December 1921

Better Eyesight

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

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THINK RIGHT

"As a man thinketh in his heart so is he," is a saying which is invariably true when the sight is concerned. When a person remembers or imagines an object of sight perfectly the sight is perfect; when he remembers it imperfectly the sight is imperfect. The idea that to do anything well requires effort, ruins the sight of many children and adults; for every thought of effort in the mind produces an error of refraction in the eye. The idea that large objects are easier to see than small ones results in the failure to see small objects. The fear that light will hurt the eyes actually produces sensitiveness to light. To demonstrate the truth of these statements is a great benefit.

Remember a letter or other object perfectly, and note that the sight is improved and pain and fatigue relieved; remember the object imperfectly, and note that the vision is lowered, while pain and fatigue may be produced or increased.

Rest the eyes by closing or palming, and note that the vision is improved, and pain and discomfort relieved; stare at a letter, concentrate upon it, make an effort to see it, and note that it disappears, and that a feeling of discomfort or pain is produced.

Note that a small part of a large object is seen better than the rest of it.

Accustom the eyes to strong light; learn to look at the sun; note that the vision is not lowered but improved, and that the light causes less and less discomfort.

Remember your successes (things seen perfectly); forget your failures (things seen imperfectly); patients who do this are cured quickly.

THE CORRECTION OF IMPERFECT SIGHT WITHOUT GLASSES

By Dr. Erna Marion Jones

THE correction of imperfect sight by Central Fixation, as taught by Dr. Bates, first came under my observation one year ago this September while assisting for a month in the practice of my friends, Drs. H. S. and Jennie K. Beckler, of Staunton, Virginia. I was astonished at the results they were obtaining in eye cases and at once began to study the system under their supervision.

About the same time I received a letter from a sister of mine, a teacher in the Detroit Public Schools, who had worn glasses for twenty years for myopia and astigmatism. She stated in her letter that she had discarded her glasses and was taking the Central Fixation treatment from an osteopathic physician in Detroit who had been a student of Dr. Bates. The treatment was continued during the winter, my sister keeping right on with her school work and doing even reading at sight without suffering with headaches as she had previously done. On seeing her this summer I was agreeably surprised at the change in her appearance. The strained look about the eyes and face had given place to one of relaxation, the eyes were straight, and the nervous system had lost its tension and gained a poise formerly unknown. The retinoscope showed no errors of refraction in either eye.

Encouraged by this and other cases, I decided to prepare myself to specialize in this work. After studying the anatomy, pathology and physiology of the eye all last winter, and treating several patients as best I could with my limited knowledge of the system, I decided that what I now needed most was a course of personal instruction from Dr. Bates. I went to New York for this purpose a few months ago and spent a wonderful fortnight there. The course included work in Dr. Bates' clinic held three times a week in the Harlem Hospital. The hospital being in one of the colored sections of the city, many of the patients are negroes, and they are very appreciative, too; her both white and coloured come in droves to be cured of all kinds of eye afflictions. Here I had a good opportunity to study eyes by means of the retinoscope and ophthalmoscope, and I observed the changes in the refraction and pathology as the treatment progressed. I can tell of only a few of the remarkable cases which I saw, for it would take days to tell about them all.

I was especially interested in a case of squint in a girl of fourteen, who had been attending the clinic about three months before I saw her. She had worn glasses since she was four years of age to correct the trouble, but had been growing gradually worse. When her sight was first tested she read 12/40 with her left or better eye. When asked to read the card with her squinting eye, she turned her head half way around to the left in trying to see it. Mrs. Lierman gave her one simple relaxing exercise to do and left her for a few minutes. At the next test she read 12/40 with the squinting eye without turning her head. Of course, that was temporary relief, as on straining again the squint would recur; but it showed what could be done by continuous treatment, and when I left New York the right eye was as straight as the left and did not change when the patient was excited or annoyed, or on reading or studying. She told me she could read or study for hours at a time without headaches or discomfort, while before coming to the clinic she could look at a book for only a few minutes at a time.

A negress, seventy-two years old, was responding wonderfully to treatment for cataract in the advanced stage. She had been in the clinic for two months. At first she could not distinguish the large C at the top of the test card. Before I left she could read 10/40 with both eyes.

