January 1923

Better Eyesight

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

January, 1923

BREATHING

MANY patients with imperfect sight are benefited by breathing. One of the best methods is to separate the teeth while keeping the lips closed, breathe deeply as though one were yawning. When done properly one can feel the air cold as it passes through the nose and down the throat. This method of breathing secures a great amount of relaxation of the nose, throat, the body generally including the eyes and ears.
A man aged sixty-five, had imperfect sight for distance and was unable to read fine print without the aid of strong glasses. After practicing deep breathing in the manner described he became able at once to, read diamond type quite perfectly, as close as six inches from the eyes. The benefit was temporary but by repetition the improvement became more permanent.
At one time I experimented with a number of patients, first having them hold their breath and test their vision, which was usually lower when they did not breathe. They became able to demonstrate that holding their breath was a strain and caused imperfect sight, double vision, dizziness and fatigue, while the deep breathing at once gave them relief.
There is a wrong way of breathing in which when the air is drawn into the lungs the nostrils contract. This is quite conspicuous among many cases of tuberculosis.
Some teachers of physical culture in their classes while encouraging deep breathing close their nostrils when drawing in a long breath. This is wrong because it produces a strain and imperfect sight. By consciously doing the wrong thing, breathing with a strain one becomes better able to practice the right way and obtain relaxation and better sight.
The habit of practicing frequently deep breathing one obtains a more permanent relaxation of the eyes with more constant good vision.

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

IN astigmatism the curvature of the eyeball in one principal meridian is greater than in the one at right angles to it. The eyeball is lop-sided. In such an eye, rays of light, are not focused. It differs from the near-sighted eye in which parallel rays of light are focused in front of the retina. In the far-sighted eye, Hypermetropia, parallel rays of light are focused behind the retina.
Occurrence: Astigmatism is very common and may be near-sighted astigmatism, far-sighted astigmatism or it may be combined with either near-sightedness or far-sightedness. Again the astigmatic eye may be far-sightedness in one principal meridian and near-sighted in the other. This is called mixed astigmatism. Regular astigmatism can be corrected by the use of proper glasses. Irregular astigmatism due to a malformation of the front part of the eyeball, the cornea, the lens or to the eyeball itself cannot be corrected by glasses.
In the normal eye astigmatism can always be produced by some kind of a strain. One kind of strain will produce one form of astigmatism while another form will produce a different form. We have an instrument which measures the curvature of the front part of the eye called the Ophthalmometer. With this instrument we can detect and usually measure astigmatism produced by some change in the shape of the cornea. We can observe with it the production of corneal astigmatism of varying degrees when the subject strains either unconsciously or consciously. The amount of astigmatism that can be produced by different individuals is variable. I have seen people who could consciously produce astigmatism of 3D. By practice one can acquire the ability to consciously produce astigmatism of the cornea at different axes.))This fact may explain why glasses which correct astigmatism at one time do not correct it at another time.
Many cases of normal eyes have been observed which later acquired astigmatism. In many instances patients later returned wearing glasses for the correction of astigmatism and complained that the glasses no longer suited them and when the eyes were tested no astigmatism could be found. It can be demonstrated that astigmatism may be acquired and that it may spontaneously disappear. What has been said of astigmatism caused by the malformation of the cornea is also true of the astigmatism caused by malformation of the lens or the eyeball. Many cases have been observed in which irregular astigmatism following scars on the cornea have become less or have disappeared.
Many authorities believe that most cases of astigmatism are congenital or that people are born with astigmatism. Others believe that it is usually acquired. I do not know which is correct but I do know that whether acquired or not it can always be benefited or cured by treatment. As this always happens in my experience I believe that astigmatism is always acquired.
After the cornea or front part of the eye becomes affected with an ulcer and the ulcer heals it leaves a scar. The irregular contraction of this scar results in a malformation of various parts of the cornea. Even when the center of the cornea is clear the contraction of scar tissue at some distance away from it changes the shape of the central part of the cornea in a very irregular way.))These cases of corneal opacity are usually benefited or cured by various methods employed to obtain relaxation.))In general I believe that the long swing always helps and that practice of the short swing of the normal eye is usually followed by a permanent cure. Some cases of corneal astigmatism of considerable degree, 5D or more have been cured by practice of the swing.

In the November issue of Better Eyesight, page two, is described the VARIABLE SWING [link]. One very remarkable case of corneal astigmatism and conical corneas with irregular astigmatism of more than 5D was benefited by the swing described in one visit and sufficiently for the patient to obtain temporary normal vision without glasses when at the beginning glasses did not succeed in obtaining normal sight. The variable swing has been a great help to many patients.

