August 1926

Better Eyesight

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

August, 1926

Demonstrate

That vision is always imagination, either perfect or imperfect. What we see is only what we think or imagine we see. The white center of the letter "O", when seen perfectly, appears to be whiter than it really is, or whiter than the rest of the card. That part of the center of the "O" which is in contact with the black appears to be the whitest part of the white center. By covering the black part of the "O" with a screen, which has an opening in the center, the white-seen of the center of the "O" appears to be the same shade of white as the rest of the card. Now, remove the screen, and at the first glance, the center of the "O" appears for a short time to be much whiter than it really is. In other words, one sees something which is not really seen, but only imagined. When some people enter a room which is totally dark, they often imagine that they see a white ghost. They don't really see it; they only imagine it, but their imagination may be so vivid that no amount of argument will convince them that they did not see the ghost.
When one looks at the tipper right hand corner of a large letter of the Snellen test card, it is possible to see that point best, and all the rest of the letter not so black. The part seen best appears blacker than it really is. The part seen worse appears less black than it really is. Things seen more perfectly than they really are, are not seen, but imagined. Things seen less perfectly than they really are, are not seen imperfectly, but are imagined imperfectly.

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

MOST children have normal eyes when they enter school. In a few years, their sight may become imperfect. Acute cases are usually benefited or cured by prompt treatment without glasses.

CAUSES

I have frequently called attention to the fact that in all cases of imperfect sight, STARING is present, and can usually be demonstrated. It is the cause of imperfect sight. When treatment corrects the habit of staring or trying to see with an effort, the vision becomes normal.
The surroundings have an important effect upon the vision. It is possible to lower the vision of any child by an unexpected noise or by punishment, either physical or mental. The vision is usually affected by the temperament of the people with whom the child comes in contact. When a child is comfortable, the sight is good. When a child is nervous, the vision is lowered.
The following case illustrates these facts. One-half hour after birth, a child was observed to squeeze its eyelids, wrinkle up its forehead and, in fact contract the muscles of its whole body. The child's eyes were examined with the retinoscope, and when it was straining so terribly, it had a high degree of near-sightedness. A drop of strong atropine solution was put into both eyes. Atropine is supposed to lessen the eyestrain which causes myopia. This child, however, was not benefited in the slightest,—the pupil dilated, but the near-sightedness continued. The remarkable fact was repeatedly observed that in spite of the atropine, the child produced at about fifteen minute intervals, or more often, all the errors of refraction known, for which glasses are prescribed. Sometimes it was far-sight in both eyes; sometimes far-sight in one eye and near-sight in the other. Astigmatism would come and go, and the degree, as well as the axis, was variable within short periods of time. Sometimes the retinoscope demonstrated that the eye had mixed astigmatism, that is, it was flatter than normal in one meridian, while the one at right angles to it was more convex than in the normal eye.
The nurse, who was not a graduate of any hospital, took the child in her arms, and began to rock it from side to side. Watching the child's face, one could see the muscles begin to relax, the wrinkles become less, the contraction of the muscles of the arms, limbs, and of the whole body, become relaxed. The little one opened its eyes and smiled; at this moment both eyes were normal. Then it turned its face to the nurse's breast and promptly went to sleep.
The child was examined daily for about a week, then less frequently, about twice a week for several months, and then only occasionally. When she was four years of age, her eyes were normal. She was sent to kindergarten, and after being there for about a month, the retinoscope showed that she had myopia in both eyes, which strong atropine drops did not correct. I asked the teacher to encourage this child to dance and run as much as possible while at school. After two weeks, the child was examined again with the retinoscope and the eyes were found to be normal, with no myopia nor astigmatism whatever. At this time, the eyes were straight. A month later, the child was again examined. The right eye was normal, but the left eye was very far-sighted and turned in toward the nose. With the right eye open, the child could distinguish her parents, relatives, and some of her playmates across the street, at a distance of more than fifty feet. With the right eye covered and looking with the left eye, she could not recognize her acquaintances further off than fifteen feet. It was very evident that the sight of the left eye was imperfect.
Not long afterwards, I visited the kindergarten and was much shocked to find that the child was wearing glasses for the correction of the squint. It annoyed me so much that I at once called on the parents, and had a heart to heart talk with them. The father was a friend of mine and teased me a little for taking the matter so seriously. The mother remembered how much time I had spent on the child previously, and was willing to have me treat the child. The child's glasses were removed permanently and she practiced shifting, swinging, and palming. Reading a Snellen test card (the card with "E's" pointing in different directions) for about five minutes each day, was a benefit. In a short time, the eyes became straight and the vision of both eyes became normal at the same time.
Later, the child had a relapse which was evidently caused by being annoyed by a girl who had joined the kindergarten class during the previous month. It so happened that the child who annoyed the patient went away for a visit, and while she was gone, the patient's eyes became straight and remained straight. When the irritating child returned to the school, the patient again had a relapse. I recommended that the patient be taken out of the kindergarten and kept in agreeable surroundings with children and others who did not make her nervous. The child outgrew this nervousness and ten years later there had been no return of the squint.

