# July 1920

Better Eyesight

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

July, 1920

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 notice 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 see things moving all day long.

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 MISSION OF "BETTER EYESIGHT"

With this number Better Eyesight enters upon its second year. It was started in July, 1919, for the purpose of diffusing a knowledge of the truth about central fixation, and it has accomplished all that was hoped for it. It has carried the message that errors of refraction are curable to thousands of people, and many of these people have been able to cure these conditions in themselves and others solely by means of the information which it has contained.

The magazine is modest in its appearance. One can get many ideas the amount of reading matter which it contains at any newsstand for the same money, but the value of truth cannot be estimated by the number of words required to state it, and it is the object of the editor to give the public the truth about central fixation as briefly and simple as possible. The truth ess usually, be stated briefly and simply. It is error which is hard to understand and which requires a multitude of words for its presentation.

The editor believes that no one who values his or her eyesight can afford to be without this magazine. It has a message not ou!) for those whose sight is imperfect, but for those whose sight is normal. No one, however good his sight may ordinarily be, has perfect sight all the time.

No one has as good sight as he might have. Therefore everyone can be benefited by practicing the principles presented in this magazine. While persons with imperfect sight may thus gain normal vision, persons with so-called normal sight can always improve it, and may even double the accepted standard of normality, or gain a measure of telescopic or microscopic vision. It is not a good thing to be satisfied with just normal sight. Not only is keen sight a great convenience, but it reflects a condition of mind which reacts favorably upon all the other senses, upon the general health and upon the mental faculties.

Even the blind can get some help from Better Eyesight. Not all blind persons are curable, but the editor believes that an increasing number of blind persons may expect help from central fixation, for already it has been found possible to relieve or cure such conditions as cataract, glaucoma, conical cornea, retinitis pigmentosa, cyclitis, opacities of the corneas, and atrophy of the optic nerve.

The magazine will continue to publish during the coming year, as it has in the past, the latest discoveries of the editor, the experiences of cured patients—which have proven to be very valuable—and practical instructions for the improvement of the eyesight. On page 2 of each issue we will continue to give specific directions for self-treatment in language as simple as possible, so that persons who are *not* physicians can understand it. We have had much testimony to the value of this page, and the editor strongly urges every subscriber, no matter what the condition of his or her eyesight, to demonstrate these truths as they appear.

Better Eyesight stands for a revolution in the treatment of eye troubles, and has had to meet the difficulties that always beset the path of the revolutionist. For seventy-five years we have believed that errors of refraction—by which is meant the inability of the eye to focus light rays accurately upon the retina—were due to organic and irremediable causes. The editor of Better Eyesight has proved that these troubles are functional and curable, that the elongated eyeball of myopia (shortsight) the flattened eyeball of hypermetropia (farsight), and the lopsided eyeball of astigmatism, can be made to resume their normal shape, temporarily in a few minutes, and more continuously by further treatment. The world has been slow to receive this message. The editor is practically alone in advocating central fixation. A small number of physicians, including a few eye specialists, who have been cured or seen members of their families cured of eye troubles, without glasses, operations, or medication, have been convinced that the old theories about the eye and the treatment of defects of vision are wrong; but very few have had courage to endorse the new treatment publicly.

This is not to be wondered at, and is not a cause for discouragement. The editor now wonders at his own slowness in seeing the truth. The facts conquered his conservatism at last only because they were irresistible, and for the same reason they must ultimately conquer all conservatism. Physicians and others who refuse to accept them, or even to investigate them, will be swept aside to make room for those of more open mind.

In the meantime, Better Eyesight needs friends, it needs encouragement, it needs subscribers. The editor appeals to present subscribers to continue their support, and to advertise wheneser and wherever they have an opportunity the good news that the eye is not a blunder of nature, as the textbooks teach, but an instrument as perfectly adapted to the needs of civilized man as to those of the savage. Persons who have cured themselves should utilize every opportunity to impress the sight of relatives and friends. All parents should be told that they have it in their power to prevent and cure defects of vision in their children and at the same time to improve their health and increase their mental efficiency. The same message should be carried to teachers and school boards. The blind should be told of this new hope for the sightless, and societies for the blind should be urged to investigate it. If everyone who has demonstrated the truth of central fixation does his of her duty in the matter, defective eyesight will soon cease to be, as it has so long been, the curse of civilization.

