January 1927

Better Eyesight

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

January, 1927

Demonstrate

1. That perfect sight is not possible unless one imagines a letter to be moving, and that an effort to imagine a letter stationary always fails. Close your eyes and remember a small letter of the Snellen test card. Imagine that some one is moving the test card a short distance from side to side so that all the letters on the card appear to be moving with the movement of the card. Remember the small letter moving. You can remember it provided you imagine it is moving. Now try to stop this movement by staring at one part of the small letter and imagining that it is stationary. The letter soon becomes blurred.
2. That the circular swing prevents the stare and relieves pain and fatigue.
Hold the forefinger of one hand about six inches in front of one eye and a few inches to the outer side of the face. By moving the head and eyes in a circular or an elliptical orbit, notice that the finger appears to move in the direction opposite to the movement of the head and eyes. Now realize that the hand must move with the finger because the hand and finger are fastened together. When one moves, the other moves in the same direction, up, down, to the right or left. The same fact is true of the arm fastened to the wrist. When the finger moves, the hand, wrist and arm in turn, all move and in the same direction. Likewise when the finger moves, the shoulder moves with it and other parts of the body fastened directly or indirectly to the forger. You may soon become able to imagine the chair on which you are sitting to be fastened indirectly to the finger. When one moves, the other always moves in the same direction. When you become able to imagine all things, one at a time to be moving with the finger, i.e., the universal swing, the stare is prevented and pain and fatigue dis-appear. The memory, imagination and vision are also improved.

Hypermetropia
By W. H. Bates, M.D.

Definition

BY HYPERMETROPIA is meant a shortening of the diameter of the eyeball so that images are focussed behind the retina instead of in front of it as in myopia. The vision for distant objects may be imperfect. Some writers have defined the hypermetropic eye as a far-sighted eye, because near vision is usually imperfect, while distant vision is usually good The myopic eye is called near-sighted, because the vision is usually good at a near point.

Occurrence

Hypermetropia occurs more frequently than any other form of imperfect sight. Some statistics have shown that about eighty per cent of all people have hypermetropia. Hypermetropia is acquired by persons who strain their eyes to see at the near point. After the removal of the lens, as in cataract extraction, a high degree of hypermetropia is produced. It is not unusual for people to acquire hypermetropia at the age of forty or fifty, when presbyopia is prevalent. With few exceptions, all persons fifty years of age have acquired hypermetropia, to such an extent that they are unable to read without glasses.

Symptoms

Hypermetropia may cause much pain, headache, fatigue, and other nervous troubles. The vision at the near point is not so good in hypermetropia as in the nor-mal eye, while the vision for distance is not impaired to the same extent. There are, however, a great many cases of far-sightedness, In which the vision for distance is much less than some cases of myopia. To classify cases of hypermetropia as being far-sighted is not always correct. The hypermetroropic eye is not always a far-sighted eye.

Cause

Hypermetropia is usually a functional condition of the eye, i.e., it is caused by a mental strain. There are, however, cases of hypermetropia which occur after the removal of the lens, as in cataract extraction; but even in these cases, mental strain to see at the near point always increases the hypermetropia. In all forms of hypermetropia, relaxation at the near point lessens the hypermetropia, whatever the cause may be. Knowing that the cause is due to a mental strain at the near point, the successful treatment of all forms of hypermetropia is suggested.

Treatment

All measures which prevent strain and promote relaxation are always beneficial. Hypermetropia responds to "strain" almost immediately. A strain at a near point always increases the amount of hypermetropia or produces it in the normal eye while a strain to see at a distance lessens hypermetropia and the vision may improve and continue to improve until myopia is produced, when the vision is lowered. When the lens is removed in the normal eye, the hypermetropia produced is still functional and curable.
The cure of hypermetropia is accomplished by lessening or correcting the strain to see at the near point. The correction of the distance strain is usually more readily accomplished. With perfect eight, there is no strain. The eyes are at rest. Any effort that is made to improve the vision is always wrong and never suceeds. When the vision is normal, the eyes are at rest.

