headaches; and they got into a very interesting three-cornered contest in which each one tried to beat the others at getting cured. George and Gladys are colored, and Charlie is a white boy of a most pronounced blonde type, with fair curls and blue eyes.

George was the first of the trio to visit us. He had been sent from his school to get glasses because of his headaches; and it was easy to see from his half-shut eyes and the expression of his face that he was in continual misery. My first impulse was to try to make him smile, but my efforts in that direction did not meet with much success.

"Won't you let me help you?" I asked.

"Maybe you can and maybe you can't," was his discouraging reply.

"But you are going to let me try, aren't you?" I persisted, stroking his wooly head.

He refused to unbend, but did consent to let me test his vision, which I found to be 20/70, and to show him how to palm and rest his eyes. He also continued to come to the clinic, but for three weeks I never saw him smile, and he complained constantly of the pain in his head.

Then came Gladys, accompanied by her mother who gave me a history of her case very similar to that of George. Her vision was 20/100, and in a very short time I improved it to 20/40. At her next visit it became temporarily normal, and this fact made a great impression upon George. I saw him roll his black eyes and watch Gladys while I was treating her, and later, when he thought I was not looking, I saw him walk over to her, and heard him say:

"You ain't going to get ahead of me. I came before you. I wanna get cured first. See?"

I separated the two children very quickly, for I foresaw trouble; but all the time I was very grateful to Gladys for having, however unintentionally, stirred George up.

Next week Charlie came. He looked very sad, and his mother, who came with him, was sad also. His headaches were worse than those of the other children had been, and were actually preventing him from going on with his studies. Promotion time was near, and both mother and child were very anxious for fear the latter would be left behind. They hoped that by the aid of glasses this tragedy would be averted. Of course I explained to the mother that we never gave glasses at this clinic, but cured people so they did not need them. Then I tested Charlie's sight, and found it to be 20/100. Next I told him to close his eyes and remember a letter perfectly black, just as he saw it on the test card. He shook his head in dismay, and said:

"I can't remember anything, the pain is so bad."

"Close your eyes for part of a minute," I said, "then open them just a second and look at the letter I am pointing at, then quickly close them again. Do this for a few minutes, and see what happens."

What happened was that in a few minutes Charlie began to smile, and said:

"The pain is gone."

I now showed him how to palm, and left him for a while. When I came back his sight had improved to 20/70. I was very happy about this, and so was Charlie's mother. She was also very happy to think that he did not have to wear glasses.

Charlie continued to come regularly, and was an apt pupil. One day he told me that he had been out sleigh-riding with the boys, and that the sun had been shining so brightly upon the snow that he couldn't open his eyes, and, his head ached so that he had to go home and go to bed.

"Why didn't you palm for a while and remember one of those letters on the card?" I asked.

"That's right," he said. "I wonder why I didn't think of it."

The next time he came there had been another snowstorm, and he could hardly wait to tell me what had happened.

"I went sleigh-riding some more with the boys," he said, as soon as he could get my ear, "and the pain came back while I was having fun. But this time I didn't go home and go to bed. I remembered what you said, covered my eyes with the palms of my hands right in the street, and in a little while the pain all went away, I could look right at the snow with the sun shining on it, and I didn't mind it a bit."

From the start, the two colored children were greatly interested in Charlie, and thinking that a little more of the competition that had proved so effective in George's case would do no harm, I said, "See who beats." They needed no urging from me, however. Every clinic day, an hour before the appointed time, the black and white trio was at the hospital door. If there was a crowd there, the children forced their way through without much ceremony, and then started on a dead run for the eye room. There they practiced diligently until Dr. Bates and I arrived, and I fear they also squabbled considerably. There was no lack of smiles now in the case of any of the children, and as for George, he had a grin on his face all the time.

Charlie was the first to be cured. In just a month from the time of his first visit his vision had improved to 20/10. Usually patients do not come back after they are cured, but this boy kept on with the practice at home, and returned to show me, and incidentally his two rivals, what progress he had made. We had a visiting physician at the clinic that day, and I rather suspected Charlie of trying to show off when he walked to the very end of the room, a distance of thirty feet from the card. To my astonishment, and the great annoyance of George and Gladys, he read all the letters on the bottom line correctly. The colored children made haste to suggest that he had probably memorized the letters; so I hung up a card with pothooks on it, such as we use for the illiterate patients, and asked him to tell me the direction in which those of the bottom line were turned. He did not make a single mistake. There seemed no room for doubt that his vision had actually improved to 30/10, three times the accepted standard of normality. Not more than one other patient at the clinic has ever become able to read the card at this distance. Charlie returned several times after this, not from the best of motives, I fear, and I took great pleasure in exhibiting, his powers to the nurses and to visitors.