STORIES FROM THE CLINIC.
5. The Jewish Woman
By Emily C. Lierman

Just before the war a Jewish woman, sixty-three years of age, came to the clinic and begged me to help her just a little.

"Please don't bother trying to cure me," she said. "That is too much to expect, and anyhow I am an old lady, so what does it matter?"

Her eyes were half shut, because the light bothered her and she fell more comfortable with the lids lowered. She told me that she was suffering great pain both in her eyes and head, and when I had her look at the test card at ten feet it was all a blur to her. I showed her how to palm, but the position tired her, and she said she was not accustomed to pinying so long—she was quite a sinner. As she weighed over two hundred pounds and was sick in both mind and body, I asked her how much she ate every day.

"Oh, I don't eat much—nothing to speak of at all," she said. "In the morning I eat eggs, or something like that, and rolls and butter and coffee. Then about ten I have a few slices of bread with more butter and more coffee. At noon I have soup, bread and butter and more coffee. For supper I have bread, butter, meat, vegetables and more coffee. That's all."

She took more food in one day than I did in three, and when I told her she ate too much, it appeared to frighten her, for she staid away for two weeks. Eating, no doubt, was one of the few pleasures she had in life, and she did not wish to be deprived of it.

When she returned I had her palm again, and this improved her sight from 20/100 to 20/50. It also relieved her pain markedly, and when I told her that she would get still more help, both for her eyes and her body generally, if she would eat less, she agreed to do so.

In spite of her pain and misery, my patient had always been full of humor, and her witty remarks had been a source of much amusement to me; but one day, just after the declaration of war, I found her in a corner weeping. When I asked her to read the test card for me, she said with tears:

"Please, nurse, I can't see anything today. My two sons have enlisted, one as a marine, and the other as an aviator, and they are never coming back, I am afraid. I cannot sleep, I am suffering great pain all over my body. My heart is breaking."

From the beginning I had felt that she had been a devoted mother, and as I am always drawn to good mothers, I now felt a great pity for her grief. In order to get her mind off her pain, I encouraged her to talk about her boys.

"How proud you must be to have two sons to fight for your country, and for you!" I said. "I wish I had ten sons I would give them all for my country."

These remarks were not very consoling, I admit, in the presence of a sorrow like this, and the stricken mother refused to be comforted. But when I said, "You wouldn't be proud of them if they were cowards, and Uncle Sam wouldn't want them if they were criminals in a jail," she straightened up and said:

"You are right. They are brave boys all right, and I am proud of them."

I now turned her sight with the card, and found it better than ever before.

"You have the right medicine," she said, "I am coming again. I do not understand why I can see so well now after being so blind a few minutes ago."

I squeezed her arm above the elbow and asked: "Do you feel that?"

"Yes," she replied.

"Well, that is just what you are doing to the muscles of your eyes, and the strain blinded you. When you relaxed, the pressure was relieved and your sight improved. It was the pressure that lowered the vision."

As a later visit she brought a package for me, explaining that she had no money and wanted to express her gratitude. I took the package home, and when I opened it I found a loaf of delicious real bread—not Hoover bread. My neighbors were very envious of me, because the only bread they could obtain had a flavor like that of sawdust. At the time I appreciated that bread more than a five dollar bill.

Every time the patient came to the clinic we talked about her boys for a few minutes, and it certainly had a good effect upon her eyesight. When the war ended and the boy came home, every one who would listen heard of the great things they had done "over there." One would have thought one was attending an annual convention of some sort instead of an eye clinic.

During the war and up to about six months ago, the patient came more or less regularly to the clinic. Palming always helped her, but as she complained that it made her arms ache to hold her hands over her eyes, I had her simply close her eyes without palming. This also helped her. One day I placed her two feet further from the card than usual, and asked her how much she could see. She replied:

"Now, you know I am an old woman, and I guess my eyes are getting old too. I cannot see so far."

I told her to close her eyes and rest then, forget that she had eyes, and think of black velvet, or her black hat. Ten minutes later she read 10/20, and her eyes had a natural appearance. She became very much excited and asked me what I did to her.

