March 1927

Better Eyesight

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

March, 1927

Demonstrate

That memory and imagination improve the vision.

Look at the large letter at the top of the card and note that it may be more or less blurred. Close the eyes and remember or imagine the same letter perfectly. Then open both eyes and imagine it as well as you an. In a second or less, close your eyes and remember the letter perfectly. When this is accomplished open the eyes and imagine it as well as you an. Close them quickly after a second or less. Practice the slow, short, easy swing and alternately remember the large letter with the eyes closed for part of a minute or longer, and then open the eyes and imagine it as well as you an.
When done properly, you will be able to improve your vision of the large letter until it becomes quite perfect. Then practice in the same way with the first letter of the second line. Improve your imagination of the first letter of the second line in flashes, until it improves sufficiently for you to recognize the next letter without looking at it.
Improve the sight of the first letter of each line by alternately remembering it with the eyes closed for part of a minute and then flashing it for just a moment, a second or less. You should be told what the first letter of each line is. With your eyes closed remember it as perfectly as you can. Then open your eyes and test your imagination for the letter for a very short time, one second or even less. Keep your eyes closed for at least a part of a minute, while remembering the known letter. The flashes of the known letter with the eyes open become more frequent and last longer, until you become able to see, not only the known letter, but other unknown letters on the same line.

Blinking and Shifting

By W. H. Bates, M.D.

BY BLINKING is meant the opening and dosing of the eyes more or less rapidly. The normal eye with normal vision blinks almost continuously. Sometimes the upper fid just covers the pupil white in other cases both fids may be completely closed. With the aid of the moving picture camera it has been demon-strated that one may blink five times in one-second without being conscious of it.
When an effort is made to stop blinking, whether successful or not, the vision is always lowered. When the eyes are permitted to blink regularly, easily, continuously, the vision is usually benefited. The camera also shows that the lower fids move up with a strong contraction of the muscle.
In many cases of normal vision, especially in those cases which are even better than the average normal vision, blinking is sometimes practiced with incredible rapidity, and on other occasions the eyes may blink infrequently, perhaps once in ten or fifteen seconds. The blinking of the normal eye varies or is different from the blinking of the eye with imperfect sight. The blinking of the eye with imperfect sight is usually very irregular and jerky and is accompanied by a manifest strain of the muscles of the eyelids. With imperfect sight an effort is always being made to hold the eye stationary and to stop the blinking. If the eyes are allowed to shift and to blink, the vision improves.
Blinking is fundamental and very important, because one cannot shift frequently or continuously with improvement in the vision, unless the eyes blink often. To keep the eyes open without blinking requires an effort, a state or strain, the patient becomes unable to shift easily or rapidly, and the vision always becomes imperfect.
The best way to rest the eyes is to close them while many things in turn are remembered or imagined. Blinking is a rapid method of resting the eyes and can be practiced unconsciously all day long, regardless of what one may be doing.
It is interesting to observe some people's eyes when they are asleep. One may note that the eyelids are blinking, which prevents the eyes from staring or straining, although the patient is unconscious of his eyes.
It is a well known fact that when people are asleep the eyes are often under a terrific strain. The first thing in the morning, after such a patient opens the eyes, he may find that his sight is very imperfect. He may suffer from pain in the eyes, pain in the head or in other parts of the body, or from extreme fatigue, as if he had been awake and hard at work all night long. When first opening the eyes, the patient may experience a feel-ing of dizziness, after the eyes have been straining during sleep. It is not an easy matter to recuntstend successful methods of obtaining relaxation, to such patients so that instead of working hard during sleep, the eyes may be completely relaxed and rested.
In some came, the patient may have fairly good vision when he first opens his eyes after a good sleep. How ever, such cases are uncommon.
When the normal eye has normal vision it is always rest. During sleep, however, with the aid of simul-taneous retinoscopy it has usually been demonstrated that the eyes are straining, staring or making an effort to see. The unconscious blinking is nature's method of resting the eyes during sleep.