Imagination

Demonstrate that perfect sight is accomplished when the imagination is good, and that you see only what you imagine you see. Take a Snellen test card and hold it at a distance from your eyes at which your sight is fairly good. Look at the white center of the large "O" and compare the whiteness of the center of the "O" with the whiteness of the rest of the card. You may do it readily; but if not, use a screen, that is, a card with a small hole in it. With that card, cover over the black part of the letter "O", and note the white center of the letter which is exposed by the opening in the screen. Remove the screen and observe that there is a change in the appearance of the white, which appears to be a whiter white, when the black part of the letter is exposed. When the black part of the letter is covered with a screen, the center of the "O" is of the same whiteness as the rest of the card. It is, therefore, possible to demonstrate that you do not see the white center of the "O" whiter than the rest of the card, because you are seeing something that is not there. When you see something that is not there, you do not really see it, you only imagine it. The whiter you can imagine the center of the "O", the better becomes the vision for the letter "O", and when the vision of the letter "O" improves, the vision of all the letters on the, card improves. The perfect imagination of the white center of the "O" means perfect imagination of the black, because you cannot imagine the white perfectly, without imagining the black perfectly. By practice you may become able to imagine the letter "O" much better than it really is, and when this is accomplished, you become able to actually see unknown letters.

Teat Card Practice

Practice with the 14aellen test card at ten feet. Regard the known letter and imagine that you see it. Your imagination of the letter may be imperfect with your eyes open. Then close your eyes and the letter may be remembered more perfectly. Open your eyes for a second and imagine the known letter on the card at ten feet, close the eyes quickly and remember the known letter better for part of a minute. Then when the known letter, with the eyes closed, is remembered perfectly, open your eyes and imagine it on the card. By doing tbiealternately, the imagination of the known letter, with the eyes open, improves, until you become able to imagine you see the known letter clearly enough to tell what it is. If you become able to imagine you see the known letter quite clearly, you actually can see the unknown letters and read the whole line.

Swinging

It is also beneficial while practicing this method to sway the body, head and eyes, a short distance from side to side, and imagine the card and the letters to be moving in the opposite direction. It may help you to imagine the card moving by regarding the background close to one vertical edge of the card. By swaying from side to side the edge of the card appears to move over the

background. The shorter the movement of the body, head and eyes, the shorter is the movement of the card and the better is it remembered, imagined or seen. The short swing is more beneficial than the long swing. It is neces-sary to realize, however, that it doesn't require much of a strain to stop the short swing and blur the whole caid. When the short swing stops, you should increase the swing or the swaying of the body from side to side, until the card can be again imagined to be moving. This combination of swaying, memory with the eyes closed, and imagination with the eyes open, is a cure for hypermetropia.

Fine Print

When the vision for distance becomes nearly normal, the vision at the near point can then be improved to normal. Hold a card of fine print about ten inches from the eyes. Do not look directly at the letters. Imagine that where the bottom of the letters comes in contact with the white space between the lines, that the whiteness is increased, and with practice your can become able to imagine a thin, white line, which 1s below the letters and whiter than the rest of the white space. When this thin, white line is imagined white enough, the letters are imagined black enough to be read.

If you fail to imagine this thin, white line, with your eyes open you may be able to imagine it with your eyes closed. Then open your eyes and imagine it as well as you can. Close your eyes and remember or imagine the thin, white line whiter. Then bring the card up an inch or two closer and imagine the thin, white line as well with the eyes open as you can remember; it with the eyes closed. By alternately remembering, with the eyes closed, the thin, white line quite perfectly at ten inches, it becomes possible to imagine it with the eyes open at nine inches or six inches, or even nearer, and to imagine it as well with the eyes open as with the eyes closed. When you become able to imagine the thin, white line as well at six inches with the eyes open, as you can remember it with the eyes closed, the hypermetropia is usually corrected. This treatment has cured hypermetropip of 16 D.S.

Central Fixation

The following case illustrates the possibilities of the cure of hypermetropia by treatment without glasses.

Mr. George, aged thirty-five, was employed as an assistant in a library. His vision without glasses was only 5/200, with convex sixteen diopters his sight was improved to 20/50. A second pair of glasses, convex 20 diopters was required to enable him to see to read and do his work.

An operation had been performed some years previously for the removal of congenital cataract. This case was apparently one which was not curable. However, he was given relaxation treatment to find out how much benefit could be obtained.

After closing his eyes and resting them for half an hour, his vision without glasses improved to 20/200 which continued only for a very short time, a few seconds. He demonstrated that concentration, trying to see by an effort, always lowered his vision very quickly. Blinking frequently, or palming, i.e., covering his closed eyes with the palms of both hands, was restful and his sight improved temporarily. He became able to imagine one part best of a large letter, while the other parts of the letter were seen worse, i.e., central fixation. He demonstrated that the practice of central fixation was restful, easy, required no effort, and always helped his sight.

After he regarded a Snellen test card which was moved an inch or less from side to side, he became able by practice to imagine the small letters of a stationary Snellen card to be moving or swinging. With the help of this movement central fixation was demonstrated until his vision improved continuously to 20/40, a vision which was better than that with his strong glasses.