Dieting also helped her eyesight and nerves very much, but she could not always bring herself to forego the pleasure of eating what she wanted. She forgot most of the things I told her to do at home, but I don't think she ever forgot a meal, nor did she realize the quantity of food she consumed when she gave free rein to her appetite. If she had always done as she was told, I am sure she would have been completely cured long ago. As it was, her improvement was very remarkable. Not only did she become able to read 10/20, but at the time she stopped coming to the clinic she said that the pain and discomfort in her eyes had entirely ceased. She was sleeping better, and her general physical condition was greatly improved.

Her case made me realize more clearly than ever the relation of mental strain to defective vision. I could not help her until I found out what she had on her heart, and when by means of a little sympathy—I could give her nothing else—I was able to get her mind off her trouble, or make it seem less to her, her nerves always relaxed. It way very remarkable the way a pleasant conversation, without further treatment, would improve her sight. The experience was afterward a great help to me in treating other patients. In the rush of work at the dispensary it has often seemed that I could not take thee time to talk to the patients, to get acquainted with them, to let them tell me about their troubles. I know now that this is not a waste of time, but a very necessary part of the treatment.

WHAT GLASSES DO TO US
By W. H. Bates, M. D.

On a lamb in the Church of Santa Maria Maggiore in Florence was found thee following inscription: "Here lies Salvino degli Armati, Inventor of Spectacles. May God pardon him his sins."1

The Florentines were doubtless mistaken in supposing that their fellow citizen was the inventor of the lenses now so commonly worn to correct errors of refraction. There has been much discussion as to the origin of these devices, but they are generally believed to have been known at a period much earlier than that of Salvino degli Armati. The Romans at least must have known something of the art of supplementing the powers of the eye, for Pliny tells us that Nero used to watch the games in the Colosseum through a concave gem set in a ring for that purpose. If, however, his contemporaries believed that Salvino of the Armati was the first to produce these aids to vision, they might well pray for the pardon of his sins; for while it is true that eyeglasses have brought to some people improved vision and relief from pain and discomfort, they have been to others simply an added torture, they always do more or less harm, and at their best they never improve the vision to normal.

That glasses cannot improve the sight to normal can be very simply demonstrated by looking at any color through a strong convex or concave glass. It will be noted that the color is always less intense than when seen with the naked eye; and since the perception Of form depends upon the perception of color, it follows that both color and form must be less distinctly seen with glasses than without them. Even plane glass lowers the vision both for color and form, as everyone knows who has ever looked out of a window.

That glasses must injure the eye is evident from the fact that one cannot see through them unless one produces the degree of refractive error which they are designed to correct. But refractive errors, in the eye which is left to itself, are never constant.2 If one secures good vision by the aid of concave, or convex, or astigmatic lenses, therefore, it means that one is maintaining constantly a degree of refractive error which otherwise would not be maintained constantly. It is only to be expected that this should make the conditions worse, and it is a matter of common experience that it does. After people once begin to wear glasses their strength, in most cases, has to be steadily increased in order to maintain the degree of visual acuity secured by the aid of the first pair.

That the human eye resents glasses is a fact which no one would attempt to deny. Every oculist knows that patients have to "get used" to them, and that sometimes they never succeed in doing so. Patients with high degrees of myopia and hypermetropia have great difficulty in accustoming themselves to the full correction, and often are never able to do so. The strong concave glasses required by myopes of high degree make all objects seem much smaller than they really are. while convex glasses enlarge them. These are unpleasantnesses that cannot be overcome. Patients with high degrees of astigmatism suffer some very disagreeable sensations when they first put on glasses, for which reason they are warned by one of the Conservation of Vision leaflets published by the Council on Health and Public Instruction of the American Medical Association to "get used to them at home before venturing where a misstep might cause a serious accident."3

All glasses contract the field of vision to a greater or less degree. Even with very weak glasses patients are unable to see distinctly unless they look through the center of the lenses, with the frames at right angles to the line of vision; and not only in their vision lowered if they fail to do this, but annoying nervous symptoms, such as dizziness and headache, are sometimes produced. Therefore they are unable to turn their eyes freely in different directions. It is true that glasses are now ground in such a way that it is theoretically possible to look through them at any angle, but practically they seldom accomplish the desired result.

The difficulty of keeping the glass clear is one of the minor discomforts of glasses, but nevertheless a most annoying one. On damp and rainy days the atmosphere clouds them. On hot days the perspiration from the body may have a similar effect. On cold days they are often clouded by the moisture of the breath. Every day they are so subject to contamination by dust and moisture and the touch of the fingers incident to unavoidable handling that it is seldom they afford an absolutely unobstructed view of the objects regarded.