"Shifting"

When the normal eye has normal vision it is always shifting or moving from one point to another. This is true with the eyes open as well as with the eyes closed. The shifting with the eyes open may be from side to aide, from above, downward, or in any other direction. The horizontal shifting is practiced more than the other forms of shifting. The eye is never stationary. When the vision is imperfect, the shifting is also imperfect and may be jerky. It may result in discomfort of the eyes, the had or in any other part of the body. The shift of the normal eye varies and is more or less irregular.
To know the proper way to shift the normal eye, in order that the vision may be continuously normal, it is well to demonstrate the wrong way. When the shifting is practiced or the eyes move from point to point, the vision is usually benefited, provided one shifts slowly, easily and continuously.
Advise the patient to look directly at one point or one part of the smallest letter which can be distinguished. When he does this for a few seconds, he usually becomes able to feel that an effort is being made, and when the effort is continued or increased, much discomfort is felt and the vision always becomes imperfect. The patient is encouraged to prove that concentration does not last long, and that it is impossible for the eyes, memory or mind to see perfectly, remember perfectly, or imagine perfectly, when an effort is made to concentrate. When the eyes shift from one point to another, a feeling of relaxation soon follows and the vision improves. When the eyes do not shift from point to point, it can always be demonstrated that the vision becomes worse and that the eyes, mind and all the nerves of the body are uncomfortable and tuy be conscious of an effort or strain.
To constantly stare at one point of a letter or other object is wrong, because it lowers the vision and causes discomfort to the eyes. Perfect sight is not possible and cannot be imagined continuously, unless the shifting is continuous. The movement of letters or words which can always be demonstrated in normal vision, depends upon the shifting.
When the eyes stare and do not move, or when an effort is made to imagine letters or other objects to be stationary, the shifting stops, and if things seen are imagined to be stationary without shifting, or an effort is made to stop the shifting, the vision always becomes imperfect.
With the eyes open, it is possible to shift from the first letter of a line, of the Snellen test card, at fifteen feet, to the end of the line and improve the sight. In most cases a known letter of the Snellen test card can be remembered more or less perfectly with the eyes closed, but only when the eyes or the mind shifts from one letter to another, or from one part of one letter to another part. The letter remembered can be imagined or a mental pic-ture of the letter obtained only by constant, slow, short, regular, continuous, easy shifting. When the patient can remember or imagine letters or other objects perfectly with the eyes open, as well as with the eyes closed, the vision is always benefited. If shifting is not practiced the vision always becomes worse.
Many people with imperfect sight are not able to shift or move their eyes without an effort. They complain that they lose their mental control because they are unable to shift easily or continuously. Much better vision is obtained with a short movement or shift of the eyes than with a long shift.
It is necessary for those who have imperfect sight caused by a stare, a strain or an effort to see, to become able to shift in such a way as to benefit their vision. Keep the eyes closed for a large part of a minute and open them for a short time, a second or less. It takes time to stare, concentrate or make an effort to see. It is not possible to stare and lower the vision in a fraction of a second. Perfect sight is inconceivably quick. It is easy, regular and continuous. When shifting is practiced rapidly, easily and continuously, the symptoms of imperfect sight and other symptoms caused by strain are relieved at once.
The general belief is that when we read we are looking at the letters. When one reads with perfect sight one does not look at the letters, but at the white spaces between the lines and imagines the white centres of the letters to be whiter than they really are. Look directly at a small letter of the fine print that can be read and concentrate your mind and eyes on one part of the letter. You soon feel an effort or strain and the vision is always lowered. If the vison was not lowered, you were unable to keep your attention fixed on the same part of a small letter for a continuous length of time.
Shifting is very often practiced wrongly and the vision becomes lowered or no benefit is gained. To shift rapidly, look up for a moment and then look down quickly, rest the eyes for part of a minute; then repeat, look up and down quickly without paying much, if any attention to the sight. While looking down again, rest the eyes for part of a minute. Alternate until the shifting up and down can always be accomplished rapidly or rapidly enough to avoid testing the sight. When the eyes move up the text card or other stationary objects move down. When the eyes move down stationary objects move up or in the opposite direction to the movement of the shifting eyes.
Normal sight cannot be demonstrated continuously unless the eyes are continuously shifting. The patient is usually unconscious that he is shifting rapidly when he believes that he can see one letter of the bottom line perfectly and all the time.
Many people have said that they can see a letter with normal vision at fifteen feet or further without moving their eyes, and without imagining the letter to be moving. In other cases where some people thought they could regard one letter with normal vision without shifting, it was found that while doing this the eyes, when observed at the near point, a few feet or further, could be seen to move very quickly, up, down, from skit to side or in other directions. The movement of the eyes was so rapid that it was not noticeable, unless the patient was observed very closely.
When the top of a large letter is regarded, that part may be seen best for a short time, while the rest of the letter is seen worse, i.e. central fixation. One cannot see with central fixation and have normal vision unless one is continuously shifting. When the bottom of the letter is regarded, it may be seen best, while all the rest of the letter is seen worse. By shifting alternately from the top to the bottom of the large letter, the vision is usually improved. At the same time, the uncomfortable feeling in the eyes or head is relieved and all pain, is benefited.
One patient with very unusual vision read the bottom fine marbed "10" not only at ten feet but at a much greater distance. In a good light she claimed that she could see one letter of the "10" line at fifteen feet continuously without blinking and without shifting. Although she was not conscious of the fact she must have been blinking or shifting because the moving picture camera has always demonstrated that no one could see one letter of the Snellen test card continuously without rapid blinking or shifting.
It requires time for one's sight to become imperfect. The habit of staring or straining cannot be accomplished in a second. It takes a longer time to fail than it takes to succeed. Perfect sight can only be obtained quickly without effort or strain. The cure of imperfect sight, then, is to stop all effort. It is not accomplished by doing things; it can only come by the things that one stops doing.