This unusually good result was an encouragement to attempt to improve his vision for reading. When tested with the fine print, diamond type, he demonstrated that with the card held at two feet he read no letters, but the white spaces between the fines of black letters could be imagined whiter than the rest of the card and without effort or strain. By practice, with his eyes closed his memory or imagination became better than with his eyes open, It was suggested that he keep his eyes closed for part of a minute while remembering the whiteness of snow and to imagine it with his eyes open for only a short time. By alternating, his imagination with his eyes open improved for the whiteness of the white spaces and for the blackness of the letters. His vision became better for the diamond type at six inches than at twelve inches,

Stories from the Clinic
The Swing
By Emily C. Lierman

RECENTLY I bad the pleasure of talking to a large gathering of people in Chicago who were interested in the Bates Method. I was very much impressed by the fact that there was not a corner or part of the large room that was not lighted. As I watched the people coming in, I noticed an air of cheerfulness about them which attracted me. The meeting was held in the office of Dr. Jean Claverie who is very successful in treating and curing patients by the Bates Method. A number of doctors mingled with patients and their friends in the audience. After the lecture, several important questions were asked which helped all of those present to better understand the Bates Method. It was not difficult to determine those in the audience who knew nothing about the Bates Method, and the benefits that could be derived from it, as they were wearing glasses and the more I talked, the more they stared at me. This staring was an unconscious act on the part of these people. I told them about the various ways in which patients could be relieved of their eye strain, and sp9ke of those who stare and the suffering it caused. I added that there were quite a number who were listening to me who forgot to blink their eyes. It was interesting to watch the blinking habit begin. I mentioned the fact that those who did not have trouble with their eyes, blinked unconsciously and irregularly all the time, except when they were asleep. It was surprising to me and to Dr. Edith T. Fisher and Miss Elisabet Hansen, both students who were also present, to note how few there were who continued to stare after I brought this fact to their notice.

There were several school teachers there who asked me questions which I enjoyed answering, not only for their benefit but also for the benefit of others whom I knew were skeptical by the expression on their faces.

One teacher asked: "Should I apply the swing to the class in general or instruct each pupil separately?"

I answered: "Have them all stand up and sway together with you. Be sure to have them blink their eyes as they sway."

Benefits

The body swing, which is so relaxing and helpful in relieving all strain of the body as well as of the eyes, is similar to the movement of the eyes themselves. When the eye blinks, it also moves slightly from side to side, without effort or strain. Dr. Bates has proved that when the eye is at rest, it is moving. I have observed many people in great pain and have recognized the fact that they do not blink often enough. Not knowing that blinking is a good habit, they stare and make their condition worse. Staring brings on more tension, therefore the pain becomes more intense. When the patient is reminded not to stare and is told to move the head slightly from side to side, even though he cannot move the rest of his body, he becomes relaxed and soon falls asleep. Moving the head from side to side on the pillow is in the nature of the swing. Many patients erroneously believe that they have to sway the whole body, in order to produce the relaxation necessary for the relief of eye strain. I believe that the swing is just as essential to the human body as it is to animals. It is a good plan to watch the. animals and learn a lesson from them. The tiger and lion as well as other animals move most of the time while they are awake, and are, therefore, relaxed. The elephant sways his bulky body from side to side, because it rests him.

People who work in offices, department stores and other places of business can practice a short, easy swing of their bodies. The movement can be so slight as not to be conspicuous to others. It is always interesting to watch soldiers march and observe the sway of their bodies in unison with the rhythm of the music, A mother who is busy with her household duties is always grateful for the fqw minutes of rest and relaxation she obtains when rocking the baby. A baby in its cradle enjoys the movement of the rocking. If the heart stops beating, which is really a sway inside the body, the blood no longer has a chance to flow nor the pulse to beat. If the pendulum of the clock stops, the clock does not tell the time. In my opinion the awing is as great a blessing as the sun-shine. Just as the benefit of the sun is lost, when wearing dark glasses or green shades, so is the swing lost by staring and straining.

A few months ago I treated and cured an interesting case of cataract. The patient, an old lady of sixty-eight, was a chronic invalid, most of her body being paralyzed. The sun treatment was a great relief to her and she liked to sit in her chair and have the sun shine on her closed eyelids, as she moved her had gently from side to side. While the light and hat of the sun was very beneficial and helped her to relax, the movement of her head, which I shall call the swing, gave her more relaxation than when she bold her head still.