Reflections of strong light from eyeglasses are often very annoying, and in the street may be very dangerous. Soldiers, sailors, athletes, workmen and children have great difficulty with glasses because of the activity of their lives, which not only leads to the breaking of the lenses, but often throws them out of focus, particularly in the case of eyeglasses worn for astigmatism.

The fact that glasses are very disfiguring may seem a matter unworthy of consideration in a medical publication; but mental discomfort does not improve either the general health or the vision, and while we have gone so far toward making a virtue of what we conceive to be necessity that some of us have actually come to consider glasses becoming, huge round lenses in ugly tortoise-shell frames being positively fashionable at the present time, there are still some unperverted minds to which the wearing of glasses is mental torture and the sight of them upon others for from agreeable. Most human beings are, unfortunately, ugly enough without putting glasses upon them, and to disfigure any of the really beautiful faces that we have with such contrivances is surely as bad as putting an import tax upon art. As for putting glasses upon a child it is enough to make the angels weep.

Up to about a generation ago glasses were used only as an aid to defective sight, but they are now prescribed for large numbers of persons who can see as well or better without them. The hypermetropic eye is believed to be capable of correcting its own difficulties to some extent by altering the curvature of the lens, through the activity of the ciliary muscle. The eye with simple myopia is not credited with this capacity, because an increase in the convexity of the lens, which is supposed to be all that is accomplished by accommodative effort, would only increase the difficulty, and this, it is believed, can be overcome, in part, by alterations in the curvature of the lens. Thus we are led by the theory to the conclusion that an eye in which any error of refraction exists is practically never free, while opens, from abnormal accommodative efforts. In other words, it is assumed that the supposed muscle of accommodation has to bear, not only the normal burden of changing the focus of the eye for vision at different distances, but the additional burden of compensating for refractive errors. Such adjustments, if they actually took place, would naturally impose a severe strain upon the nervous system, and it is to relieve this strain—which is believed to be the cause of a host of functional nervous troubles—quite as much as to improve the sight, that glasses are prescribed.

It has been demonstrated, however, that the lens is not a factor, either in the production of accommodation, or in the correction of errors of refraction. Therefore under no circumstances can there be a strain of the ciliary muscle to be relieved. It has also been demonstrated that when the vision is normal no error of refraction is present, and the extrinsic muscles of the eyeball are at rest. Therefore there can be no strain of the extrinsic muscles to be relieved in these cases. When a strain of these muscles does exist, glasses may correct its effects upon the refraction, but the strain itself they cannot relieve. On the contrary, as has been shown, they must make it worse. Nevertheless persons with normal vision who wear glasses for the relief of a supposed extraocular strain are often benefited by them. This is a striking illustration of the effect of mental suggestion, and plane glass, if it could inspire the same faith, would produce the same result. In fact, many patients have told me that they had been relieved of various discomforts by glasses which I found to be simply plane glass. One of these patients was an optician who had fitted the glasses himself and was under no illusions whatever about them; yet he assured me that when he didn't wear them he got headaches.

When glasses do not relieve headaches and other nervous symptoms it is assumed to be because they were not properly fitted, and some practitioners and their patients exhibit an astounding degree of patience and perseverance in their joint attempts to arrive at the proper prescription. A patient who suffered from severe pains in the base of his brain was fitted sixty times by one specialist alone, and had besides visited many other eye and nerve specialists in this country and in Europe. He was relieved of the pain in five minutes by the methods recommended by this magazine, while his vision at the same time became temporarily normal.

As refractive abnormalities are continually changing, not only from day to day and from hour to hour, but from minute to minute, even under the influence of atropine, the accurate fitting of glasses is, of course, impossible. In some cases these fluctuations are so extreme, or the patient so unresponsive to mental suggestion, that no relief whatever is obtained from correcting lenses, which necessarily become, under such circumstances, an added discomfort. At their best it cannot be maintained that glasses are anything more than a very unsatisfactory substitute for normal vision.

1. Nuovo Encyclopedia Italiana, sixth edition.
2. Bates: The Imperfect Sight of the Normal Eye. N. Y. Med. Journ., Sept 8, 1917 [link].
3. Lancaster: Wearing Glasses, p. 15.

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