Stories from the Clinic

Four Boys and a Girl

By Emily C. Lierman

DURING my many years of clinic work with children, I have found that boys are easier to treat and cure of imperfect sight than girls of the seine
Robert, aged eight, was one of the firt of a group of four to be tested with the Snellen test card. His mother had noticed, during the lasr year, that his left eye was beginning to turn in. The school name had also noticed this and had recommended glasses for him. Robert had refused to be fitted with them. He said if he were compelled to undergo an examination for glasses, and they were purchased he would refuse to wear them.
I knew before I started treating Robert that I would have no trouble in improving his sight, if it were necessary. I was doubtful about his having imperfect sight, because I had watched him as he moved about, before I began treating him. I did notice, however, that he had a habit of keeping his head more to one-side, which caused an unnecessary, strain and prevented him from seeing with both eyes straight. I noticed that at intervals, he had a slight convergent squint of the left eye.
Robert read 10/10 with the text card with each eye separately. While he was reading the card, I had his mother sit where she could watch his eyes. He read the text card so fast that it was hard for his mother to keep up with him, to notice whether he had made a mistake in reading the letters or not. He read up to the twenty line of the test card with his eyes perfectly relaxed. Then, as he read from the twenty to the ten line of, letters, he began to frown and stare. It was then tht the eye turned in. His mother was quick to observe this and commented on it. I asked her if she could describe to me what he did after he had read the twenty line letters. She said she noticed dist he frowned and that the eye turned in, but that was all. I asked Robert if he could tell me what he did that was wrong when he arrived at the twenty line letters. He did not know so I explained to him and his mother that he had not blinked ouce, until he had read the last letter of the card.
When Robert first began reading the card. I noticed that he blinked only twice from the time he started with the large two hundred line letter until he arrived at the twenty. line. I explained to both of them that this was not enough; that the normal eye blinks often, irregularly and in an eosy way, and that it is done unconsciously by persons with normal sight. I explained how necessary it was for Robert to consciously blink often, all day long, no matter what he was doing.
I taught him to palm, asking him to tell me what he was most interested in. I meant his school work, but did, not tell him so. Before I had an opportunity to say that I meant school work, Robert cried out: "I like to play best." It was evident from his mother's expression that she thought I would be displeased with his reply, but it is natural for boys to enjoy and to like their play most. I told Robert to imagine he was playing basketball in the gymnasium, which I knew was part of his school routine.
While he palmed, I asked him to remember how he held the basketball, then throw it in the air, and finally made the basket. He smiled as I described this to him. After he had removed his hands from his eyes, he was instructed to stand and sway, and by reading one letter at a time, blinking for each letter, he read the whole card without frowning and with both eyes straight. His mother said I had performed a miracle. I told her that the cure was only temporary, and that Robert would un-consciously stare again and the eye would, undoubtedly, turn in. This would happen at irregular times, from day to day, until Robert made it a habit to blink and shift, as the normal eye does.
The next time I saw Robert and his mother they informed me that I had made a mistake. Robert's eye did not turn in again, neither did he forget to blink regularly and often. His second test was better than the fiet one. I had him stand fifteen feet from a strange card, which he had not previously read. He read every letter of the card with each eye separately and with both eyes together, not forgetting to blink and shift, and at all times both eyes were straight. Just saying to Robert's mother that he would forget to blink and that the eye would, without a doubt turn in again, made him determined to remember to use his eyes right.
Two other boys of this same group are brothers. One is nine and the other twelve years of age. James, the younger of the two, is keenet; but more nervous. He read the whole test card, 10/10, without a mistake. Having watched Robert during his test, he knew exactly what was required of him. It was amusing to see how serious James was during the whale procedure. I had explained previously to Robert that the elephant has intelligence enough to sway his body in order to obtain relaxation and prevent strain. I explained that the elephant must some that standing still is not good for him because it makes him uncomfortable, therefore, he keeps moving. James was anything but graceful; he swayed like a little elephant in reality. Everyone in the room watching him laughed, but not a smile oat of James. At first I thought he was going to cry, because he became so excited and nervous. I stood quite close to him, and directed him to hold my hands and sway with me. After swinging with me for a short time, he learned to swing by himself. He had to be reminded that blinking alone was not sufficient. James began his lesson by blinking but not looking away. He stared at every letter until I stopped him. After he realized that it was necessary to shift, I had very little ehe to do for him. Looking out of the window and then back at the card, seeing one letter at a time, swaying, in this way for each letter, his vision improved to 15/10. His second test was even better. He stood twenty feet from a card that he had not seen. He read straight through it without a mistake, with each eye separately.