TREATMENT

AGE—One of the first questions that people ask is "How old should a child be before it can be treated?" The answer is that the younger the child, the more successful is the treatment.
FREQUENCY.—Another question frequently asked is "How long does the child have to be treated before good results are obtained?" My habit is to ask the parents to wait and see the results of the first treatment. I am then usually able to tell them that the child has a ten-penny cure and does not necessarily need to come to see me again. If the child is only partially cured, however, it may be advisable to have him come for a few days, e week or longer, until he becomes able to improve his sight without my supervision. Then he may continue to practice at home until cured. If the care is delayed, it may be necessary to take more treatments under my personal supervision.
PALMING—When palming, the patient closes the eyes and covers them with the palm of one or both hands, in such a way as to avoid pressure on the eyelids. Babies, three years old or younger, have been taught to palm. When they find that the discomfort in their eyes or head is relieved by the mother covering their closed eyelids with the palms of her hands, the children may acquire the habit of doing it themselves. I have had cases of whooping cough, in which children three years old have stopped the cough by palming, after they had obtained benefit from palming done for them by an older person.
While nursing her baby, whose sight was imperfect and eyes inflamed, one mother was observed to cover its eyes with her hand. She said that the palming relieved the pain in the eyes, improved the sight, quieted the child, and promoted sleep.
SWINGING—One of the best methods for preventing straing is to practice the swing. We often see babies laugh or scream with delight when someone swings than sideways or up and down. They open their eyes wider, breathe more deeply, and the muscles of their arms, limbs, and whole bodies relax with pleasure and happiness. It is not conceivable that a baby so happy could have pain, poor sight, or be cross-eyed. Children and babies are forced to wear large tortoise-shell rimmed glasses, which invariably kills the joy in their hearts. They seldom smile, the eyelids contract, wrinkles appear on their faces, and the world becomes a place in which to be sad. Let us bring back the rocking chair, the swing, the cradle, and encourage mothers to swing their babies in their arms as they love and pet them.
REST—Children of all ages are benefited by resting their eyes and minds for a few minutes, several times a dy. Teachers realize the benefit of rest in the school-room, and books are laid aside, windows opened, and a few exercises with deep breathing, are practiced. I am not aware that the school authorities have ever been criticized for devoting this daily amount of time to rest.
A more effective method for obtaining relaxation of the mind is as follows: A Snellen test card is permanently placed on the wall in front of the children, where it can be read by all of them from their seats. Twice each day or more often, the children read the card with each eye separately as well as they can. When practiced properly, reading the Snellen test card with both eyes open, or alternately with each eye, the other being covered, has improved the vision in all cases. In some cases, the vision became normal in two weeks or less, while other required a longer time to obtain this result. Practically ab ol the children were temporarily cured in three months.
It rests the eyes to read the Snellen test card with good vision. To fail to read it perfectly, requires a strain or an effort. When these facts are demonstrated and the child realises the cause of its imperfect sight, much good may follow. When children do not know the cause, they have more trouble in obtaining relief.

