October 1919

Better Eyesight

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

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THE SWINGING CURE

If you see a letter perfectly, you may note that it appears to pulsate, or move slightly in various directions. If your sight is imperfect, the letter will appear to be stationary. The apparent movement is caused by the unconscious shifting of the eye. The lack of movement is due to the fact that the eye-stares, or looks too long at one point. This is an invariable symptom of imperfect sight, and may often be relieved by the following method:

Close your eyes and cover them with the palms of the hands so as to exclude all the light, and shift mentally from one side of a black letter to the other. As you do this, the mental picture of the letter will appear to move back and forth in a direction contrary to the imagined movement of the eye. Just so long as you imagine that the letter is moving, or swinging, you will find that you are able to remember it, and the shorter and more regular the swing, the blacker and more distinct the letter will appear. If you are able to imagine the letter stationary, which may be difficult, you will find that your memory of it will be much less perfect.

Now open your eyes and look first at one side and then at the other of the real letter. If it appears to move in a direction opposite to the movement of the eye, you will find that your vision has improved. If you can imagine the swing of the letter as well with your eyes open as with your eyes closed, as short, as regular and as continuous, your vision will be normal.

SIMULTANEOUS RETINOSCOPY

Much of my information about the eye has been obtained by means of simultaneous retinoscopy.

The retinoscope is an instrument used to measure the refraction of the eye. It throws a beam of light into the pupil by reflection from a mirror, the light being either outside the instrument—above and behind the subject—or arranged within it by means of an electric battery. On looking through the sight-hole one sees a larger or smaller part of the pupil filled with light, which in normal human eyes is a reddish yellow, because this is the color of the retina, but which is green in a cat's eye, and might be white if the retina were diseased. Unless the eye is exactly focussed at the point from which it is being observed, one sees also a dark shadow at the edge of the pupil, and it is the behavior of this shadow when the mirror is moved in various directions which reveals the refractive condition of the eye. If the instrument is used at a distance of six feet or more, and the shadow moves in a direction opposite to the movement of the mirror, the eye is myopic. If it moves in the same direction as the mirror, the eye is either hypermetropic or normal; but in the case of hypermetropia the movement is more pronounced than in that of normality, and an expert can usually tell the difference between the two states merely by the nature of the movement. In astigmatism the movement is different in different meridians. To determine the degree of the error, or to distinguish accurately between hypermetropia and normality, or between the different kinds of astigmatism, it is usually necessary to place a glass before the eye of the subject.

This exceedingly useful instrument has possibilities which have not been generally realized by the medical profession. It is commonly employed only under certain artificial conditions in a dark room; but it is possible to use it under all sorts of normal and abnormal conditions on the eyes both of human beings and of the lower animals. I have used it in the daytime and at night, when the subjects were comfortable and when they were excited; when they were trying to see and when they were not; when they were lying and when they were telling the truth. I have also used it, under varying conditions, on the eyes of many cats, dogs, rabbits, birds, turtles, reptiles and fish.

Most ophthalmologists depend upon the Snellen test card, supplemented by trial lenses, to determine whether the vision is normal or not, and to determine the degree of any abnormality that may exist. This is a slow, awkward and unreliable method of testing the vision, and absolutely unavailable for the study of the refraction of the lower animals and that of human beings under the conditions of life. The test card can be used only under certain favorable conditions, but the retinoscope can be used anywhere. It is a little easier to use it in a dim light than in a bright one, but it may be used in any light, even with the strong light of the sun shining directly into the eye. It is available whether the subject is at rest or in motion, asleep or awake, or even under ether or chloroform. It is also available when the observer is in motion. It has been used successfully when the eyelids were partly closed, shutting off part of the area of the pupil; when the pupil was dilated; also when it was contracted to a pin-point; when the subject was reading fine print at six inches, or at a greater distance; and when the eye was oscillating from side to side, from above downward, or in other directions.

It takes a considerable time, varying from minutes to hours, to measure the refraction with the Snellen test card and trial lenses. With the retinoscope, however, the refraction can be determined in a fraction of a second. With the Snellen test card and trial lenses it would be impossible to get any information about the refraction of a baseball player at the moment he swings for the ball, at the moment he strikes it, and at the moment after he strikes it. With the retinoscope, however, it is quite easy to determine whether his vision is normal, or whether he is myopic, hypermetropic, or astigmatic, when he does these things; and if any errors of refraction are noted, one can guess their degree pretty accurately by the rapidity of the movement of the shadow.