James' grandmother, who was with him noticed that his nervous twitching ceased. Before, he had not been able to sit still in his chair longer than five minutes at a time. but now he could aft quietly with a book in his hand and read in any kind of light, and not move until it was bed time.
Jack, James' brother, acted as though he were a grown-up man. He very readily stood ten feet from the card and read it through lime a race horse, staring all the while he did so. He had either forgotten that it was wrong to stare, or did not realize that he was staring. After he had finished reading the card, I asked him if that was the way he read his books, or the blackboard at school. "Oh, Yes;" said he, "I can read even faster than that." Jack evidently thought that speed was what counted in the test. He was waiting patiently for praise and looked very forlorn when I found fault with him. He soon realized that the way he read the card was not correct, and that he was under a tension and strain when reading so rapidly. For a half hour I impressed upon his mind that he must not look at more than one letter of the test card at a time without blinking and looking away, which mean shifting from the card to a blank wall, or some other place where there are no letters. He asked me why it was necessary to look away from the card after seeing each letter. I told him that when he looked away from the card, after seeing each letter, he prewented any strain of his eyes by looking at something that was not hard ~to see. In other words, shifting is something the normal eye does all the time, only people with good eyes do not notice that the eyes shift because it is done unconsciously.
The next time I saw Jack, I had him stand twenty-five feet from a strange card, and he read it correctly by seeing one letter at a time and looking away. Later he read each line of the card backwards, not looking at the card, but shifting from one side of the card to the other. I asked him to read from one of his books that he had with him, and show me how he read so that I could guide him if he did not read it correctly. After each sentence or two, he would look on the opposite page and see a capital letter at the beginning of a sentence, blink and then proceed with his reading. He told me he could read this way, without any feeling of fatigue, if he blinked his eyes, which he usually remembered to do.
Harold, aged eleven, was the tallest and stockiest of the group. His eyelids were swollen and very red, but his vision for each eye was 10/10. He had a habit of keeping his eyes open for a long time without blinking at all. Blinking was one of the first things I encouraged him to do. I had him stand by himself, in a corner of the room, and told him not to remove his hands from his eyes until I told him to do so. He nervously wiggled about in his chair after sitting a minute or so. I suppose that five minutes of palming seemed like five hours to him. When a boy of his age has imperfect sight but is perfectly healthy otherwise, it is almost impossible to ex pect him to be still, even for so short a time. I wanted to see whether palming would relieve the redness of the eyelids and I was glad to see that there was ten redness, after he stopped palming. I then had him stand twenty feet from a strange tee card and he read the ten line with each eye separately. He whispered in my ear that he was just a little afraid that the other boys would get ahead of him. There was a little sun streaming in one of the wie-dows of the room. He stood there and closed his eyes while I used a sun glass on his eyelids. At first he was a bit frightened for fear that I would harm him, but after I had focused the sun's rays through the glass on his hand, he was reassured. The sun was most beneficial to his eyelids, and the redness disappeared before he left. I feel that the redness of his eyelids was not wholly from eye-strain, but from eating much candy and other sweets, which he confessed he was fond of. If Harold follows my advice, I am sure that the condition of his eyelids will be normal, the next time I see him.
Anne, a girl aged twelve, who has myopia was my next patient. She was harder to convince and much harder to treat than the entire group of boys. Having difficulty to see at the distance even with her glasses, seul not being able to see the blackboard or other things distinctly caused her to be sullen. The child's eye strain kept her from being happy as most children of her age are. She was reluctant to leave her glasses off, after her first treatment as she felt she looked better with than. I asked her what difference it made whether she was better looking with or without her glasses as long as her eyesight unproved with the treatment. I told fair about the boys whom I had just helped, and that not one of them had thought of how they would look without their glasses. She then promised to practice. Before treatment, her vision with the test card was 10/70 with each-eye separately. After she had palmed a while, then swayed as the stood ten feet from the card, her vision improved to 10/50.
On her second visit, Anne's attitude had changed. She said that only one day had she worn her glasses in school since her fiet treatment, and that she was getting along very well without them. She practiced every day, as I directed her and palmed for more than ten or fifteen minutes at a time, while someone reed a favorite story to her. By having someoo reed to her, she was able to improve her mental pictures with her eyes dosed, and her vision is now 10/10, by flashing one letter at a time. She is not entirely cured, but if she continues to keep up her enthusiasm to tiisl the boys who did so well at the start, I feel sure that Anne will soon be cured.

