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THE CENTRAL FIXATION PUBLISHING CO.
New York.
Perfect Sight without Glasses
The Cure of Imperfect Sight by Treatment WITHOUT GLASSES

By

W. H. BATES, M.D.

Ferdinand von Arlt
(1812-1887)

Distinguished Austrian ophthalmologist, Professor of Diseases of the Eye at Vienna, who believed for a time that accommodation was produced by an elongation of the visual axis, but finally accepted the conclusions of Cramer and Helmholtz.

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On a tomb in the Church of Santa Maria Maggiore in Florence was found an inscription which read: "Here lies Salvino degli Armati, Inventor of Spectacles. May God pardon him his sins."

THE FUNDAMENTAL PRINCIPLE

Do you read imperfectly? Can you observe then that when you look at the first word, or the first letter, of a sentence you do not see best where you are looking; that you see other words, or other letters, just as well as or better than the one you are looking at? Do you observe also that the harder you try to see the worse you see?

Now close your eyes and rest them, remembering some color, like black or white, that you can remember perfectly. Keep them closed until they feel rested, or until the feeling of strain has been completely relieved. Now open them and look at the first word or letter of a sentence for a fraction of a second. If you have been able to relax, partially or completely, you will have a flash of improved or clear vision, and the area seen best will be smaller.

After opening the eyes for this fraction of a second, close them again quickly, still remembering the color, and keep them closed until they again feel rested. Then again open them for a fraction of a second. Continue this alternate resting of the eyes and flashing of the letters for a time, and you may soon find that you can keep your eyes open longer than a fraction of a second without losing the improved vision.

If your trouble is with distant instead of near vision, use the same method with distant letters.

In this way you can demonstrate for yourself the fundamental principle of the cure of imperfect sight by treatment without glasses.

If you fail, ask someone with perfect sight to help you.
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Most writers on ophthalmology appear to believe that the last word about problems of refraction has been spoken, and from their viewpoint the last word is a very depressing one. Practically everyone in these days suffers from some form of refractive error. Yet we are told that for these ills, which are not only so inconvenient, but often so distressing and dangerous, there is not only no cure, and no palliative save those optic crutches known as eyeglasses, but, under modern conditions of life, practically no prevention.

It is a well-known fact that the human body is not a perfect mechanism. Nature, in the evolution of the human tenement, has been guilty of some maladjustments. She has left, for instance, some troublesome bits of scaffolding, like the vermiform appendix, behind. But nowhere is she supposed to have blundered so badly as in the construction of the eye. With one accord ophthalmologists tell us that the visual organ of man was never intended for the uses to which it is now put. Eons before there were any schools or printing presses, electric lights or moving pictures, its evolution was complete. In those days it served the needs of the human animal perfectly. Man was a hunter, a herdsman, a farmer, a fighter. He needed, we are told, mainly distant vision; and since the eye at rest is adjusted for distant vision, sight is supposed to have been ordinarily as
Patient reading fine print in a good light at thirteen inches, the object of vision being placed above the eye so as to be out of the line of the camera. Simultaneous retinoscopy indicated that the eye was focussed at thirteen inches. The glass was used with the retinoscope to determine the amount of the refraction.

FIG. 34. STRAINING TO SEE AT THE NEAR-POINT PRODUCES HYPERMETROPIA

When the room was darkened the patient failed to read the fine print at thirteen inches and the retinoscope indicated that the eye was focussed at a greater distance. When a conscious strain of considerable degree was made to see, the eye became hypermetropic.

FIG. 35. MYOPIA PRODUCED BY UNCONSCIOUS STRAIN TO SEE AT THE DISTANCE IS INCREASED BY CONSCIOUS STRAIN

No. 1.—Normal vision.

No. 2.—Same subject four years later with myopia. Note the strained expression.

No. 3.—Myopia increased by conscious effort to see a distant object.
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TO THE MEMORY
OF THE
PIONEERS OF OPHTHALMOLOGY
THIS BOOK IS GRATEFULLY DEDICATED
This book aims to be a collection of facts and not of theories, and insofar as it is, I do not fear successful contradiction. When explanations have been offered it has been done with considerable trepidation, because I have never been able to formulate a theory that would withstand the test of the facts either in my possession at the time, or accumulated later. The same is true of the theories of every other man, for a theory is only a guess, and you cannot guess or imagine the truth. No one has ever satisfactorily answered the question, "Why?" as most scientific men are well aware, and I did not feel that I could do better than others who had tried and failed. One cannot even draw conclusions safely from facts, because a conclusion is very much like a theory, and may be disproved or modified by facts accumulated later. In the science of ophthalmology, theories, often stated as facts, have served to obscure the truth and throttle investigation for more than a hundred years. The explanations of the phenomena of sight put forward by Young, von Graefe, Helmholtz and Donders have caused us to ignore or explain away a multitude of facts which otherwise would have led to the discovery of the truth about errors of refraction and the consequent prevention of an incalculable amount of human misery.

In presenting my experimental work to the public, I desire to acknowledge my indebtedness to Mrs. E. C. Lierman, whose co-operation during four years of arduous labor and prolonged failure made it possible to carry the work to a successful issue. I am also under great obligations to Miss Mary Dudderidge, who aided me in compiling the data for this book from my papers and other sources and to whom its literary excellence is entirely
due. I would be glad, further, to acknowledge my debt to others who aided me with suggestions, or more direct assistance, but am unable to do so, as they have requested me not to mention their names in this connection.

As there has been a considerable demand for the book from the laity, an effort has been made to present the subject in such a way as to be intelligible to persons unfamiliar with ophthalmology.
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CHAPTER I

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passive as the perception of sound, requiring no muscular action whatever. Near vision, it is assumed, was the exception, necessitating a muscular adjustment of such short duration that it was accomplished without placing any

**FIG. 1. PATAGONIANS**

The sight of this primitive pair and of the following groups of primitive people was tested at the World's Fair in St. Louis and found to be normal. The unaccustomed experience of having their pictures taken, however, has evidently so disturbed them that they were all, probably, myopic when they faced the camera. (see Chapter IX.)

appreciable burden upon the mechanism of accommodation. The fact that primitive woman was a seamstress, an embroiderer, a weaver, an artist in all sorts of fine and beautiful work, appears to have been generally forgotten. Yet
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