Recently a patient thirty years of age, suffering from squint, near-sightedness, astigmatism in one eye of minus 5D with myopia and astigmatism in the other, obtained temporary normal vision with the aid of the short swing which was regulated by the feeling of the thumb and finger rubbing against each other, a short distance, a quarter of an inch, from side to side. The patient obtained better vision when the body was imagined to move opposite to the direction of the moving thumb and less benefit when she imagined the body moving in the same direction as the thumb. In less than an hour she obtained normal vision for a short time. The squint became much less and at times both eyes were straight. I expect this case will obtain a permanent cure in a very short time. However, patients with a considerable amount of corneal astigmatism usually require weeks and months before they obtain a cure.

Astigmatism accompanied with a malformation of the lens is not common. Thirty years ago I treated a young girl for progressive near-sightedness. Her vision with glasses, which were very strong, concave 17D combined with concave 6D.C., was only 20/100. With the Ophthalmometer she had no corneal astigmatism. I removed the lens from one eye when the vision became normal, 20/20, without glasses. The case was exhibited at the Ophthalmological Section of the New York Academy of Medicine and many of the men present afterwards practiced this method of benefiting the imperfect sight of very bad cases of near-sightedness. I believe I was the first one in New York to do this operation as none of the members present recalled that anybody else had performed the same operation or published it. Many surgeons are still doing this operation for the benefit of these cases. I never did it again because my patient was not permanently benefited; the myopia or near-sightedness returned. The other eye also had 6 diopters of astigmatism with the cornea normal. For a time relaxation methods improved this eye with the astigmatism of the lens but before she had obtained a cure she stopped treatment. I have seen other cases of astigmatism accompanied by a malformation of the lens and usually a temporary improvement in the vision can be obtained.))Some of these cases have been cured. Many cataract patients have an irregular astigmatism produced by the malformation of the lens. After the cataract is cured the astigmatism disappears.

The treatment of astigmatism in my hands has been very encouraging. It is so easily produced that it seems to be just as easily relieved. It is so very common that one should realize the facts and study these cases to obtain prevention and cure. School children acquire astigmatism very frequently and it can always be prevented by methods described in the August issue of each year of Better Eyesight. I am quite sure that the fact that treatment always improves or cures acquired astigmatism in school children, that it more readily prevents it.

I cannot refrain from again repeating what I have said so often before that the people of this country must wake up and look after the eyesight of the coming generation, and, on account of the enormous number of children affected with astigmatism some radical steps should be taken for the benefit of the eyes of school children suffering from astigmatism.

