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Better Eyesight

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

February, 1923

THE OPTIMUM SWING

THE optimum swing is the swing which gives the best results under different conditions.

Most readers of this magazine and the book know about the swing. The swing may be spontaneous, that is to say when one remembers a letter perfectly or sees a letter perfectly and continuously without any volition on the part of the patient he is able to imagine that it is a slow, short, easy swing. The speed is about as fast as one would count loudly. The width of the swing is not more than the width of the letter, and it is remembered or imagined as easily as it is possible to imagine anything without any effort whatsoever. The normal swing of normal sight brings the greatest amount of relaxation and should be imagined when one is able to succeed when it becomes the optimum swing under favorable conditions. Nearsighted persons have this normal optimum swing usually at the near point when the vision is perfect.(i) At the distance where the vision is imperfect the optimum swing is something else. It is not spontaneous but has to be produced by a conscious movement of the eyes and head from side to side and is usually wider than the width of the letter, faster than the normal swing, and not so easily produced.

When one has a headache or a pain in the eyes or in any part of the body the optimum swing is always wider and more difficult to imagine than when one has been strain of the eyes. Under unfavorable conditions the long swing is the optimum swing, but under favorable conditions when the sight is good, the normal swing of the normal eye with normal sight is the optimum swing. The long swing brings a measure of relief when done sight and makes it possible to shorten it down to the normal swing of the normal eye.

Eye Strain When Sleeping

By W. H. Bates, M. D.

MANY persons strain their eyes when sleeping. When they awake in the morning, they feel pain in their eyes with imperfect sight and often with severe headache. They may feel all tired out, not refreshed or rested by a sleep of eight hours or longer. In some cases the sleep may not have been disturbed by dreams. Dreams are not always remembered for any great length of time. There are people who can recall dreams in their early childhood twenty, thirty, forty years ago, but their recent dreams cannot be remembered longer than a few minutes or a few hours after awakening. To keep accurate records of dreams requires that they be recorded as soon as possible. Pleasant dreams do not always mean relaxation, but dreams of snakes, nightmares, fighting, crimes and horrible experiences of all sorts are usually followed by imperfect sight caused by eye strain.

Some of my patients with a severe trouble of the eyes have told me some very awful dreams. During sleep the ticking of a clock or the outside noises in the street may be the starting point of a very exciting, disagreeable or uncomfortable dream which is due to strain.

I am tempted to relate my personal experiences in dreams. Recently I awakened in the morning with a feeling that I had been dreaming. I got into a fight with a drunken man and had soaked the bedpost with my fist with disastrous results to the skin of my knuckles. Afterwards I noticed that the white tiled floor instead of being white the blocks were alternately pink and blue and this illusion continued for a half hour when it gradually disappeared. On another occasion, I awakened after a dreamless sleep and noticed that the ceiling was covered with a very white cloud similar to a veil. This illusion disappeared in five or ten minutes.

Many patients ask: "Why do I have so much pain, discomfort, imperfect sight in the morning after a good sleep?"

My answer is: "Because you strain your eyes and all the nerves of your body when you are asleep."

But for me to explain the facts further is something I cannot do. All I know is the fact that it is so. New born babies, half an hour after birth and later, by simultaneous retinoscopy produce a deformation of the eyeball, neuroglobedness (myopia), farsightedness (hypermetropia), astigmatism of variable degree, at short intervals of a few hours. At one time, myopia will be found of the same amount in each eye; or one eye may be normal while the other eye may be myopic. At the second examination, both eyes may be normal, hypermetropic, or with any form of astigmatism. The child may produce any combination of errors of refraction by eye strain when asleep which may persist for a longer or shorter period when awake. At times the eyes become normal when the child is awake. Squint or strabismus in its various forms always occurs and is also variable. The use of strong atropine, 3 ½ per cent., instilled into both eyes does not prevent the manifestation of eye strain in new born children when asleep.