With the Snellen test card and trial lenses conclusions must be drawn from the patient's statements as to what he sees; but the patient often becomes so worried and confused during the examination that he does not know what he sees, or whether different glasses make his sight better, or worse; and, moreover, visual acuity is not reliable evidence of the state of the refraction. One patient with two dioptres of myopia may see twice as much as another with the same error of refraction. The evidence of the test card is, in fact, entirely subjective; that of the retinoscope is entirely objective, depending in no way upon the statements of the patient.

By means of simultaneous retinoscopy it has been demonstrated that the refraction of the eye is never constant; that all persons with errors of refraction have, at frequent intervals during the day and night, moments of normal vision when their myopia, hypermetropia, or astigmatism, disappears completely; and that all persons, no matter how good their sight may ordinarily be, have moments of imperfect sight when they become myopic, hypermetropic, or astigmatic. It has also been demonstrated that when the eye makes an effort to see, an error of refraction is always produced, and that when it looks at objects without effort, all errors of refraction disappear, no matter how great their degree, or how long their duration. It has been further demonstrated that when the eye strains to see distant objects myopia is always produced in one or all meridians, and when it strains to see near objects hypermetropia is always produced in one or all meridians.

The examination of the eyes of persons while asleep, or under the influence of ether or chloroform, has shown that the eye is rarely at rest during sleep, or while the subject is unconscious from any cause. Persons whose sight was normal while awake were found to have myopia, hypermetropia and astigmatism when asleep, and if these errors were present when they were awake, they were increased during sleep. This explains why so many people are unable to see as well in the morning as at other times, and why people waken with headaches and pain in the eyes. Under ether or chloroform, errors of refraction are also produced or increased, and when people are sleepy they have invariably been found to have errors of refraction.

Under conditions of mental or physical discomfort, such as pain, cough, fever, discomfort from heat or cold, depression, anger, or anxiety, errors of refraction are always produced in the normal eye, or increased in the eye in which they already exist. In a dim light, in a fog, or in the rain, the retinoscope may indicate no error of refraction in eyes which ordinarily have normal sight; but a pilot on a ship on a rainy night usually has an error of refraction, because he is straining to see, and it is rare to find persons in positions of responsibility under unfavorable conditions with normal vision.

In order to obtain reliable results with the retinoscope it must be used at a distance of six feet or more from the subject. When used at a distance of three feet or less, as it commonly is, the subject becomes nervous and unconsciously strains, thus altering his refraction.

FLOATING SPECKS

A very common phenomenon of imperfect sight is the one known to medical science as muscae volitantes, or flying flies. These floating specks are usually dark, or black; but sometimes appear like white bubbles, and in rare cases may assume all the colors of the rainbow. They move somewhat rapidly, usually in curving lines, before the eyes, and always appear to be just beyond the point of fixation. If one tries to look at them directly, they seem to move a little further away. Hence their name of flying flies.

The literature of the subject is full of speculations as to the origin of these appearances. Some have attributed them to the presence of floating specks—dead cells or the debris of cells—in the vitreous humor, the transparent substance that fills four-fifths of the eyeball behind the crystalline lens. Similar specks on the surface of the cornea have also been held responsible for them. It has even been surmised that they might be caused by the passage of tears over the cornea. They are so common in myopia that they have been supposed to be one of the symptoms of this condition, although they occur also with other errors of refraction, as well as in eyes otherwise normal. They have been attributed to disturbances of the circulation, the digestion and the kidneys, and because so many insane people have them, have been thought to be an evidence of incipient insanity. The patent-medicine business has thrived upon them, and it would be difficult to estimate the amount of mental torture they have caused, as the following cases illustrate.

A clergyman who was much annoyed by the continual appearance of floating specks before his eyes was told by his eye specialist that they were a symptom of kidney disease, and that in many cases of kidney trouble, disease of the retina might be an early symptom. So at regular intervals he went to the specialist to have his eyes examined, and when at length the latter died, he looked around immediately for some one else to make the periodical examination. His family physician directed him to me. I was by no means so well known as his previous ophthalmological adviser, but it happened that I had taught the family physician how to use the ophthalmoscope after others had failed to do so. He thought, therefore, that I must know a lot about the use of the instrument, and what the clergyman particularly wanted was some one capable of making a thorough examination of the interior of his eyes, and detecting at once any signs of kidney disease that might make their appearance. So he came to me, and at least four times a year for ten years he continued to come.