STORIES FROM THE CLINIC
STARING IS BAD
By Emily C. Lierman

STARING is one of the greatest evils I believe.))School children at the Clinic demonstrate it. I never make any progress in the cure of their eyes if I do not begin the treatment first, to prevent staring.
A little Jewish girl has been coming to us for a year.))On her first visit, she told us that the school nurse insisted that her eyes should be examined for glasses. Her mother who was with her, begged me not to put glasses on the child as she had a great dislike for them and she also believed that glasses could not possibly cure her. I was glad that I did not have to spend time convincing the mother that her little girl would not need glasses.
I tested her sight with the test card and she had 20/70 with the right and and 20/100 with the left. The girl stared all the while she read the letters and I drew her mother's attention to this fact. I had instructed the child to look away in another direction after she had read one or two letters of a line; she then improved her sight with both eyes, to 20/50. Her mother was a great help to me, by watching very carefully when the child practiced at home. No matter what the child was doing or wherever she read a book or while studying her lessons, the mother told her not to stare. The directions for treatment at home and in school were:—When she was asked to read something on the blackboard, she was not to look at the whole of a word or a sentence at once, but to look at the first letter of a word and blink her eyes, then the word would clear up and she could see the whole word without staring to see it. Then, in order to read a sentence without staring, she was to look at the first letter of the first word and then look at the last letter of the last word of the sentence; but to close her eyes frequently while doing this. How proud I was when last June she was promoted into a higher class without the aid of glasses.
I know, that to the mind of our readers of Better Eyesight comes this thought and question. Why is she not cured by this time? It is one year now since she first came for treatment. This is my answer: The girl had normal vision with both eyes, at the end of six months. Then vacation time came. Instead of our faithful patient continuing with her treatment until she could retain her normal vision, she stayed away from the Clinic and also punished her eyes in every way possible during the summer months, by straining at whatever she was doing. For the last two months, she has worked with her school studies with apparently no trouble whatever, and I glory in the fact that she was never tempted to put on glasses, which I know so many of Dr. Bates' patients do, when they get discouraged and fail to get along with the treatment, without the personal instructions of the Doctor.
She was so grateful for what we accomplished, that her school teacher who had a very high degree of myopia, was encouraged through her to become a patient of Dr. Bates and is now enjoying good sight. The wonderful needle work which was done by this teacher, who by the way has become a very dear friend of mine, is most beautiful.
One of the ambulance drivers connected with the Harlem Hospital, called on us not long ago. He was wearing very heavy glasses and his eyes, as they tried very hard to see, looked about the size of pinheads through his glasses. He had heard of Dr. Bates and his treatment and was eager to obtain some relief from eyestrain. Occulists told him that nothing more could possibly be done for him.))His sight was gradually failing and he feared that he would soon lose his position. Dr. Bates examined his eyes and told him that he had progressive myopia, but that he could be cured if he would take the trouble.
Our mom never was so crowded with patients and he had to wait some time before receiving any attention. However, while I was busy with a little boy, who enjoyed painting because it improved his sight so quickly, the ambulance driver got busy, too. Shifting and swinging also helped my little boy and he found that it was a great relief to try the different methods which helped him to relax. This interested the man very much, as the smile on his face indicated. I was very anxious to help him too and was glad when the opportunity came. He stood directly behind my little boy patient and did as well as he possibly could, just what my little patient was doing. When he first came into the room his vision was 10/200 without glasses. Before I had a chance to treat him, he had improved his sight to))10/70 all by himself.))He listened while I continually repeated to the boy, not to stare. When I told the boy not to look longer than a second at one letter, because if he did his sight would blur, the man followed my directions carefully, with the result that his sight improved. When I began to treat this man, he told me that he never knew he stared. He found out that when he did not close his eyes often, as the normal eye does, then his vision blurred and he could not see any letter at all on the test card. I improved his sight that day to 10/40. He has not visited us again so far, but he sent in a good report, telling us that he is making steady progress, improving his sight all the time.
If patients could only remember not to stare at any time, they could easily overcome their eye troubles.

A RELIEF FROM WHOOPING-COUGH
By L. L. Biddle, 2nd.

MY sister's children came down with the whooping-cough a little over two weeks ago.))She, of course, called in for a regular physician, who said as they usually do, that it looked to him like whooping-cough and that she might as well make up her mind that they would have it for about nine weeks.))I think he described it as taking three weeks to fully develop, three weeks at its most severe state and remaining three weeks to get over it. He prescribed two medicines, one of which was to give them relief when they coughed too much.
As he prophesied they continued to get worse, and the last two nights they scarcely slept at all. The youngest one, who is four, seemed to have the worst affects. He would cough for about a minute and then seem to choke or gag until finally yesterday, he spit up some blood. My sister and I got worried, however, as the medicine which the doctor prescribed to relieve the cough whenever it was at its worst, seemed to give him little relief.
Therefore, I asked Dr. Bates whether he could suggest a more satisfactory means of helping the children. He said, in his usual assuring way, "A little child about three and a half years old came to me with whooping-cough. I showed him how to palm; and every time he felt a cough coming on he would put his hands over his eyes, and by doing so lost his desire to cough."
This morning, I went into the nursery and, as usual, found them intermittently going into these terrible fits of coughing, so I explained to them, as best I could, how to palm. I first took the older boy, who is seven, and told him to put the palms of his hands over his eyes, making sure that he did not push the eyeballs. Then I asked him if he could imagine anything blacker and he said, "No, it is as black as anything I ever saw."
I said, "As soon as you think you are going to cough put your hands over your eyes the same way again and imagine it as dark as possible." He soon exclaimed, "I feel like coughing now." So I told him to put his hands up quickly and imagine everything was pitch black. He did so and did not cough as badly as usual. This was very encouraging, so I said: "See, that has helped you." So the next time you have the slightest idea that you want to cough, put your hands over your eyes the same way and imagine everything black." He did this and it worked magic for he did not cough at all.
The little fellow, who as I said before, is only four, had been watching very intently and as usual was trying to copy his brother, so I had little difficulty in showing him how to palm with the same results.
I came back that afternoon and found the nurse in a very relieved state of mind so I asked her if she had any good news. She told me that it had worked like a charm and instead of their coughing and finally practically choking, as usual, every time either one of them felt like coughing he would put up his hands, remember something very black and prevent coughing. Moreover, the younger one became so expert that several times when he would forget to palm, the older boy would yell at him, "See black Tony, see black," and the little fellow would quickly put his hands over his eyes and the cough would stop almost instantaneously.