George and Gladys were cured very soon after Charlie, both of them becoming able to read 20/10. I was sorry that they could not have done as well as Charlie, but since their vision is now twice what is ordinarily considered normal, I think they ought to be satisfied.

A CASE OF CATARACT

By Victoria Coolidge

After I had made one visit to Dr. Bates, I was so much encouraged that I asked him if he could do anything for my father, eighty-one years old, who had cataract in each eye. He said he could, provided the patient had all his faculties and would follow directions. I replied that he was not only in full possession of his faculties but that he was blest with vigorous health besides, and I felt sure that he would be willing to do anything to restore his sight.

When I went home, I told my father what Dr. Bates had said, but the treatment seemed so simple for such a difficult case, and his mind was so thoroughly imbued with the idea that nothing but an operation would help him, that he did not make up his mind to see Dr. Bates until Four months later.

He remembered having had remarkably keen vision as a young man, and in 1862 passed as normal the army eye test, which was very strict at the beginning of the Civil War. When he was about fifty years old, however, he began to have trouble in reading and other near work, so he put on glasses to correct this difficulty, and seems to have had the same experience that so many people have—they were nearly, but not quite right. He went from one doctor to another, but the result was always the same. Finally, in 1907, he consulted a well-known specialist in Albany, who, in 1919, at his request, sent him the following record of his case as it was at the time of that visit:

R. V.—20/200 corrected by glasses to 20/50

L. V.—20/50 corrected by glasses to 20/30

Ophthalmoscopic examination showed in each eye incipient cataracteous changes, which were more marked in the right eye. Otherwise the interior of the eye appeared normal. Nothing was said to him personally regarding this condition, for frequently it remains unchanged for years.

He was well pleased with the glasses obtained at this time, and for a few years had more comfort with them than with any he had ever worn; but after a while he began to have trouble with his right eye again. In 1917 he noticed that there seemed to be hard deposits in his eyes. He consulted a prominent specialist in his own locality and learned from him that he had a fairly well developed cataract in the left eye, and an incipient cataract in the other. The doctor prescribed glasses for him, and asked him to visit him once a month so that he might watch the progress of the cataracts. He said that nothing but an operation would help the left eye, but he would advise an operation only in the event of a loss of sight in both eyes, as would be the case if the cataract in the right eye should also progress, because unless both eyes were operated on at approximately the same time, they would not focus together. He called on the doctor faithfully every month for about a year and a half, when he finally became tired of hearing the same discouraging story: the left cataract was rapidly developing, but the doctor would not operate unless both cataracts were ripe. And so he discontinued his visits.

It was about six or seven months after his last visit to this doctor that he called on Dr. Bates. The sight in the left eye had become so dim by this time that he could not recognize the members of his family across the table. He could see that there were people there, but he could not distinguish them. Dr. Bates made the following report of his condition at the time of his first visit:

January 1, 1918:

R. V.—20/100

L. V.—Perception of light—unable to count his fingers.

At subsequent visits the following records were made:

January 2.

R. V.—20/200, artificial light.

L. V.—Counted fingers at six inches.

Improved by shifting, swing, rest, palming (best).

January 4.

R. V.—14/p30.

L. V.—14/200.

Reads large print.

January 8.

R. V.—14/15.

L. V.—14/200+.

Reads some words fine print continuously.

January 13.

R. V.—14/10.

L. V.—14/40.

He reads in flashes the fine print with the right eye and some larger print with the left. His improved sight helps his beating at times.

January 18.

R. V.—14/10.

L. V.—14/20 in more continuous flashes.

He is reading large print more continuously with the left eye.

April 30.

Obtains flashes of the fine print with the left eye better than with the right.

The treatment prescribed was as follows: Palming six times a day, a half hour or longer at a time; reading the Snellen test card at five, ten, and twenty feet; reading fine print at six inches, five minutes at a time, especially soon after rising in the morning and just before retiring at night, and reading books and newspapers. Besides this, he was to subject his eyes, especially the left, to the sunlight whenever an opportunity offered, to drink twelve glasses of water a day, walk five miles a day, and later, when he was in better training, to run half a mile or so every day.

The results of this treatment have been most gratifying. Not only have his eyes improved steadily, but his general health has been so much benefited that at eighty-two he looks, acts and feels better and younger than he did at eighty-one.

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