Stories from the Clinic
No. 78: SCHOOL CHILDREN
By Emily C. Lierman

DURING the last year, I have had more squint cases under treatment than any previous year. My records show that all of these cases also had imperfect sight. All, with the exception of two little boys who were in the second and third grade, were too young to attend school. Anthe close of the Clinic in June, it was not necessary to send them to kindergarten, as every one of them was ready for the first grade.
I am very sure that parents who have children with squint or cross-eyes were wont to know what to do to correct the trouble.
Many of them, who visited us, were unwilling to have their girls or boys operated upon for the cure of squint. If the patients are faithful in the daily practice, we can assure them of a cure. In some cases where the sight of one eye is imperfect, while that of the other eye is normal, we advise a black patch to be worn over the good eye, especially during practice. This is done only when the eye with imperfect sight turns in or out.
It is always encouraging to the patient if he can see the eyes improve, or become straight, while under treat-ment. If I notice a decided improvement while treating such a case, I place my patient before a large mirror, and direct him to closely follow my instructions. I then quickly draw his attention to his eyes, and before he has a chance to strain, he notices the improvement. This usually encourages them to continue their practice until they have a permanent cure. Other patients who are not troubled with squint but have imperfect sight, are treated in a different way.
When children are too young to read the alphabet or figures, we use a test card with the letter "E" pointing in various directions. This card is placed at flor or ten feet from the patient, and he is requested to tell in which way the letters are pointing. When the letters become smaller, they begin to look blurred. Then it is best to advise palming for five minutes or even less. When the patient again reads the test card, the vision is usually improved for one or more lines of letters. The child is then shown how to sway by standing and gently moving the whole body with the head from side to side. Most patients must be reminded to blink, so the child is frequently encouraged to blink, while sway-ing, just flashing the card and seeing one letter at a time. When children understand the great benefit derived from the sway of the body, there is no difficulty in curing their imperfect sight or squint. Most of the patients have some kind of music at home, and children as well as adults, enjoy keeping time with it, as they practice the sway which helps the patient to relax. Relaxation being the only way to improve the sight, the patient is thus benefited by the sway.
I am always able to teach my tiny tots their letters and figures by playing a game with each one. If he has squint, I place the card close to the eyes and point to the largest letter, and ask what it is. He may say, "I don't know," and then I mention whatever the letter is. After this, he is directed to play peek-a-boo, which means to look quickly, repeat the letter after me, and then close the eyes. This is exactly the same method used for adults, only it is not a game of peek-a-boo. When a child is instructed in this way, the second treatment becomes more interesting, and each time he is taught a few more letters.
I never forget to praise my little patients after each treatment, as it makes them more anxious to help me when treating them. The little fundamental cards play an important part in the treatment and cure. They help grown-ups, as well as children.
Mothers may at first feel it a task to devote the necessary time and care to their children with imperfect sight, but the result is worth the effort. Children can practice the sway at home for five minutes before they go to school. When they read letters or words written on the blackboard, their vision always improves, providing they do not stare at the letters. Blinking frequently, while looking slightly below the line of letters they are reading, relieves all tension and strain. When no effort is made, children can read from their books, feeling relaxed and rested, both in mind and body. Boys and girls from the high schools, who have been treated and cured, appreciate this fact. Many school children whose defective vision has been cured, have interested their teachers in the matter. As a result, they come to Dr. Bates for treatment and were also cured, Dr. Bates and I realise the strain under which teachers of the Public Schools work. Many of them do not know how to relax, and their anxiety to iastill knowledge in the minds of the children, keeps them constantly tense.
A young man who we just about to enter Columbia College, recently told me that every morning for one whole year after he was cured, he never missed an hour's practice with his eyes. He said it helped him to keep refreed during school hours,,and that he noticed that his mind was benefitted. He could think easier and his memory, which was very poor wihle he was wearing eyeglasses, was so much improved that he found no difficulty in studying his mathematics and history. More boys than girls seem anxious to cure their imperfect sight. I believe this is because boys and young men are interested in more strenuous sports. Eyeglasses are useless to the oarsmen, football and baseball players and, for the sake of these sports, they are willing to practice faithfully to bring about a cure.