MINUTES OF THE BETTER EVESIGHT LEAGUE MEETING ON DECEMBER 12th

THE meeting on Tuesday, December 12th, was opened by the President, Mr. Varney, and in the absence of Mr. Everett, Miss Meder acted as Secretary. Mr. Varney called the meeting exactly at eight o'clock, and told the members that it would be closed punctually at nine, so no time was lost.
A Branch League was started in East Orange, N. J., Dr. Bates attended, and gave a talk about his work, to the assembly. We were all eager to hear his experience there, and asked him to tell us.
When he arrived, Dr. Bates said that the feature that most surprised him, was that such a large audience came just to hear him speak. He admitted that he had seen larger crowds at movies, or theatres, but never such a collection of human beings who were perfectly willing to sit quietly, while he did the talking.
The second thing that impressed him was the attentiveness, and quietness that prevailed while he was describing his various discoveries, and method of treating imperfect vision without glasses. He spoke for a little more than two hours, and was interrupted several times while the chairs were pushed closer together, and more set up in the rear. He was asked to speak louder, because the two adjoining rooms were filled with people, and they were hard-pressed to hear distinctly.
At the end of two hours, when the meeting broke up, Dr. Bates was surrounded by individuals who wished him to elaborate on some of his remarks, and demonstrate others. In this manner another hour was consumed.
All in all, Dr. Bates was delighted with his reception, and the success of the meeting. He remarked that such a robust child would quickly out-grow the parent organization, and that we members will have to get in step in this march, quit marking time, out-strip, or at least keep abreast of this East Orange Branch.
An open discussion followed Dr. Bates' story, in which Mr. Varney described how he helped a friend of his. He began by asking that we, as members, should pass along our magazines and books to those who have not heard of Dr. Bates' method. He, Mr. Varney, said that an engineer friend of his had worn glasses for a number of years, and each year they had to be made stronger. This not only necessitated great trouble, but they did not improve the sight. Mr. Varney gave him his copy of "PERFECT SIGHT WITHOUT GLASSES" and explained it to his friend. The last report he had from him, was that he removed his glasses (that was three months ago), and he can now do his close work without the pain and fatigue that he had while using them.
These little personal experiences pleased Dr. Bates very much, and while we were still discussing Mr. Varney's story, one lady, whose name I do not know, spoke to us in such a sincere enthusiastic way, that we could not help but catch her enthusiasm. The gist of her speech was that we all should strive with all our might to remove from the eyes of our friends, relatives, and acquaintances, the crutches that do not support, but hamper and in most cases, destroy, good sight.
The thought that rankled her heart most was that now DOLLS are being exhibited that have miniature glasses. A woman will stroll along with a little girl, also wearing glasses, and will exclaim with ecstasies, that it is the cutest thing she has seen in a blue moon, and she is going to get her little daughter just such a pair of tortoise-shelled glasses. Our speaker has discovered the fact that people are under the illusion that glasses add to one's dignity, and also look studious. This feeling is one that has to be overcome by common sense, and the application of Dr. Bates' treatment.
One of the new-comers among the members leaned forward and seemed intensely interested in all that went on. She spoke up and said that she was a teacher in Erasmus Hall High School and read the book "PERFECT SIGHT WITHOUT GLASSES," and from it was able to lay aside her glasses, and became able to use her eyes more comfortably. Recently, she corrected more than 100 examination papers, and each time she corrected five, she palmed for a few minutes, and was benefited. After hearing the various comments from our members, she asked Dr. Bates how she could go about having the system installed in her classes. She was sure that it would promote efficiency along with better eyesight. She also gave us an idea which we will discuss more fully at the January meeting. She asked why couldn't we have a mass meeting such as that of East Orange. She alone would bring all her school teacher friends, numbering from twenty to twenty-five. This excellent suggestion was very encouraging.))We hope that in January we can get together and think of a way to spread this doctrine of Better Eyesight in a way that will take in everybody who is the least bit interested in their own sight, and the sight of those who are troubled by imperfect vision.
What really was the keynote of the meeting, though, was preserving the sight of school children. They are the innocent victims of their parents' ignorance. If we can reach them, through the school authorities, it will eventually come to the notice of their parents, and in this manner it will become known, and be helpful to the present and future generation. With these plans in our mind for the subject of our next meeting, Mr. Varney called the meeting to order, and we adjourned. The next meeting, which we are going to make exceptionally interesting, will be held here on January 9th, at 8 P. M.

Previous Issue
Table of Contents Page
Table of Contents To Contents Page