In adults, simultaneous retinoscopy demonstrates the production of near-sightedness and other deformations of the eyeball by eye strain during sleep but which usually become less or disappear and the eyes resume their normal shape in a few hours after awakening. Just as in babies atropine does not prevent, during sleep, the results of eye strain.

Hypnotism, ether, chloroform and nitrous oxide gas are all accompanied by well marked eye strain during sleep produced by these agents.

Eye strain during sleep may produce in the normal eye severe pain with hardness of the eyeball simulating the increased tension of an attack of glaucoma. In all diseases of the eyes, inflammations of the eyelids, cornea, iris, lens (cataract) retina and optic nerve eye strain during sleep increases the severity of the symptoms with a corresponding loss of vision, temporary or more permanent. Detachment of the retina has been aggravated or produced by eye strain during sleep.

The results of eye strain during sleep are so disastrous that I believe proper treatment is essential. Some patients have been benefited by "Palming" for half an hour or longer before dropping of to sleep. "Go to sleep while palming. Palm if you wake up during the night. Practice the long or short 'Swing' before retiring," I advise.

Some people seem to sleep longer than is necessary and the eye strain may appear increased. Some observations made of a four hour period of sleep during the night with or without a nap in the day time seemed to show less eye strain.

Posture during sleep has been studied. Lying on the face has generally been accompanied by an increase of eye strain. Sleeping on the back with the arms and limbs extended with slight flexion is undoubtedly better than sleeping on the right or left side. A cramped posture is always wrong. The patient is not always conscious of his posture when asleep. In a number of cases observed by friends of the patient, one or both arms were held behind the head while asleep and strenuously denied by the patient when awake.

The correction of this and other strained positions of the arms and limbs has been followed by decided benefit to the vision.

Eye strain during sleep produces or increases the symptoms of strain in various parts of the body. Some months ago I suffered from an attack of the grippe and had a very strong cough without expectoration. This cough was spasmodic and did not bother me very much during the day and when it did it was very easy for me to obtain sufficient relaxation to control it. But at night it was terrible, it would wake me up a few hours after I had retired and the coughing would be so severe and continuous that it was impossible for me to obtain relaxation of the eye strain while the room was dark. I was compelled to get out of bed and light the light in order to practice the long swing which gave me relief in an incredibly short time, a few minutes or less. I would then go back to bed and sleep for a few hours or the rest of the night without being disturbed by the cough. It was interesting to me that the relief of the eye strain was also a benefit to the bronchial or other lung tension.

For some years I had been afflicted with a chronic tuberculosis of the right elbow joint which at times caused great pain. When I became able to relax the eye strain, to remember or imagine perfect sight, the pain in the elbow disappeared. One evening I retired as usual and slept very comfortably until one o'clock when I was awakened with an intense pain in the elbow. The pain was so severe that I lost all control of my mind and became practically insane. I was unable to remember even my own name or any of the letters on the Snellen Test Card which I read every day. The doctor who was summoned gave me a hypodermic with morphine-every little while but without any appreciable relief. I kept saying, "Somebody help me to remember black," but my attendants sat around the room saying nothing and all they seemed able to do was to watch me suffer and give me morphine. This continued for four hours. During all this time I instinctively was trying to remember or imagine something that I had seen before. All of a sudden I remembered a large black C and the pain let up. In a few minutes I became able to remember all the letters on the Snellen Test Card and fell asleep. I woke up an hour later, six o'clock, apparently perfectly well without any sign of pain or soreness in the elbow. I dressed without any trouble, went downtown to the office and did a day's work without any return of the eye strain or pain in the elbow.

Stories From the Clinic

By Emily C. Lierman

UNUSUAL CASES

NOT long ago a little colored girl, eleven years old, came to us for treatment. The school nurse was puzzled about the condition of the child's eyes and feared that the little one would be hopelessly blind within a very short time.

After Dr. Bates had examined her he said her trouble was Interstitial Keratitis caused by syphilis. Such cases do not recover usually without atropine locally.