Each time I made a very careful examination of his eyes, taking as much time over it as possible, so that he would believe that it was careful, and each time he went away happy because I could find nothing wrong. Once when I was out of town he got a cinder in his eye and went to another oculist to get it out. When I came back late at night I found him sitting on my doorstep, on the chance that I might return. His story was a pitiable one. The strange doctor had examined his eyes with the ophthalmoscope, and had suggested the possibility of glaucoma, describing the disease as a very treacherous one which might cause him to go suddenly blind and would be agonizingly painful. He emphasized what the patient had previously been told about the danger of kidney disease, suggested that the liver and heart might also be involved, and advised him to have all of these organs carefully examined. I made another examination of his eyes in general and their tension in particular; I had him feel his eyeballs and compare them with my own, so that he might see for himself that they were not becoming hard as a stone; and finally I succeeded in reassuring him. I have no doubt, however, that he went at once to his family physician for an examination of his internal organs.

A man returning from Europe was looking at some white clouds one day when floating specks appeared before his eyes. He consulted the ship's doctor, who told him that the symptom was very serious, and might be the forerunner of blindness. It might also indicate incipient insanity, as well as other nervous or organic diseases. He advised him to consult his family physician and an eye specialist as soon as he landed, which he did. This was twenty-five years ago, but I shall never forget the terrible state of nervousness and terror into which the patient had worked himself by the time he came to me. It was even worse than that of the clergyman, who was always ready to admit that his fears were unreasonable. I examined his eyes very carefully, and found them absolutely normal. The vision was perfect both for the near-point and the distance. The color perception, the fields and the tension were normal; and under a strong magnifying glass I could find no opacities in the vitreous. In short, there were absolutely no symptoms of any disease. I told the patient there was nothing wrong with his eyes, and I also showed him an advertisement of a quack medicine in a newspaper which gave a great deal of space to describing the dreadful things likely to follow the appearance of floating specks before the eyes, unless you began betimes to take the medicine in question at one dollar a bottle. I pointed out that the advertisement, which was appearing in all the big newspapers of the city every day, and probably in other cities, must have cost a lot of money, and must, therefore, be bringing in a lot of money. Evidently there must be a great many people suffering from this symptom, and if it were as serious as was generally believed, there would be a great many more blind and insane people in the community than there were. The patient went away somewhat comforted, but at eleven o'clock—his first visit had been at nine—he was back again. He still saw the floating specks, and was still worried about them. I examined his eyes again as carefully as before, and again was able to assure him that there was nothing wrong with them. In the afternoon I was not in my office, but I was told that he was there at three and at five. At seven he came again, bringing with him his family physician, an old friend of mine. I said to the latter:

"Please make this patient stay at home. I have to charge him for his visits, because he is taking up so much of my time; but it is a shame to take his money when there is nothing wrong with him."

What my friend said to him I don't know, but he did not come back again.

I did not know as much about muscae volitantes then as I know now, or I might how saved both of these patients a great deal of uneasiness. I could tell them that their eyes were normal, but I did not know how to relieve them of the symptom, which is simply an illusion resulting from mental strain. The specks are associated to a considerable extent with markedly imperfect eyesight, because persons whose eyesight is imperfect always strain to see; but persons whose eyesight is ordinarily normal may see them at times, because no eye has normal sight all the time. Most people can see muscae volitantes when they look at the sun, or any uniformly bright surface, like a sheet of white paper upon which the sun is shining. This is because most people strain when they look at surfaces of this kind. The specks are never seen, in short, except when the eyes and mind are under a strain, and they always disappear when the strain is relieved. If one can remember a small letter on the Snellen test card by central fixation, the specks will immediately disappear, or cease to move; but if one tries to remember two or more letters equally well at one time, they will reappear and move. Usually the strain that causes muscae volitantes is very easily relieved.

CORRESPONDENCE TREATMENT

Correspondence treatment is usually regarded as quackery, and it would be manifestly impossible to treat many diseases in this way. Pneumonia and typhoid, for instance, could not possibly be treated by correspondence, even if the physician had a sure cure for these conditions and the mails were not too slow for the purpose. In the case of most diseases, in fact, there are serious objections to correspondence treatment.

But myopia, hypermetropia and astigmatism are functional conditions, not organic, as the text-books teach, and as I believed myself until I learned better. Their treatment by correspondence, therefore, has not the drawbacks that exist in the case of most physical derangements. One cannot, it is true, fit glasses by correspondence as well as when the patient is in the office, but even this can be done, as the following case illustrates.

An old colored woman in the wilds of Honduras, far removed from any physician or optician, was unable to read her Bible, and her son, a waiter in New York, asked me if I could not do something for her. The suggestion gave me a distinct shock which I will remember as long as I live. I had never dreamed of the possibility of prescribing glasses for anyone I had not seen, and I had, besides, some very disquieting recollections of colored women whom I had tried to fit with glasses at my clinic. If I had so much difficulty in prescribing the proper glasses under favorable conditions, how could I be expected to fit a patient whom I could not even see? The waiter was deferentially persistent, however. Hip had more faith in my genius than I had, and as his mother was nearing the end of her life, he was very anxious to gratify her last wishes. So, like the unjust judge of the parable, I yielded at last to his importunity, and wrote a prescription for convex 3.00 D. S. The young man ordered the glasses and mailed them to his mother, and by return mail came a very grateful letter stating that they were perfectly satisfactory.