In the beginning of her treatment, I was not sure that I could cure bar, because of her helplessness. Her crutches were constantly by her side and she needed help in order to go from one place to another. When I first saw her, she had just been told that an operation for the removal of the cataract would be necessary within a few months. I had great hope for an improvement in her condition because she enjoyed the sun treatment.

She had been skeptical that her eye trouble could be cured, but when I bad her demonstrate the benefit of the swing as she sat is her chair, she had more confidence. She soon became more cheerful and there was a change not only in her eyes but in the expression of her face. Keeping up the sway of her body, moving from left to right as she at in her chair, soon enabled her to hold one crutch with her crippled hand, place it under one arm and then take the other crutch, lean forward and place it under her other arm. Continued practice of the away from her waist line up, enabled her to stand by herself and walk slowly with the aid of her crutches.

Temperamental Strain
By L. M. Stanton, M.D.
New York

IT IS more natural to do things, both good and bad, unconsciously than consciously. Yet the road of progress is the reverse of this, and perhaps there is no felicity greater than that of translating unconsciousness into consciousness. Were a dog capable of it, he would be altogether human and no longer a dog.

Dr. Bates has well said—and what does he not say well?—that it is easier to strain unconsciously than consciously, and in order that we may deplore and so correct it, he advises us to prove it for

ourselves. Ninety-nine per cent of those who suffer from poor vision are unaware that they strain in seeing and to convince them of it is not an easy task.

In spite of what has been written of strain and relaxation, we are still far from able to accomplish the one and avoid the other. In the matter of relaxation relating to vision, we practice the exercises given us in the Bates Method. That is, after learning what the eye does and does not do in order to see, we consciously imitate the unconscious behavior of the normal eye. As perfect sight is due to the absence of straining to see, we speak of these exercises as relaxing exercises. But on observing the vast difference in the results of these exercises upon our patients, we ask why this difference? Why is it that we get quick cures, rapid progress in one case and not in another, when apparently the exercises are practiced by both equally well? Dr. Bates repeatedly states, whether speaking of palming, shifting or swinging, that the practice can be done in the right or in the wrong way. In the successful case, the patient overcomes his strain, does the exercises easily, while in the unsuccessful case the element of strain remains—he does not do the exercises easily, his straining is yet to be realized, to be brought from unconsciousness to consciousness and dealt with. One who has only the strain in his eyes to contend with progresses rapidly, while one who has to detect the strain in himself has a harder task.

There are, then, two avenues of approach to normal sight, one through one's eyes and the other through one's self. The subject of strain in ones self, the temperamental strain, is vast and to do more than call attention to it in this article for Better Eyesight is impossible. I will, however, relate a few cases and some of my own experiences that may be suggestive. The experiences point to temperamental and the patients to simple visual strain.

On returning city-wards one evening, I had been reading comfortably on the train. When nearing the station, the train was delayed for some time by the home-going commuters. My eyes soon began to trouble me in an unaccountable way. I asked myself what was the matter, since they should have hurt me less in a quiet than in a jolting car. I found that while giving attention to what I was reading, I was at the same time anxious over the thought that I would be late for dinner, and that I had promised the cook an early dinner with an evening out; also that I had to visit a patient before returning home to my belated meal. In other words, I was mentally trying to give equal attention to several things at the same time. I was straining. It was as disrupting as trying to watch a Three Ring Circus. I could in a moment produce discomfort in my eyes not only by anxious thought, but by ungoverned, disorderly thinking.

On another occasion when reading a sign across the car there was one word I could not see in spite of blinking, swinging, etc. Suddenly the lights went out for an instant and when they came on again, I instantly saw the unseen word. The momentary rest to my vision gave me the relaxation I had not otherwise obtained. I had been straining, but when the matter was taken out of my hands, the strain vanished and I saw.

A boy, ten years old, with slight convergent squint and a history of very marked squint when younger, could read 10/10 with the left eye, but only 10/70 with the right. The diamond type card he could not read at any distance with the right eye. With the left eye covered, the letters below 10/70 were seen gray with the right, the amblyopic eye, but when he imagined the letter swinging, which he very easily could do, he saw them black and soon could read the 10/30 line. It was the "easily" in his case that worked the miracle.

Another boy could not form a mental picture of his dog, but when he remembered one of the dog's legs, then another, when he thought of his back, then of his tail, and told me whether the latter was straight or curled, whether the color of the tail was the same as that of the back, his mental picture was much improved and so was his vision. The delight that this boy felt in his reconstructed dog was an important factor in his mental picture.

A man found that salmon fishing was an excellent mental picture, that he could hold it while looking at the card and could with great joy imagine the salmon jumping the rapids, thereby improving his eyesight. It was not only his imagination, but his emotion that had overcome his straining vision.