What the Bates Method Did for One School Boy
By May Secor
Special Teacher of Speech Improvement, New York City public Schools and Pupil of Dr. Bates

JOHN was cross-eyed; the taunts of his schoolmates kept him well aware of this. When he looked at an object directly in front of him, the pupil of his "lazy eye" was only partly visible; with this eye he could see the large "C" of the Snellen chart, only when he was within sixteen inches of the chart. John was nearly seven years old; he was retarded at school, having been obliged to repeat Grade 1A. He was a neurotic child,—extremely erratic in his behavior at school and at home.
During the letter part of his second term in 1A we began to instruct him in Dr. Bates' method of Eye Education. We aimed to keep John relaxed and happy; to prevent each exercise as a game; to suggest each game in such a way that he would be anxious "to try it"; to forewer an outburst of passion when it was brewing, epd scard it off; in general, we aimed to instruct John in methods of relaxation, keeping him busy with happy, healthful thoughts and activities, than avoiding correction and possible outbursts of passion. We admit that the case was difficult, and required much time and study.
We used the following methods:
1. INSTRUCTION TO PARENTS AND TEACHERS: Teach the child's parents and teachers the principles underlying the Bates Method, and gain their sympathy and co-operation.
2. REST PERIODS: Enjoy two rest periods each day,—after lunch and after school or work. Go to your bedroom, open the window, remove your shoes and other tight clothing, and lie down and sleep.
3. BLINKING: Notice how gently and often a tiny baby blinks. Close your eyes and remember a baby blinking, and gently blink as a baby does. Blink as you read an eye chart or a book, play cards and other games, watch automobiles pass, or enjoy physical exercises.
4. SWAYING: Watch the moving pendulum of a large clock. Close your eyes and remember the pendulum moving. Gently sway as the pendulum does, and see things moving in the opposite direction, at you blink. Vary your position. Stand with your feet slightly apart as you sway your body. Sit in a com-fortable chair and sway. Sit in a comfortable chair and gently away the head from side to side.
5. SWINGING: Enjoy the long swing, the memory swing, and the variable-swing fully described on the fundamental cards. As you shift, see letters and objects swing.
6. PALMING: Lie down or sit in a comfortable chair, and rest your feet and legs on a stool, which is as high as the seet of your chair, and tuck a pillow under each elbow. Gently close your eyes; cup your hands, and place them gently over your eyes, and enjoy the following: See something which is very black (a black cat, a black overcoat, or black velvet). Practice the memory swing as you make believe that you are swaying, reading the chart, looking at a certain picture, watching automobiles pass or playing a game.
7. READING TEST CARDS: Stand and sway, or sit in a comfortable chair, and rest your legs and feet on a stool which is as high as the seat of your chair. Read the Snellen card lazily, comfortably, and gently blink as you read. Read the test card with your better eye and then palm. Read the test card with both eyes together and then palm. Practice with the pot-hooks chart as follows: Name or indicate with the hand the. direction in which the letter points. Copy the chart, using white paper and black crayon. Read it with the "lazy eye" (eye pad on other eye). Copy a line at a time with black Kindergarten splints which have been cut in corresponding lengths.
S. MEMORY: While you palm, practice the memory swing. Recall the face of a friend, a certain picture, the odor of a rose, or the tone of some song you like.
9. IMAGINATION: While you palm, imagine you are taking a trip to the country or that you are drawing a small picture of a house or a dog.
10. SUN TREATMENT: Learn how to sway and blink with relaxation before using the sun treatment. Enjoy the sunshine; walk, play, or lie in it. Stand or sit in the sunshine, and gently blink, sway, and see things moving. Enjoy the long swing.
11. READING BOOKS: Read any book which is "easy for you to read" with fairly small print. Sit in a comfortable chair with legs and feet on a stool, and gently blink and read. Occasionally palm,for a few minutes. Let the mind drift and visualize some episode in the story.
12. LEARNING NEW EXERCISES: Begin by learning how to relax, blink, and sway, and then very gradually add other exercises.
13. USE OF EYE PAD: Wear an eye pad over the better eye at first for one-half hour, and then gradually increase the length of time.
II. ENVIRONMENT: Enjoy your lesson at patient's home, indoors or on porch, at instructor's studio, on a pier (if fond of boats), or in a park. Select cheerful, pleasant people as companions.
15. SLEEP: Before retiring, sway, blink, palm, and read the chart. Open bedroom windows, and if possible, retire at eight-thirty, and remain in bed until six-thirty or seven A. M. If wakeful during the night, palm and practice the memory swing.
In this way, we applied Dr. Bates' method of Eye Education to John's case. We treated John for seven weeks. He then spent two months in the country without treatment. Upon his return, we again took up the work.
The muscular control in the crossed-eye improved from the second lesson on. The vision improved greatly, and the crossed-eye gained the ability to fixate. But this was not all. In the fall, John's mother reported that he was "made over." At home John was pleasant and obedient; and whereas he had formerly been retarded at school, his record is as follows since he has been under our care:— June 1925—Promoted to 1B
Oct. 1925—Advanced to 2A
Feb. 1926—Promoted to 2B
John has been re-educated—from the standpoint of vision, of nervous make-up, of behavior, and of intelligence. Since Dr. Bates' method has accomplished this for John, may we not apply it with equal success to other cases?