At first, I could not do anything with her. She would not look at the test card when I asked her to, neither would she look at me. I was not annoyed at her for this because I knew that the poor child was suffering. I tried speaking softly and kindly to her and it worked like a charm. She obeyed when I told her to keep her eyes closed for a little while. Closing her eyes and resting them helped. Her eyes were a little more clear after resting them and she read 10/70 with both eyes. I told her to again close her eyes to prevent staring, and while her eyes were closed, to remember the last letter she had read on the card. The last letter of the 70 line on the Clinic test card is an E and when she tried to remember the whole of the letter she said her eyes began to pain her. So I told her to remember one part of the E at a time. This she liked to do because it was easier than to remember all of the letter at one time. I stood close to the test card pointing to the letter below the E and when I told her to open her eyes again she saw the letter right off. This was the 50 line. I was sorry that I had to send her home at that moment. I wished to treat her for at least a half hour longer but others were waiting and I had no little time. She was advised to practice palming and resting her eyes regularly six times a day and to return in two days for further treatment. Her first visit began two weeks before Christmas, so each time she was treated I mentioned the possibilities of a gift for her if she would do her best, in practicing at home and doing what she could do for me at the clinic. She is progressing very rapidly much to the surprise of Dr. Bates. He informed me that her case was so bad that he did not expect much improvement for a month or more. At the present time she reads 15/30 and her eyes look much clearer. I notice, also, that she no longer keeps her head down and she does not complain that the strong light hurts her eyes, as they did before her treatments began. It is not at all easy to treat this poor little girl, because she talks and I spend at least five minutes sometimes trying to encourage her and to make her understand, that working with her eyes, while it is hard work, it is surely worth the trouble.

One day a doctor, who was a stranger both to me and to Dr. Bates, came to our room and carefull watched us, as we encouraged and benefited each case. The only remark he made to me was "Why don't you fit them with glasses and be done with it. You can get rid of these poor individuals so much quicker. They don't pay anything, so why waste your time." I was so upset when he said this, that I lost my temper. I confess that I have a very bad one, although it isn't anything to boast about. Dr. Bates rescued the Doctor and very kindly ushered him out of the room.

I am anxious to tell about a mother who came a few days ago with her two children. Dr. Bates told her to wait for me and when I was ready, I would test the children's eyes. The mother kept looking at me, totaling all the while. She asked, "Don't you remember me? Don't you remember my little girl? I brought her to you and Dr. Bates six years ago. She had alternate squint when she was three years old and Dr. Bates cured her without an operation." Hundreds of cases have been treated and cured in that time, and this dear little girl has grown from a sew ton of three years to a big girl of nine. The mother waited patiently for me to say yes. I tried my very best to remember, for my memory is usually good, but I failed this time. Before I knew it I answered, "Yes, surely I remember." How grateful this mother was because I did not forget her dear little girl and how sorry I was because I told a fib. She just knew that I would not forget, so I could not convince her that I did. If Dr. Bates had had his retinoscope handy, he would have found that I was near-sighted. When one tells an untruth, the retinoscope always reveals the fact. The subject usually becomes near-sighted at that time. The children were sent home from school because they could not see the letters on the blackboard. The mother thought of Dr. Bates immediately so she brought her boy and girl to be treated without glasses. The trouble in both cases was eyestrain and the girl's vision improved from 15/50 to 15/15 with each eye separately by palming or just closing her eyes often to rest them. Her eyes are perfectly straight and the mother boasted about how she was cured. Dr. Bates had prescribed atropine drops to be applied every day and then to have the little girl look at distant objects as well as near objects, such as tall trees and flowers and other things. The mother would go to the park every day and have the child practice these things with each eye separately. The little boy was difficult to handle at first because he did not wish to be bothered. A perfectly normal boy would rather play ball or play a game than to sit still and fuss with his eyes. I could not win him over until I pretended to box with him. He was ready to be a priorfighter anytime he said. He very soon got tired of the game and willingly read the test card. After the test, his vision was 15/50 and after he had rested his eyes by palming his sight improved to 15/20 with the right eye and 15/30 with the left. If they obey their mother and practice at home every day, I feel sure that my two little patients will soon have normal sight.