A girl of twelve was suffering from retinitis pigmentosa, a condition generally pronounced incurable, in which spots of black pigment are deposited in the retina, parts of the retina destroyed and the nerve of sight diseased. On examination by the test card, the patient could read only the seventy line at five feet. Nystagmus was one of her worst symptoms, the eyes vibrating continually from side to side. She was extremely nervous, and very sensitive in regard to her condition, the slightest annoyance making her worse. At the first treatment, the nystagmus temporarily stopped, and she read the fifty line instead of the seventy at five feet. The last day I saw her at the clinic she could read the twenty line through at ten feet, and the nystagmus had entirely disappeared.

After seeing these things it would seem impossible for anyone to doubt that Dr. Bates' discoveries are bound, before long, to revolutionize the practice of ophthalmology. They offer hope to millions for whom formerly there was no hope, and I am glad to have a share in the wonderful work of making them available to the world of eye sufferers.

MENTAL CONTROL IN RELATION TO VISION

By W. H. BATES, M.D.

THE eye with perfect sight is always at rest. When it begins to strain the sight becomes imperfect. The eye with imperfect sight is always straining, and when it ceases to do so the sight becomes normal. These conditions of rest and unrest are reflections of the mind. In other words, they indicate the presence or absence of mental control.

When the mind is not under control the memory or imagination is impaired. Therefore one cannot at the moment of seeing something imperfectly form a perfect mental picture. A person with perfect sight can remember a color, a yellow flower, a red piece of cloth, a letter of small print, a black period, a white cloud in the sky, just as well with the eyes open and looking at the Snellen test card, or reading a printed page, as with his eyes closed. A person with imperfect sight either cannot do this at all, or can do it only under certain favorable conditions, as with his eyes closed, or when looking at objects at certain distances. A near-sighted person may retain his mental control and consequent ability to form mental pictures when reading fine print at six inches, but may lose both at five inches, or when looking at certain letters on the distant Snellen test card. Some patients have a good imagination and normal sight in the daytime, but lose both by artificial light. Others have normal vision and a good imagination only when the light is dim. One patient had imperfect sight (20/70) corrected by concave 6.00 D. S. in ordinary daylight, but when the light was dim her vision became normal (20/20) without glasses, and her mental pictures were just as good when her eyes were open as when they were closed. She became able, by means of sun-gazing, to remember, with her eyes open, a black period in the bright outdoor sunshine, when her vision, tested with the Snellen test card, became normal in ordinary daylight.

Many cases of imperfect sight have been cured simply by having the patient demonstrate these facts. One patient had vision of 20/200 without glasses. She was near-sighted and could read fine print at a near point without trouble. She was asked to look at a small letter o. The question was asked - "Can you see the letter easily and continuously?"

"Yes," she answered.

She could also, with eyes closed, remember it without difficulty and imagine the white center much whiter than the white card on which it was printed. With some encouragement she became able to realize that she did not imagine the letter all alike; that she saw one part best, and that she did not imagine the same part best very long at a time; that her attention was constantly shifting; and that the small letter was moving slowly, easily, rhythmically, continuously, a very short distance from side to side, the movement being so inconspicuous that she would not have noted it if her attention had not been called to the fact. When she tried to keep her attention on one small part of the letter continuously for a few seconds, or part of a minute, she noted that this could not be done without effort, her mind tired, her eyes pained, although they were closed, and she lost the memory of the letter.

With her eyes open she then demonstrated that her sight was the same as her memory with her eyes closed. When she tried to keep her attention fixed on one part of the letter the movement from side to side stopped, she experienced a sense of effort, her head began to ache, the letter blurred, all parts of it looked alike, and soon it disappeared. She was reminded that when she saw the letter distinctly, or when she imagined it perfectly, she did it easily, without effort, without strain, without any trouble or hard work whatever; but that when she saw, or imagined it imperfectly, she made a great effort.

The letters on the distant Snellen test card appeared gray and blurred to her, and all parts of each letter looked alike. Even the large letter that she could distinguish was blurred, with a gray outline, and was not as black as the small letters of the fine print which she read so easily. Her attention was called to the great difference between the size of the letters on the Snellen test card and those of the fine print, and I suggested that if she saw the larger letters on the test card gray, while the smaller letters of the fine print looked black to her, it must be because she was imagining them to be gray. I also said that if she could imagine the white openings of the small letters to be whiter than they really were, she ought to be able to do the same thing with the larger white spaces of the larger letters. Thus she was led to realize that a large part of what she saw on both the large and the small card was imaginary, and that she ought to be able to use her imagination to improve her sight when looking at the large card, as she did when looking at the small one, instead of to spoil it, as she was then doing. Having demonstrated these facts she soon became able to retain her mental control when looking at distant objects, and was permanently cured.