Now let us suppose three other cases with refractive errors paralleling the three just mentioned but in respect to temperament quite different. The first boy, we will say, cannot easily swing the letters, seeing them black, nor can he do anything with ease; the second boy's dog is not his comrade and he has no delight in a mental picture of him; the man cares nothing for nature and takes no pleasure in the leaping salmon. Here we have psychological problems, temperamental inpufficiencies, to meet before the relaxation is established that cures the imperfect vision of these patients, and yet physical sight is no whit worse in the latter than in the former group.

If only we could give up, let go, let the thing be done for us, of how much strain would we rid ourselves! What a difference between trying to do a thing and doing it; between trying to see and seeing!

Questions and Answers

All readers of this magazine are invited to send questions to the editor regarding any difficulties they may experience in using the various methods of treatment which it recommends. These will be answered as promptly as possible, in the magazine, if space permits, otherwise by mail. Kindly enclose a stamped, addressed envelope.

Question—(1) Does working by artificial light affect the eyes? I work all day by electric light—am a book-keeper, and suffer a great deal from my eyes. I have been fitted with glasses, but cannot wear them. I feel that my eyes, instead of getting better from wearing them, get weaker. (2) When I go out in the street after working I cannot stand the glare of the sun, and must keep my eyes half dosed; otherwise I suffer a great deal of pain. Is it so bemuse of my eyes being accustomed to the artificial light? It is not so on Sundays. (3) Is it advisable to wear an eye-shade while working?—S. S.

Answer—(1) Working by artificial light should not injure the eyes. If it does, it is because you are straining them. Tlu idea that the light is injurious may muse you to do this. If you think of it as quieting and beneficial, it may have the opposite effect You are right in thinking that the glasses injure your ayes. (2) The sun hurts your eyes when you go out on the street after working bemuse you have been straining to see, not bemuse you have been working by artificial light. Because you strain less on Sundays the sun does not hurt you. (3) It is not advisable to wear an eye-shade while working.

Question—Can the blindness of squint be cured?—F. C. E.

Answer—Yes. It can be cured by the same methods that are employed to relieve strain in other cases of im-perfect sight

Question—Do you get as much benefit from gazing at the sun through a window as you would outdoors? I have read that it did no good to take a sunbath through glass.—E. C. H.

Answer—Yes. The strength of the sunlight is not appreciably modified by the glass.

Question—1. When objects at a distance clear up they are double. Can you suggest a remedy for this double vision? (2) When I open my eyes after palming my sight gradually clears, but an intense pain often cornea in my eyes, so that they dose. The pain always starts with very clear vision. Is this eyestrain?—H. M.

Answer—1. If the objects are double when they dear up, relaxation is not complete, and the only remedy is to secure a greater degree of relaxation. This may be done in many ways. Use the method you have found most effective. 2. Yes. Your sight should be best when you open your eyes. If it clears up afterward, it is because you are making an effort to see. This produces the pain.

Question—1. How long should one palm and how often? 2. How young a patient can you treat by this method, and up to what age can you expect results? How would you handle a child that did not know its letters? 3. Is astigmatism curable by this method? 4. How long has the method been known?—J. H. W.

Answer—1. As often and as long as possible. 2. The age is immaterial. It is a matter of intelligence. Patients as old as eighty-two have been relieved. Children can be treated as soon as they are able to talk. Any small object can be used for eye training, and in the case of children who do not know their letters, kindergarten and Montessori equipment is often useful. 3. Yes. 4. Its evolution began thirty-five years ago. It has improved as experience was gained, and is still improving.

THE USE OF THE SUN GLASS

In using the sun glass, it is well to accustom the eyes of the patient to the strong light by having him sit in the sun with his eyes dosed, and at the same time he should slowly move his head from side to side, in order to avoid discomfort from the heat. Enough light shines through the eyelid to cause some people a great deal of discomfort at first, but after a few hours' exposure in this way, they become able to gradually open their eyes to some extent without squeezing the lids. When this stage is reached, one can focus, with the aid of the sun glass, the light on the dosed eyelids, which at first is very disagreeable. When the patient becomes able to open the eyes, he is directed to look as far down as possible, and in this way the pupil is protected by the lower lid. Then by gently lifting the upper lid, only the white part of the eye is exposed, while the sun's rays strike directly upon this part of the eyeball. The sun glass may then be used on the white part of the eye. Care should be taken to move the glass from side to side quickly. The length of time devoted to focusing the light on the white part of the eye is never longer than a few seconds. After such a treatment the patient almost immediately becomes able to open his eyes widely in the light.

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