Minutes of the Better Eyesight League

By Emily A. Meder

We had a most interesting and exciting meeting in January. All formality it thrown aside, when we meet, and there is a general discussion. So was the case at the January gathering. In these discussions various things relative to the League are threshed out, and the members tell what they have done during the month to promote better eyesight.

Miss Shepard cited an experience with a friend of hers. She took this friend in hand herself, and from what she learned of Dr. Bates' treatment, being a patient herself, she proceeded to treat her friend. After removing her glasses, she could only read 10/40. She was given explicit instructions to practice palming for twenty minutes each day, and at the end of a month, she could read the whole card. The pain back of her eyes had disappeared entirely.

Miss Shepard is one of the most energetic of our members. She does not stop at helping her friends, but tells about Dr. Bates to all her acquaintances. She introduced the method into one of the Public Schools in Orange. She will go in February to test the children's eyes, and we hope to have an interesting report in February.

Dr. Ingham, who also practices by Dr. Bates' method, is going back to Oregon. She will have access to the orphanage, and expects to start the system there free of charge. Dr. Ingham is a true member of the League. She not only gives her time, but her valuable experience in curing defective eyesight. She is most enthusiastic and we hope to hear very favorable results of her work in Oregon, and that a BETTER EYESIGHT LEAGUE is established there.

Dr. Bates spoke for a while telling of his lectures during the past month, and the ones scheduled for the future. We attended his lecture at Erasmus Hall High School on Thursday evening, January 11th, and were delighted at the number of people who came to hear his message. The library was full, and people were standing in the hall trying to catch what he was saying. The teachers showed great interest, and after the meeting, they asked further information from some members of the League. Their interest in Dr. Bates' work was very gratifying, as they have sight at hand the ones who need his help most.

One of the members of the League at the BETTER EYESIGHT meeting at Madison Avenue, talked for about twenty minutes on the advisability of having a definite program mapped out for the members. That is, she would like to start a campaign, and stick to it. If it were to be a school campaign, have each member select a school and get to work. If it were to lecture, then appoint a speaker. Her views did not meet with much enthusiasm, for, according to the reports that the members brought in during the meeting, each one has to go about his work in his own way.

The meeting was closed with a hearty resolution by all to work diligently, and show that not numbers but results count.

The next meeting will be held at 300 Madison Avenue, Tuesday, February 13th, at 8 P. M. Bring your friends.

Meeting at East Orange, N. J.

By Minnie E. Marvin

A MEETING of the Better Eyesight League of the Oranges was held in the Library at East Orange, N. J., Friday evening, January 5th, at which there was an enthusiastic gathering of about two hundred. Mrs. E. C. Lierman, Dr. Bates' assistant, was the speaker.

Dr. Gore, one of the sponsors of the League out here, introduced Mrs. Lierman. She had already endeared herself to the greater part of the audience through her "STORIES FROM THE CLINIC." Although she has come in contact with thousands through the BETTER EYESIGHT MAGAZINE, the fact that she had to speak personally to this large assemblage almost awed her, but when Mrs. Lierman started to talk about her work, her personal feelings disappeared, and she carried the lecture off with honors.

The evening was a very enjoyable one to all, and much amusement was afforded by Mrs. Lierman's little stories of humorous events and happenings at the Harlem Hospital, where she and Dr. Bates are conducting their clinic. It isn't all joy and happiness, however. There is a great deal of sorrow and pathos, too, as in the case of the old lady, seventy-six years of age, having no living relatives, who is afflicted with cataracts. Then there is the old lady, seventy-nine years of age, who has absolute glaucoma, and the blind girl, who was born with cataracts in both eyes, and is now beginning to actually see. There are hundreds of other cases similar to these, but Mrs. Lierman cited a few of the most interesting. She has the faculty of taking these poor afflicted patients right into her heart, and showing her love for them, while they in turn, reciprocate, by loving her and trusting her implicity. The result is that her instructions are followed faithfully, and the patient gradually regains his or her sight.

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