One of the worst cases of pain and fatigue which I ever saw occurred in a young man who lived several thousand miles from New York, and came here as a last resort in the hope of being relieved of the misery he had endured as long as he could remember. The history of his treatment by numerous physicians, merely ophthalmologists, would make an interesting story, but it is too long to be recounted here. On testing his sight I was surprised to find it good. He read the twenty line of the Snellen test card at twenty feet, and also read the finest print at various distances. At this time he had no pain. When the pain came on, however, his vision became imperfect, and as the pain was almost continuous, he said he suffered from imperfect sight most of the time. I asked him why he did not maintain his good sight continuously when he obtained so much relief from it. He replied that he was unable to do so.

He had lost his mental control to such an extent that even with his eyes closed he was unable to visualize his own signature, and when he attempted to do so and failed, the pain in his eyes and head became much worse. I had him look at a large letter on the Snellen test card and observe its white center, which he was able to see whiter than the rest of the card. I told him that the white center of the letter was not whiter than the rest of the card and that he only imagined it so. Then I asked him if he could imagine the white center as white as snow with the sun shining on it-a dazzling white. He answered.

"Yes, I can imagine it as white as the snow on the top of the mountains near my home."

I told him that he had formed a mental picture of the snow-capped mountain, by the aid of his memory or imagination, and that having done this with his eyes open, he ought to be able to visualize the mountain with his eyes closed. Much to my gratification he was able to do this for part of a minute, and to imagine not only the white snow on top of the mountain but also other parts of it as well. Then he demonstrated that he could imagine one part best of the snow-cap, but that when he tried to imagine it all at once the mental picture disappeared and his pain increased. To see one part at a time of the snow-cap was easy and his pain was relieved. To see all parts at the same time was impossible, and trying to do the impossible was a strain which produced pain. In other words to lose his mental picture of the mountain required an effort, a very great effort which tore the nerves of his eyes and head all to pieces.

With this demonstration as a beginning, he became able to form mental pictures of other objects. The most difficult thing of all was for him to imagine printed or written,letters, but this was finally accomplished, and his mental control, and consequently his mental pictures, became normal. With his eyes closed he is now able to remember or imagine large or small letters as well as he can see them with his eyes open. His pain is entirely relieved and-what pleased him most-his vision has improved to 20/10, double the accepted standard of normality.

STORIES FROM THE CLINIC

22: Christmas at the Clinic

By Emily C. Lierman

THROUGHOUT the civilized world Christmas is recognized as the children's day. To hosts of boys and girls it seems the most wonderful day in the year; but there are other little folks—all too many of them—who do not know its meaning, whom Santa Claus seems to have quite forgotten.

This fact was brought home to me very forcibly during my first Christmas at the clinic, seven years ago. A boy of seven came with his sister, a little girl of five, for treatment. Both the children were thinly clad and far from clean, and seemed to feel perfectly at home near a warm radiator. There was nothing wrong with the girl's eyes, but the boy had a severe inflammation of the eyelids, along with a squint of the right eye. I was not surprised to find later that this inflammation was caused by uncleanliness. As I was about to treat him I asked him what he expected Santa Claus to give him. The time was two weeks before Christmas. He looked up and said:

"Oh, he aint never came to our house! I only sees him in the store windows."

"But you have a Christmas tree on Christmas eve, don't you?" I asked.

"Nope," said he, "we never had none."

I began to think I wanted to use my influence with Santa Claus on behalf of this neglected waif, but my present business was to treat him. No, I did not begin with palming this time. I washed his eyes and face with water, and judging by the color of the towel when the operation was over I should say that he had not been washed for six months or so. I now tested his sight, and with both eyes he read the ten line at fifteen feet. Then I covered his good eye, and with the squinting eye, the right, he read the seventy line (15/70). I now showed him how to palm, and while his eyes were covered I told him the story of the Babe of Bethlehem. This worked like a charm, and in less than ten minutes his right eye improved to 15/30. The little fellow promised to cover his eyes to rest them many times each day; and I promised that Santa Claus would surely have a present for him at Christmas.

The progress he made was astonishing. I learned later that his father was in jail for theft, and that he had to mother his little sister and baby brother while his sickly mother went out to work; yet he found time to practice, and before Christmas he had normal vision in both eyes, though the right eye turned in at times the least little bit. As for the inflammation, it had completely disappeared under the influence of the sun treatment.