Case Reports

The following are case reports sent in by one of Dr. Bates' representatives, Miss Elizabet Hanson, of 1504 Capitol Bldg., Chicago, Illinois.
Dear Dr. Bates:
It has been so interesting to watch the unfolding of a recent case, pronounced hopeless by opthalmologists, that I am writing about it.
Dr. M. L. Cleveland, Palm Beoch, Florida, came to Chicago, July 9, 1926, having been told that she had glaucoma in one eye, would be blind in three months, and more than that, the eye would have to be moved in the faint hope of saving the other.
Her vision with glasses was 10/15 minus. Without glasses both 10/100 minus, right 10/75 minus and left 10/100 minus. When he had done the long swing until she was fully relaxed, she palmed, listening to happy memories of snowy mountains, plains, forests, skies, etc. After half an hour of this, she was asked to open her eyes and look at the text card, which she read to 10/50. You can easily imagine that enthusiasm had full sway. Handing me her glasses, she said she was through with them. It being a sunny day, I gave her the sun treatment for a short while with the burning glass, and taught her the easy sun-swing. This she said was delightfully soothing.
July 10th, the following the day, her vision a had improved to(/10/40. There was a good reason for this. Dr. Cleveland has a wonderful imagination, and quickly saw how to use it. We began with the flashing lesson, that is, with the perfect memory of a known letter with closed eyes, she was able to flash every letter on the 10/30 line. Then I gave her a diamond point card and noticed that she tried to read it and did not blink at all.
For relaxation, I explained the value of blinking and imagining white spaces on the card swinging.
Our lessons were interrupted for a while—Dr. Cleveland had to attend a Convention out West, but having already gained perfect confidence in the Bates system of Better Eyesight, she knew she was on the right track, and kept on with her exercises. When we met again, August 23rd, her vision had improved to 10/15 minus. Looking into the eye with the retinoscope, I saw that the dark shadow had disappeared almost entirely and the pupil, that had been abnormal, was now nearly normal in size. Moreover the hardness of the eyeball and terrible pain were gone. Continuing our lessons (thirteen in all) until she had to return to Florida, her progress was wonderful. She was ingenious, used each lesson in a way that best suited her case, and between lessons practiced in the house, on the porch, and in the pack. In the letter she was able to read the ten line at twenty-five feet, and when she left Chicago she had perfect far vision and almost perfect near vision.
At this time Mrs. W., an elderly lady, was brought to me. She had been blind for sixteen years. The opthalmologists called it obstruction of the optic nerve. She had only perception of light—the right eye being a little better than the left.
We began the treatment by practicing the long swing and palming. Then after imagining the big C., she discovered it on the chart at about six inches distance, as something dark and round. After palming again, she was able to get the two letters on the best line as two moving black spots. I ended this lesson by teaching the sun swing with closed eyelids. The next time she came, she told me she had swung the sun and palmed many times a day. We began our lesson with the sun glass treatment; palmed and swung the sun with closed eyes; more palming and to her surprise, she saw, with the card one foot instead of six inches away, the big C and the smaller R B easily, and the still smaller letters down to the 20 line, as spots. Corrections had to be made: when she became very interested, the narrowed her eyes in an effort to see more. At this was evidence of an attempt to see through strain, the habit had to be curbed at once.
After more palming and the memory and flashing exercises of the black period, she could make out bushy forms in the garden, saw that some were more compact than others, and as we were going down the walk, at the end of the second lesson, she recognized by their shape some hollyhocks she was passing. Those were the first objects she had been able to identify in all her years of blindness.
Following this great encouragement the next striking improvement was seen through the retinoscope. Day by day the veion of the optic nerve took on a healthier color, and in a short time there was a contraction of the pupil in noticeable accommodation to light. After sine lessons, the eye, which had first failed her and which had been least able to discern light, is beginning to show the same improvement as has gone on so gratifyingly ri the other, and with this encouragement the patient and her family are enthusiastically looking forward to renewed sight for this sixty-three-year-old woman, who has been blind since her forties.
Very cordially yours,
Elizabet Hanson.

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