A little later the patient wrote that she couldn't see objects at the distance that were perfectly plain to other people, and asked if some glasses couldn't be sent that would make her see at the distance as well as she did at the near-point. This seemed a more difficult proposition than the first case; but again the sun was persistent, and I myself could not get the old lady out of my mind. So again I decided to do what I could. The waiter had told me that his mother had read her Bible long after the age of forty. Therefore I knew she could not have much hypermetropia, and was probably slightly myopic. I knew also that she could not have much astigmatism, for in that case her sight would always have been noticeably imperfect. Accordingly I told her son to ask her to measure very accurately the distance between her eyes and the point at which she could read her Bible best with her glasses, and to send me the figures. In due time I received, not figures, but a piece of string about a quarter of an inch in diameter and exactly ten inches long. If the patient's vision had been normal for the distance, I knew that she would have been able to read her Bible best with her glasses at thirteen inches. The string showed that at ten inches she had a refraction of four dioptres. Subtracting from this the three-dioptres of her reading glasses, I got one-diopter of myopia. I accordingly wrote a prescription for concave 1.00 D. S., and the glasses were ordered and mailed to Honduras. The acknowledgement was even more grateful than in the case of the first pair. The patient said that for the first time in her life she was able to read signs and see other objects at a distance as well as other people did, and that the whole world looked entirely different to her.

Would anyone venture to say that it was unethical for me to try to help this patient? Would it have been better to leave her in her isolation without even the consolation of Bible reading? I do not think so. What I did for her required only an ordinary knowledge of physiological optics, and if I had failed, I could not have done her much harm.

In the case of the treatment of imperfect sight without glasses there can be even less objection to the correspondence method. It is true that in most cases progress is more rapid and the results more certain when the patient can be seen personally; but often this is impossible, and I see no reason why patients who can not have the benefit of personal treatment should be denied such aid as can be given them by correspondence. I have been treating patients in this way for years, and often with extraordinary success.

Some years ago an English gentleman wrote to me that his glasses were very unsatisfactory. They not only did not give him good sight, but they increased instead of lessening his discomfort. He asked if I could help him, and since relaxation always relieves discomfort and improves the vision, I did not believe that I was doing him an injury in telling him how to rest his eyes. He followed my directions with such good results that in a short time he obtained perfect sight for both the distance and the near-point without glasses, and was completely relieved of his pain. Five years later he wrote me that he had qualified as a sharpshooter in the army. Did I do wrong in treating him by correspondence? I do not think so.

After the United States entered the European war, an officer wrote to me from the deserts of Arizona that the use of his eyes at the near-point caused him great discomfort, which glasses did not relieve, and that the strain had produced granulation of the lids. As it was impossible for him to come to New York, I undertook to treat him by correspondence. He improved very rapidly. The inflammation of the lids was relieved almost immediately, and in about four months he wrote me that he had read one of my own reprints-by no means a short one-in a dim light, with no bad after effects; that the glare of the Arizona sun, with the Government thermometer registering 114, did not annoy him, and that he could read the ten line on the test card at fifteen feet almost perfectly, while even at twenty feet he was able to make out most of the letters.

A third case was that of a forester in the employ of the U. S. Government. He had myopic astigmatism, and suffered extreme discomfort, which was not relieved either by glasses or by long summers in the mountains, where he used his eyes but little for close work. He was unable to come to New York for treatment, and although I told him that correspondence treatment was somewhat uncertain, he said he was willing to risk it. It took three days for his letters to reach me and another three for my reply to reach him, and as letters were not always written promptly on either side, he often did not hear from me more than once in three weeks. Progress under these conditions was necessarily slow; but his discomfort was relieved very quickly, and in about ten months his sight had improved from 20/50 to 20/20.

In almost every case the treatment of cases coming from a distance is continued by correspondence after they return to their homes; and although the patients do not get on so well as when they are coming to the office, they usually continue to make progress till they are cured.

At the same time it is often very difficult to make patients understand what they should do when one has to communicate with them entirely by writing, and probably all would get on better if they could have some personal treatment. At the present time the number of doctors in different parts of the United States who understand the treatment of imperfect sight without glasses is altogether too few, and my efforts to interest them in the matter have not been very successful. I would consider it a privilege to treat medical men without a fee, and when cured they will be able to assist me in the treatment of patients in their various localities.

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