The day before Christmas I bought a Christmas tree and filled a big basket with good things to eat and a little gift for each child in the family of my little patient, and in the evening I took them to his home. The poverty I found there wrung my heart, but I had the gratification of knowing that the children at least would have a happy Christmas. The sight of the Christmas tree filled them with rapture too great for speech, and the gratitude of the mother was pathetic. Shortly afterward the boy's visits to the clinic ceased, and going to his home I found the scanty belongings of the family upon the sidewalk, all covered with freshly fallen snow. Next day I went again, and was told by the neighbors that the mother was in a hospital and that the children had been placed by a charitable society in an institution. I never saw nor heard of my patient again, but he inspired me with the idea of trying to make my family at the clinic happy at Christmas time, and incidentally I found that Santa Claus was an invaluable assistant, taking the place of baseball at other seasons. Mothers often tell me that Jimmie or Johnnie will not behave long enough for me to treat him. Well, I listen, of course, and then I begin to talk baseball or Santa Claus, according to the season of the year, and I have known the most restless of small boys to sit on a stool, or stand in a corner, for ten minutes without moving while I told of the sight before Christmas, or related some incident of the baseball field. It is astonishing the interest a small boy takes in baseball. Nine times out of ten when I ask a boy to imagine something perfectly he will say:

"I can imagine a baseball very well."

I think if Babe Ruth knew how these infants admire him, he would provide seats for about a thousand of them at some of his games just for the sake of having a group of pre-eminently enthusiastic rooters on the bleachers. I think, too, that he wouldn't mind playing Santa Claus and providing baseballs for some of my patients. I am sure nothing would make them happier, even though baseballs are of very little use in a city that does not provide enough playgrounds for its children, and where the police will not let you play baseball in the streets.

However, this is a digression. Santa Claus, as I said, is a fair rival of baseball, and appeals to girls and boys alike. I begin in September to talk about the visit he makes to the clinic every year, and the result is magical.

Joseph, nine years old, was quite unmanageable at first, and could not be enticed to palm, nor even to stand still long enough for me to test him. I finally got tired of coaxing him, and told him to wait until others had been treated. His mother, a very nervous woman, wanted to thrash him, but the little fellow didn't seem to mind that a bit. He had been sent by the school nurse for glasses, and was so sensitive to light that he could only partly open his eyes. When I was able to get back to him I said:

"If you will read this card for me and do as I tell you, I will have you come here the day before Christmas when Santa Claus will give you something nice."

It worked splendidly. He read the card with both eyes together and each eye separately, getting most of the letters on the forty line at twelve feet. He palmed when I showed him how, and before he left his sight had improved to 12/20. After he had palmed for ten minutes or so his mother remarked on how wide open his eyes were. Joseph came quite regularly after that, and was so grateful for the gift Santa Claus brought him at Christmas that, even though he was cured in a few weeks, he continued to come just to say "Hello" to the Doctor and myself.

One day, shortly before Christmas, a little girl came for treatment. Her age I cannot exactly remember, but should imagine it was nine or ten years. Her wistful eyes looked up into mine, and I guessed that she was very poor and lonely. She told me that her mother and father were both dead and that a kind neighbor who already had nine children was mothering her too. I knew just what I would

like to have had Santa Claus give her, and tried to figure out just how much I could stretch my Christmas fund so that I could buy clothes and shoes for this little girl. It could not be done; but I doubt if these useful things would have made her as happy as the dolly and the necklace which I ultimately gave her, and which cost only a trifle. Like the children in the first story she was so overcome with joy that she could scarcely talk.

There was nothing seriously wrong with her eyes, but she was under a nervous strain which caused her sight to blur at times. I soon corrected this, and she was very happy when told that she didn't need glasses.

I must add that the adult patients are not forgotten at Christmas time. Each one gets a box of candy and an orange, and they all leave the clinic with a smile that won't come off; all of which, I am sure, is good for their eyes. My family seems to grow each year, but somehow I always find the money for the annual distribution of Christmas joy. A good many of the patients buy Snellen test cards to practice with at home, and all this money goes into the Christmas fund; then checks come from various sources—sometimes at the last moment. To all who have so generously helped me in this way I want to say:

"I thank you from the bottom of my heart, and wish you all a merry Christmas and a happy New Year."

QUESTION AND ANSWERS

Our readers are invited to send in questions 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.

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