Dr. Bates will resume his lectures to patients, at 383 Madison Avenue beginning the fist week of September. Invitations will be issued to patients.

Announcement

Our readers may be interested to know that of November first, Miss S. I. Bairley, formerly of Wai ington, D. C., will be in Los Angeles as a representative of Dr. Bates.
Other representatives who have just completed Dr. Bates' Course on the "Cure of Imperfect Sight Treatment Without Glasses" are:
DR. J. B. CLAVERIE,
1467 East 53rd Street,
CHICAGO, ILLINOIS,
and
DR ST. GEORGE FICHTIG,
97 Madison Avenue,
NEW YORK CITY,
and
PALM HARBOR,
Pinellas County, Florida.

HE WON'T STAY DOWN

This old world is sometimes jealous of the chap who means to rise;
It sneers at what he's doing or it bats him 'twixt the eyes;
It trips him when he's careless, and it makes his way so hard
What's left of him is sinew, not a walking tub of lard;
But it's only wasting effort, for by George, the guy keeps on
When his hopes have crumbled round him and you think his faith was gone,
Till the world at last knocks under and it passes him a crown:
Once, twice, thrice it has upset him,
  but
    he
      won't
        stay
          down.
What cares he when out he's flattened by the cruel blow it deals?
He has rubber in his shoulders and a mainspring in his heels.
Let the world uproob its buffets till he's buzzed from toe to crown;
Let it thump him, bump him, dump him, but he

Questions and Answers

Question—My sight is good, but I am suffering from restrain caused by muscle imbalance. No oculist has been able to help me. I have had to become a cook from being a typist and dressmaker. If I focus my eyes on my fingers for more than a moment, terrific pain shoots trough my eyes. I cannot stand light and have to cover the kitchen tables with a dark cloth. Please tell me what to do. Is it possible for me to discard the dark glasses I wear?
Answer—It is evident that when you look at your fingers for more than a minute, you stare, strain, and make an effort to see. Practice the variable swing. Hold the forefinger of one hand six inches from the right eye and about the same distance to the right. Look straight ahead and move the head a short distance from side to side. The finger appears to move, and the stare is prevented.
In order to overcome your sensitiveness to light, I suggest that you obtain as much sun treatment as possible. Sit in the sun with your eyes closed, and the sun shining directly on the closed eyelids. Slowly move your head from side to side in order to avoid discomfort from the heat. This should be practiced for half an our or longer daily, whenever possible. When your eyes become more accustomed to the strong light, the sun should be focused on the closed eyelids by moving the sun-glass rapidly from side to side above the eyelids. Later this can be done with the eyes open as you look far down, exposing the white part of the eye by lifting the upper eyelids. (Directions for use of the sun-glass can be obtained from the Central Fixation Publishing company).
Question—Often, when I am trying to see a thing, it will come to me, but my eyes will commence to smart, and than I blink and lose it. What shall I do to overcome that?
Answer—Blinking can be done correctly, and it can be done incorrectly. You strain while you blink. The normal eye blinks easily and frequently. Strain is always accompanied by the stare. By standing and swaying from side to side so that your whole body, head and eyes move together, the stare is lessened. The swing and the movement of the eyes lessens the tendency to stare.
Question—What does "seeing things moving all day long" mean?
Answer—Your head and eyes are moving all day long. Notice that stationary objects appear to move in the opposite direction to the movement of your head and eyes. When you walk around the room or on the street, observe that the floor or pavement appears to come toward you, while objects on either side of you, appear to move in the opposite direction to the movement of your body.
Question—My trouble is cataract. Shall I cover up the good eye while practicing?
Answer—Practice with both eyes together until your vision is normal. Then, cover the good eye and improve the vision of the poor one.
Question—Could cataract be caused by diseased teeth?
Answer—While it is possible for abscesses of the teeth to cause cataract, most cases are caused by eyestrain, and are curable.

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